

WINDSOR, ASCOT & MAIDENHEAD CLINICAL COMMISSIONING GROUP

LOCALITY PROFILE 2017

Public Health Services for Berkshire

Working together for health and wellbeing

Title:	Windsor, Ascot & Maidenhead Clinical Commissioning Group: Locality Profile 2017
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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 Assessments for the Royal Borough of Windsor & Maidenhead. 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 Windsor, Ascot & Maidenhead CCG against national figures and other CCGs

1.1 What's new in the 2017 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, 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 in December 2017. Unfortunately the publication of several key CCG Outcomes Indicators was delayed by NHS England, as the methodology for these is currently under review. This means that data around mortality and Potential Years of Life Lost (PYLL) could not be updated for the Locality Profiles.

New data in the 2017 Locality Profile

- A&E attendances and hospital admissions for children
- National Diabetes Audit 2016/17
- What About YOUTH (WAY) survey

This Profile uses national and comparator group data to provide a benchmark for Windsor, Ascot & Maidenhead CCG, The 'similar CCGs' comparator group 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 Windsor, Ascot & Maidenhead CCG. The full data and methodology used to calculate 'similar CCGs' is available on the [NHS RightCare](#) website.

Windsor, Ascot & Maidenhead CCG's '10 most similar CCGs' benchmarking group includes North East Hampshire & Farnham CCG, North Hampshire CCG, Wokingham CCG, Surrey Heath CCG, Guildford & Waverley CCG, Chiltern CCG, Swindon CCG, South Gloucestershire CCG, Basildon & Brentwood CCG and Vale Royal CCG.

1.2 Who is included in the Windsor, Ascot & Maidenhead CCG profile?

This profile will include information about people who are:

- **Registered** with one of the GP practices who belong to the CCG group (155,803 people at 1st October 2017)

Cedars Surgery
Cookham Medical Centre
Lee House Surgery
Redwood House Surgery
Runnymede Medical Practice
Symons Medical Centre

Claremont and Holyport Surgery
Cordwallis Road Surgery
Linden Medical Centre
Rosemead Surgery
Sheet Street Surgery
Woodlands Park Surgery

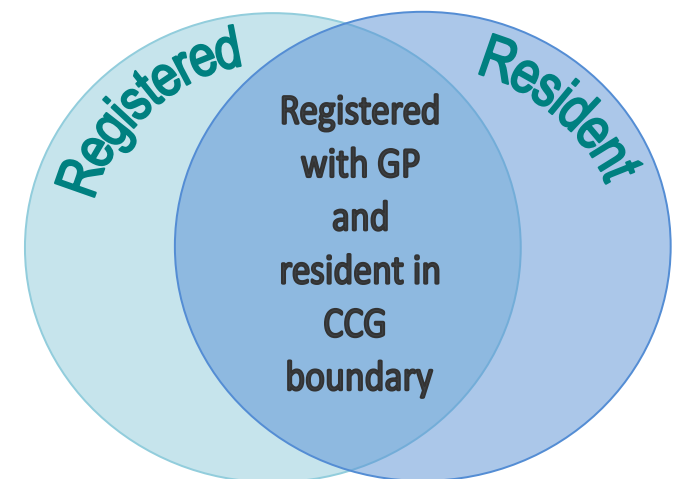
Clarence Medical Centre
Datchet Health Centre
Radnor House Surgery & Ascot Medical Centre
Ross Road Medical Centre
South Meadow Surgery

- **Resident** within the Windsor, Ascot & Maidenhead CCG boundary (approximately 142,861 people from 2016 mid-year estimates)

This resident group includes people who live in 22 of the electoral wards covered by the Royal Borough of Windsor & Maidenhead, as well as 2 electoral wards in Runnymede (Surrey).

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 Windsor, Ascot & Maidenhead CCG GP, as well as those who are registered with a Windsor, Ascot & Maidenhead CCG 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 Windsor, Ascot & Maidenhead 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 142,861 and the registered population is 155,803.
- The population profile is similar to the national picture with a slightly lower proportion of adults aged 25 to 29 and a higher proportion of adults aged 35 to 49.
- The CCG's resident population is estimated to increase to 162,800 people by 2039, which is a 15% percentage increase. The most significant population change is in older adults aged 85 and over.
- The most deprived areas are in parts of 4 wards within the Royal Borough of Windsor & Maidenhead (Clewer North, Belmont, Furze Platt and Oldfield) and 1 neighbourhood in the Englefield Green North ward of Runneymede District.

Life expectancy at birth

- Life expectancy at birth for men is 81.2 years, which is significantly better than the national figure of 79.2 years
- Life expectancy at birth for women is 84.8 years, which is significantly better than the national figure of 83.0 years.

Health Behaviour

- Smoking: 12.2% of RBWM's adult residents are estimated to smoke, which is lower than the national rate of 15.5%.
- Obesity and being overweight: 6.6% of people aged 18 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 RBWM is similar to the national prevalence at 52.2%.
- Physical inactivity: 22.7% of RBWM residents aged 16 and over are 'physically inactive', which is a lower rate than the national figure.
- Alcohol: Estimates for Windsor, Ascot & Maidenhead CCG indicate that 22,214 people are drinking above the recommended levels. The alcohol-related hospital admissions in RBWM are lower than the national figure.

Children & Young People

- 23% of the CCG's total registered population are under 19.
- There were 1,501 live births in the CCG in 2015.
- 2 CCG Outcome Framework indicators measure emergency hospital admissions for children. In 2016/17, there were 482 admissions per 100,000 population for lower respiratory tract infection in the CCG, which was similar to the national figure. There were 212 unplanned admissions per 100,000 population for asthma, diabetes and epilepsy in the CCG, which was a lower rate than the national figure.
- 1,021 pre-school children (aged 2 to 5) and 1,655 children school-age children (aged 5-16) are estimated to have a mental health disorder.
- 1,000 young people (aged 16 to 19) are estimated to have a neurotic disorder.

Adult Profile

- The prevalence of cardiovascular diseases, cancer, respiratory diseases, diabetes, chronic kidney disease, mental health disorders and depression is lower than the national prevalence rates. The prevalence of dementia is similar.
- 3 CCG Outcome Framework indicators measure emergency hospital admissions for the whole population. The CCG's rate of unplanned admissions for chronic ambulatory care sensitive conditions and the rate of emergency admissions for alcohol-related liver disease are both similar to the comparator group. Emergency admissions for acute conditions that should not require admission are significantly worse than the comparator group.
- The CCG had 7,689 potential years of life lost (PYLL) considered amenable to healthcare on 2012-14. This is a rate of 1,730 PYLL per 100,000 registered population, which is significantly lower than the national rate.
- Neoplasms are the main cause of PYLL in the CCG at 33.7% in 2012-14.
- In 2015, 1,117 people died in the CCG, which was a rate of 849 per 100,000 population. This was significantly lower than the national rate of 1,001 per 100,000 population. Cancer was the main cause of death for all age groups, apart from those aged 85 and over.
- In 2015, 50% of people who died in the CCG were in hospital and 20% died at home. 43% of people died in their Usual Place of Residence in the CCG, such as their own home, care home or religious establishment.

Patient Satisfaction (GP Patient Survey 2016/17)

- Accessing GP Services – the 2016/17 GP Survey showed that 84% of respondents found their GP surgery receptionist helpful, which was significantly lower than the comparator group. 67% found it easy to get through on the telephone.
- Making an appointment – 83% of the CCG's respondents found the overall experience of making an appointment good at their GP surgery, which was similar to the comparator group and national averages.
- GP/Nurse appointment – The CCG survey respondents gave significantly lower ratings than the comparator group for their last nurse appointment, in terms of giving them enough time and being good at listening. The proportion that had confidence in their nurse was also significantly lower than comparator group averages.
- Opening Hours – 71% of respondents were satisfied with their GP opening hours and 70% also thought that their GP Surgery was open at times that were convenient. These were both significantly lower proportions than the comparator group. The majority of patients that did not find their GP Surgery opening hours convenient said that they would find after 6:30pm appointments (78%) or Saturday appointments (75%) easier.
- Overall Experience – 83% of patients stated that their overall experience of their GP surgery was very good/ good in the CCG, which was similar to the comparator group.
- Out of Hours – 68% of respondents rated their overall experience of out-of-hours GP services as good, which is similar to the comparator group.

3. Place

3.1 Population profile

The 2016 mid-year estimates indicate that the resident population for the Windsor, Ascot & Maidenhead CCG locality was 142,861. The latest registered population figure for Windsor, Ascot & Maidenhead CCG was higher at 155,803. 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 Windsor, Ascot & Maidenhead CCG compared with the national profile. The population profile is similar to the national picture with a slightly lower proportion of adults aged 25 to 29 and a higher proportion of adults aged 35 to 49.

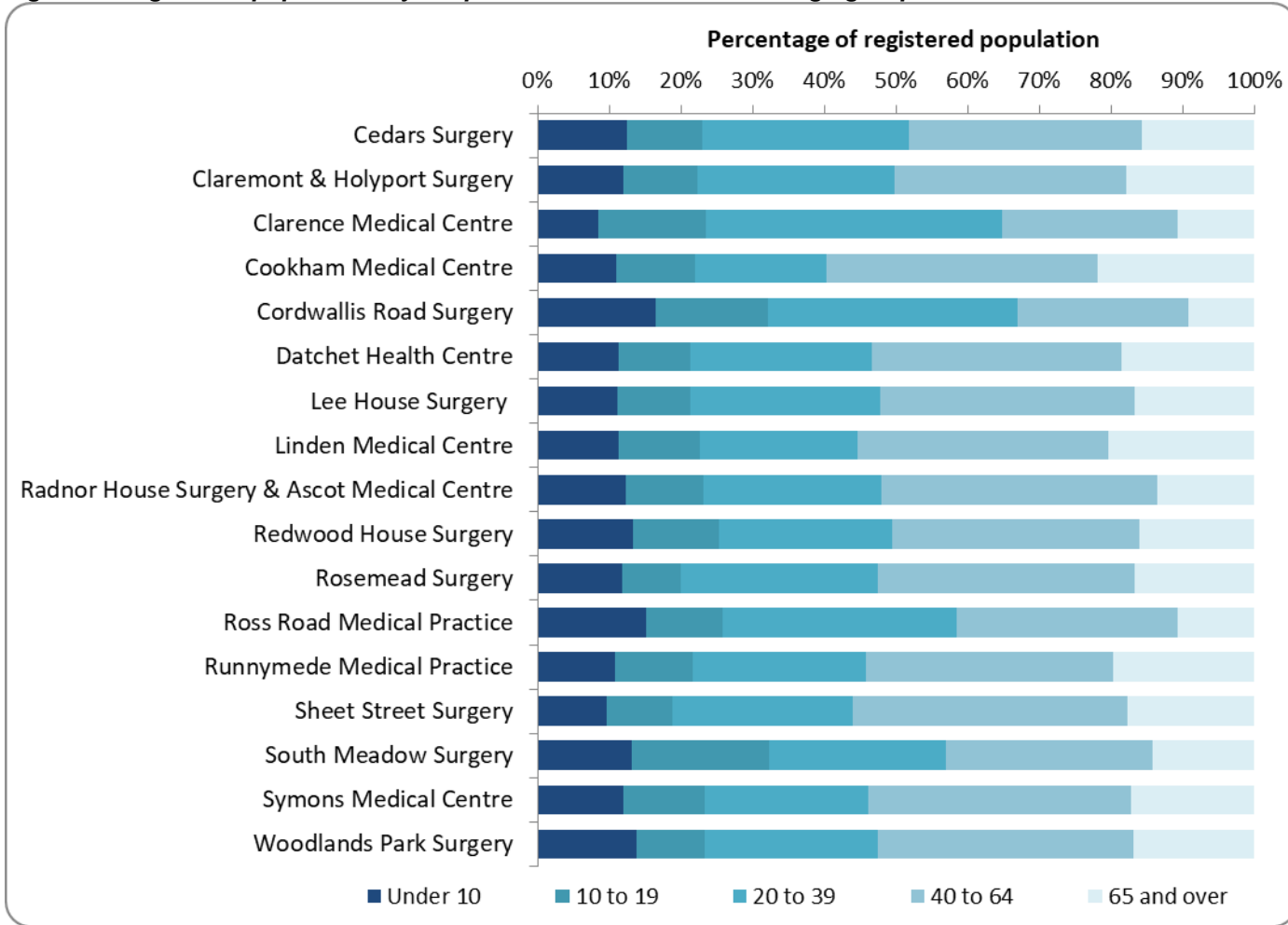
Figure 1: Registered population pyramid for Windsor, Ascot & Maidenhead CCG compared with England and Wales at 1-Oct-17



Age Group	Male	Female	People
0-4	4,358	4,153	8,511
5-9	4,902	4,689	9,591
10-14	4,850	4,165	9,015
15-19	4,984	4,380	9,364
20-24	4,558	5,638	10,196
25-29	4,619	4,784	9,403
30-34	5,118	5,400	10,518
35-39	5,909	5,835	11,744
40-44	5,938	5,493	11,431
45-49	6,152	5,612	11,764
50-54	5,872	5,408	11,280
55-59	5,001	4,580	9,581
60-64	3,876	3,785	7,661
65-69	3,476	3,636	7,112
70-74	3,150	3,395	6,545
75-79	2,103	2,486	4,589
80-84	1,577	2,042	3,619
85-89	962	1,501	2,463
90-94	386	691	1,077
95+	74	265	339
Total	77,865	77,938	155,803

Source: NHS Digital (November 2017)

Figure 2: Registered population by GP practice at 1-Oct-17 with an age group breakdown



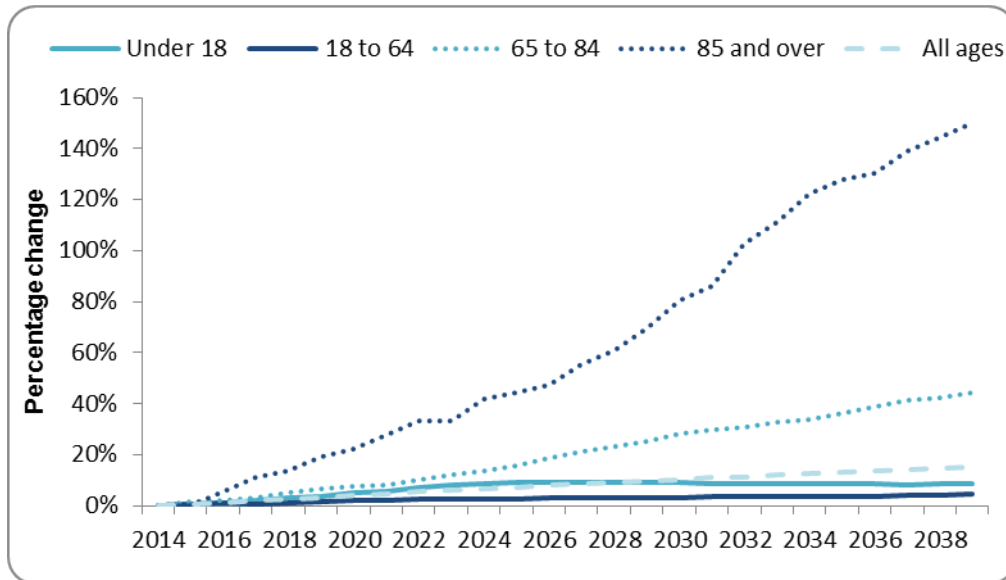
GP Practice	Total registered population
Cedars Surgery	10,576
Claremont & Holyport Surgery	18,685
Clarence Medical Centre	15,005
Cookham Medical Centre	7,733
Cordwallis Road Surgery	3,580
Datchet Health Centre	10,315
Lee House Surgery	6,933
Linden Medical Centre	9,900
Radnor House Surgery & Ascot Medical Centre	5,102
Redwood House Surgery	6,587
Rosemead Surgery	6,846
Ross Road Medical Practice	3,045
Runnymede Medical Practice	12,263
Sheet Street Surgery	9,933
South Meadow Surgery	13,865
Symons Medical Centre	12,192
Woodlands Park Surgery	3,243

Source: NHS Digital (November 2017)

3.11 Population projection

The Office for National Statistics has produced population projections for people resident in CCG boundaries. These are trend-based projections, which use previous year's births, deaths and migration figures to estimate how the population will change in the next 25 years. The figures based on the 2014 mid-year population estimates indicate that Windsor, Ascot & Maidenhead CCG's resident population will increase to 162,800 people by 2039, which is a 15% percentage increase. Figure 3 shows this population change by age group and shows that the most significant population change is in older adults aged 85 and over.

Figure 3: Percentage change in Windsor, Ascot & Maidenhead CCG's resident population 2014 to 2039 by age group



Source: Office for National Statistics (May 2016)

Estimated population

Age Group	2014	2019	2024	2029	2034	2039
Under 18	32,420	33,680	35,220	35,400	35,220	35,200
18 to 64	84,480	85,920	86,780	87,200	87,780	88,300
65 to 84	21,000	22,400	23,900	26,300	28,100	30,300
85 and over	3,600	4,300	5,100	6,100	8,000	9,000
All ages	0	146,300	151,000	155,000	159,100	162,800

Estimated population change

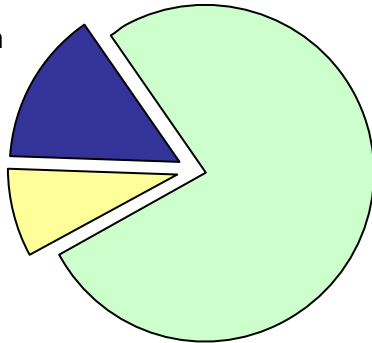
Age Group	2014	2019	2024	2029	2034	2039
Under 18	-	3.9%	8.6%	9.2%	8.6%	8.6%
18 to 64	-	1.7%	2.7%	3.2%	3.9%	4.5%
65 to 84	-	6.7%	13.8%	25.2%	33.8%	44.3%
85 and over	-	19.4%	41.7%	69.4%	122.2%	150.0%
All ages	-	3.4%	6.8%	9.8%	12.6%	15.2%

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.

9.5% of population from Black and Minority Ethnic (BME) background

6.4% of population from a White non-British background



1,436 people cannot speak English well or at all



54,678 households in CCG boundary

29% are occupied by people who live alone.

30% of people aged 65 and over live on their own

9% of the population are carers (12,407 people)



1.5% of population provide over 50 hours of unpaid care a week.

6,871 people feel that their day to day activities are limited a lot by their health (5.4% population)



3,365 people say that they have a bad state of health (2.6% population)



914 people say that they have a very bad state of health (0.7% population)

67% of population are in employment (aged 16-74)

37% of unemployed people are 'long term unemployed'

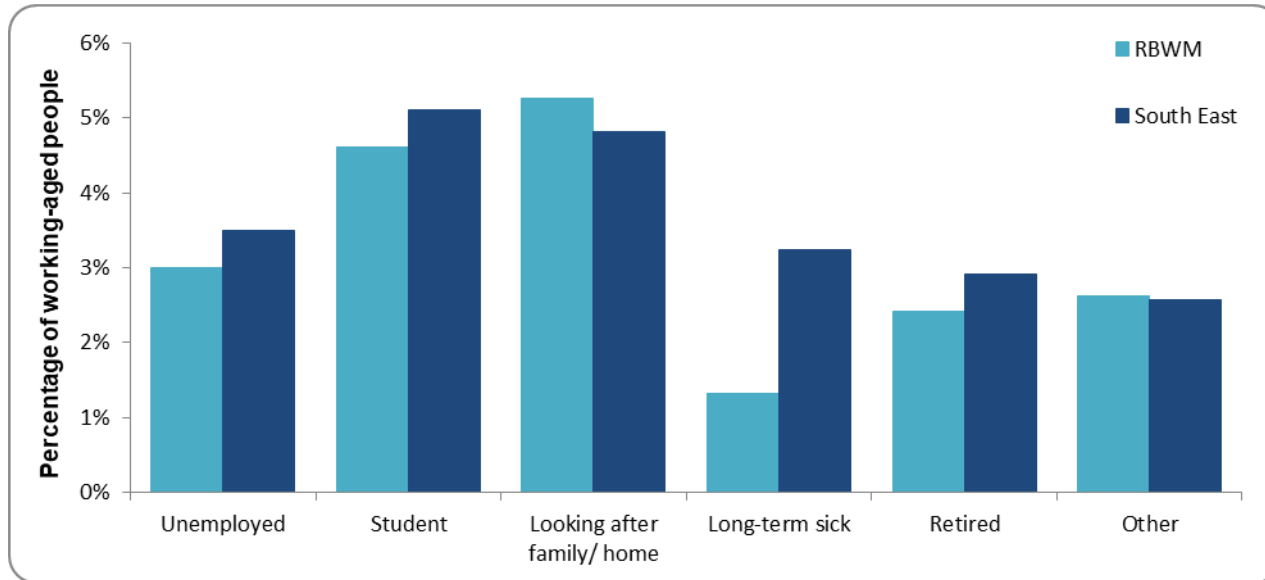
1.8% of population are not in employment due to being long-term sick or disabled (1,958 people)

3.21 Employment and benefits

The Office for National Statistics and the Department for Work and Pensions publish employment and benefit claimant information at a local authority level. The information included in this profile focuses on working aged people (aged 16 to 64) in the Royal Borough of Windsor & Maidenhead.

From July 2016 to June 2017, 81% of people aged 16 to 64 in the Royal Borough were in employment. This compares to 78% in the South East. Figure 4 shows the economic status for working aged people not in employment.

Figure 4: Economic status of working aged people not in employment (July 2016 to June 2017)



Source: Office for National Statistics (2017)

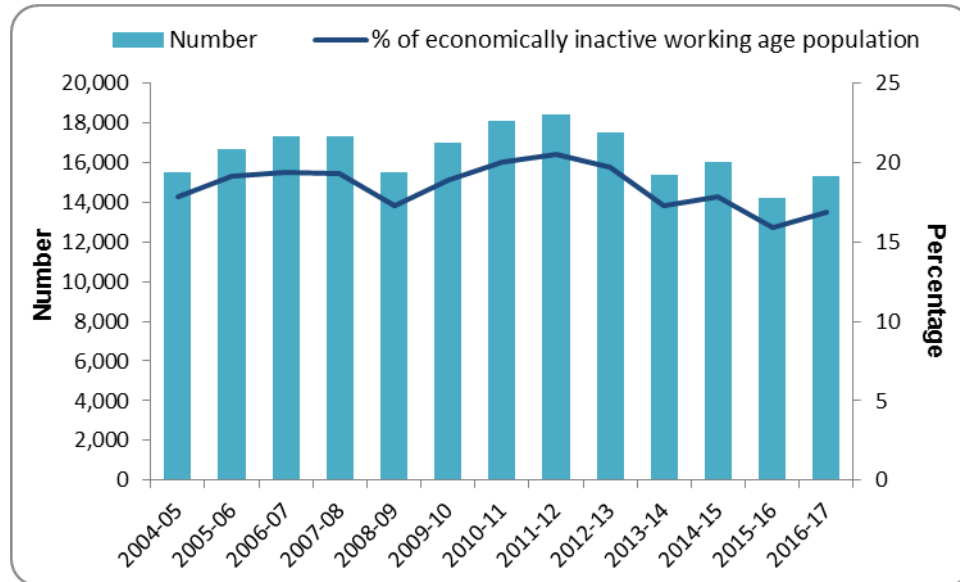
The percentage of the total working age population that were long-term sick from July 2016 to June 2017 was lower in RBWM (1.3%), compared to the South East (3.2%). Figure 5 shows how the number of people who are long-term sick has changed since 2004-2005. From July 2016 to June 2017, 8.0% of the economically inactive working age population in RBWM were long-term sick.

Number of working-aged people (July 2016 to June 2017)

Employment Status	RBWM
In employment	76,700
Unemployed	2,400
Student	4,200
Looking after family/ home	4,800
Long-term sick	1,200
Retired	2,200
Other	2,400

Figure 5: Number and percentage of economically inactive working age population who are long-term sick (July 2004 to June 2017)

Royal Borough of Windsor & Maidenhead

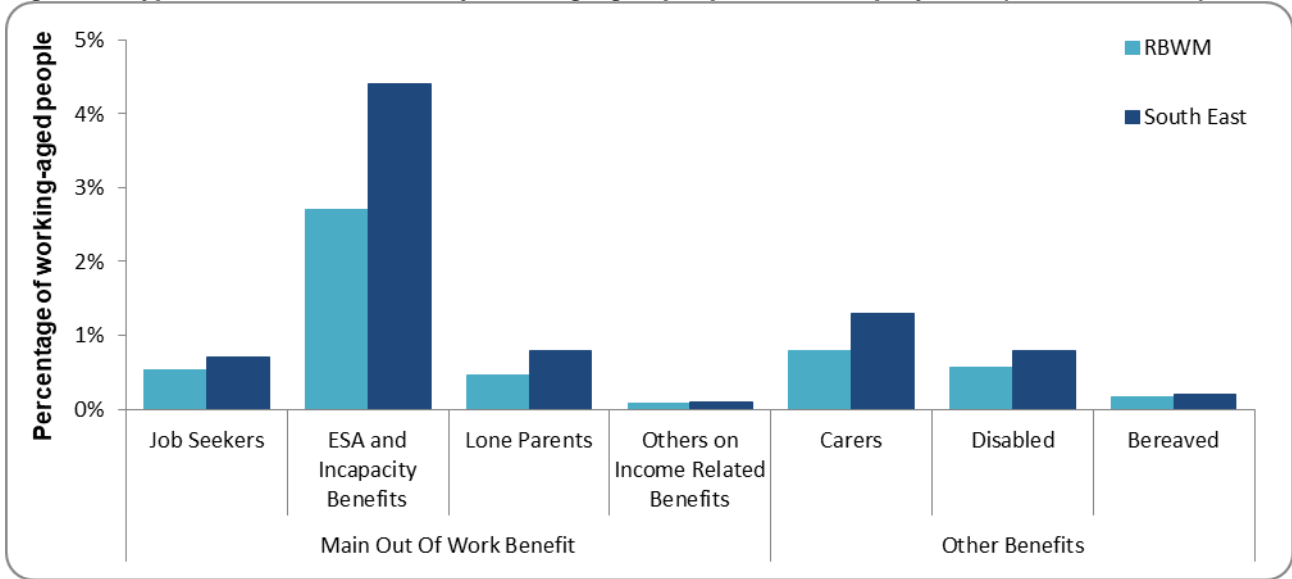


Source: Office for National Statistics (2017)

In November 2016, 5.3% of RBWM's working-age population were claiming benefits. 71% of claimants received an out of work benefit, such as Job Seekers, Employment Support Allowance/ Incapacity Benefit and Lone Parent Benefits. Figure 6 shows the types of benefits claimed in November 2016.

The percentage of the working-aged population who receive Employment Support Allowance/ Incapacity Benefit has remained quite static over the last 8 years in RBWM. Figure 7 shows that in November 2016, 2.7% of people in RBWM received these benefits. This is lower than the South East figure of 4.4%.

Figure 6: Type of benefits claimed by working-aged people not in employment (November 2016)

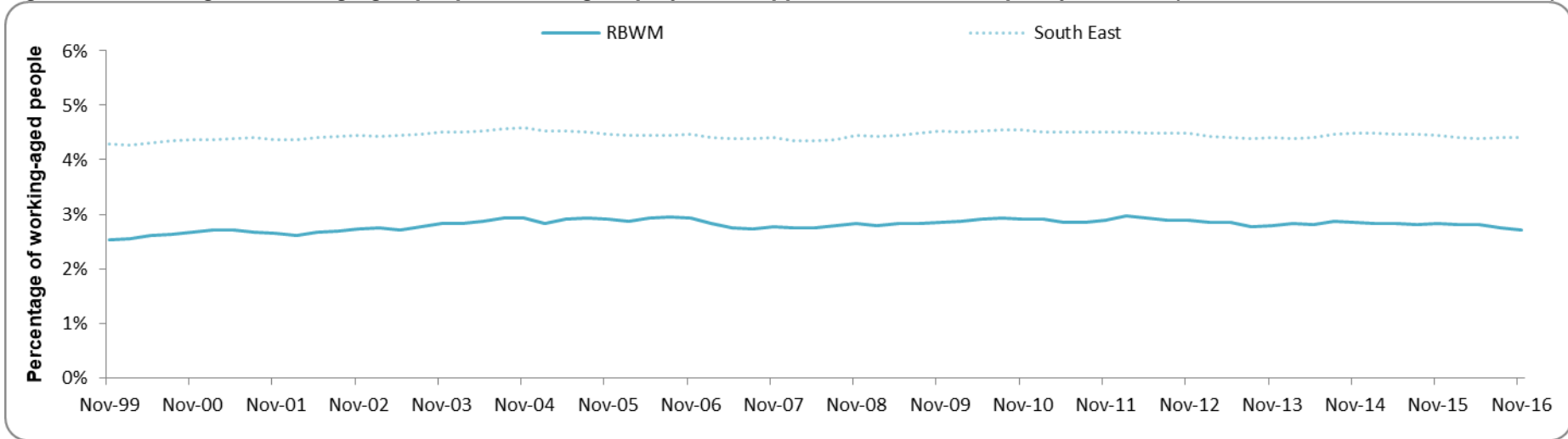


Number of working-aged benefit claimants (November 2016)

Benefit Claimants by Type	RBWM
Total Claimants	4,870
Job Seekers	490
ESA and Incapacity Benefits	2,470
Lone Parents	430
Others Income Related Benefits	70
Carers	730
Disabled	510
Bereaved	160

Source: Office for National Statistics (2017)

Figure 7: Percentage of working-aged people receiving Employment Support Allowance/ Incapacity Benefits (November 1999 to November 2016)



Source: Office for National Statistics (2017)

3.3 Geodemographic classification profile

Geodemographic classification uses Census and lifestyle data to classify people by where they live. Windsor, Ascot & Maidenhead 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](#).

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

39% of the CCG's resident population are defined as Mature Oaks and 18% are Qualified Metropolitans. These are significantly higher proportions than the national average.

In summary, **Mature Oaks** are generally middle-aged and older people, with many aged 45 to 64 and past retirement age. The majority are married couples with teenage children still living with them, or grown up children who have left home. These make up 12.7% of the UK population.

Qualified Metropolitans are mainly made up of young adults, aged 16 to 35 who are cohabiting and do not have children. A large number are students and there are some single-person households. There is also a multicultural population. These make up 5.0% of the UK population.

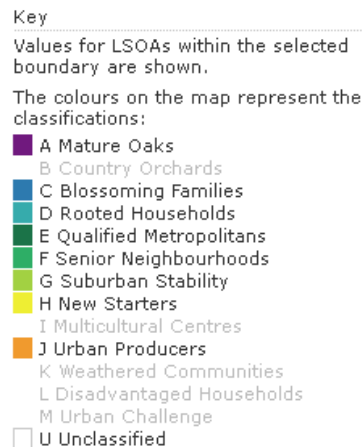
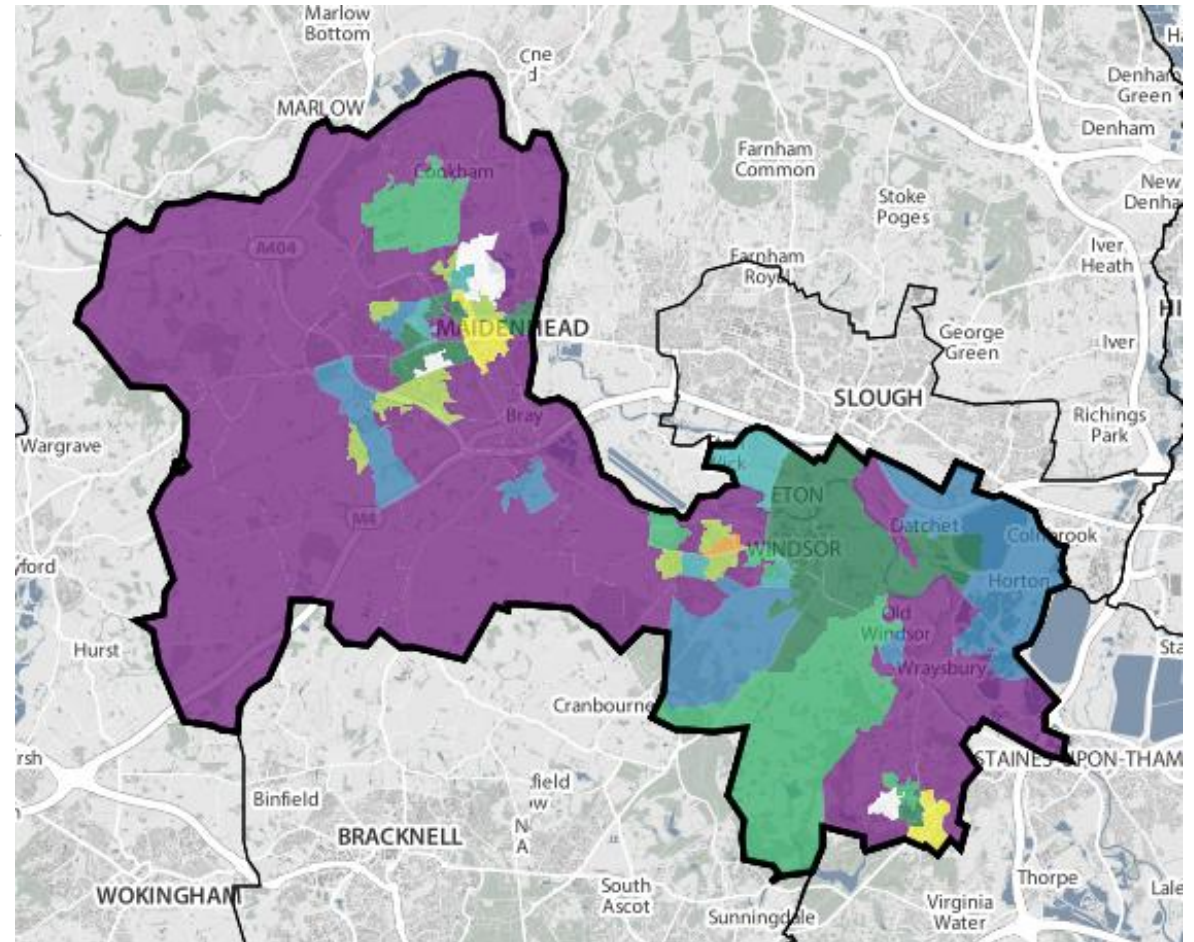


Figure 8: Geodemographic classification profile for Windsor, Ascot & Maidenhead CCG



Source: P² People & Places • © Beacon Dodsworth 2004-2012
© Crown copyright 2004-14 <https://shape.phe.org.uk/app/index.asp#11C> • 30 September 2014

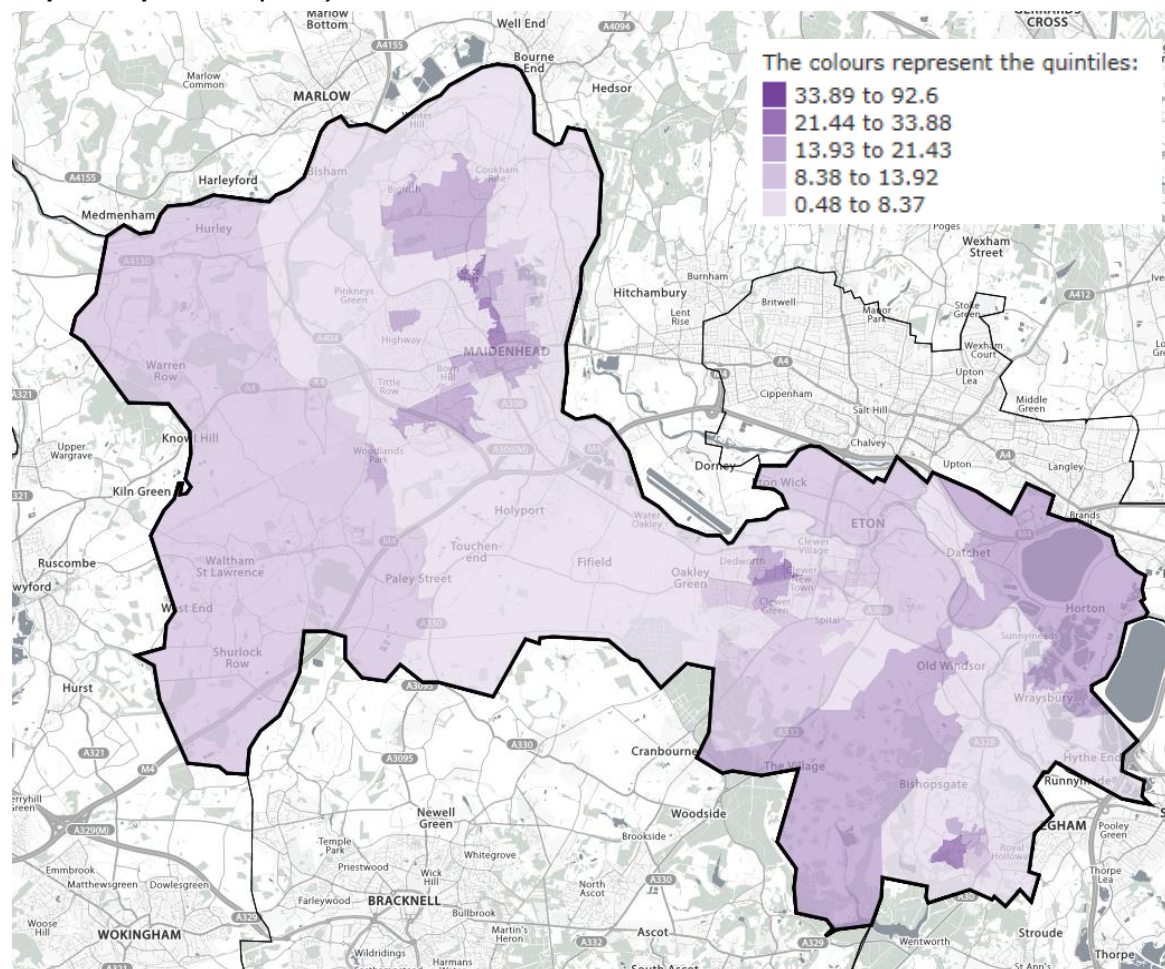
3.4 Deprivation profile

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 Windsor, Ascot & Maidenhead CCG area is made up of 85 LSOAs. 48 (56%) of these are in the 20% least deprived areas in the country and none of them are in the 20% most deprived nationally. 5 LSOAs within the Windsor, Ascot & Maidenhead CCG boundary are in the 20% most deprived LSOAs in Berkshire. These include neighbourhoods in 4 wards within the Royal Borough (Clewer North, Belmont, Furze Platt and Oldfield) and 1 neighbourhood in the Englefield Green North ward of Runnymede District.

Figure 9 shows the level of deprivation in Windsor, Ascot & Maidenhead CCG. Areas of higher deprivation are shown in darker purple.

Figure 9: Index of Multiple Deprivation for Windsor, Ascot & Maidenhead CCG by Lower Super Output Area (2015)



Source: *The English Indices of Deprivation 2015*

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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 Windsor, Ascot & Maidenhead CCG include specific neighbourhoods in Clewer North, Englefield Green North and Belmont wards. 61 (72%) LSOAs in the CCG are in the 20% least health deprived areas in England, compared to 48 LSOAs (56%) for the overall IMD score.

4. Lifestyle and Health Behaviour

Lifestyle and the personal choices that people make significantly impact on their health.

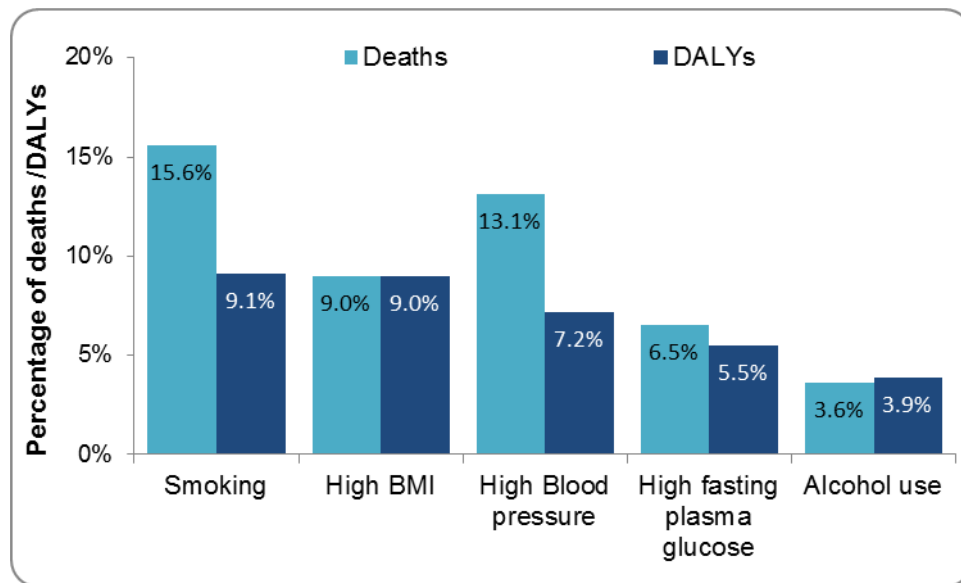
Modelling from the most recent Global Burden of Disease study (2015) showed that behavioural patterns contribute to approximately 40% of premature deaths in England. This is the largest contributor, above genetic predisposition (30%), social circumstances (15%) and healthcare (10%). While there are a large number of causes of death and ill-health, many of the risk factors for these are the same. Just under half of the disability adjusted life years (DALYs) lost in England are attributable to smoking, diet, high blood pressure, being overweight, alcohol and drug use. Figure 10 shows the 5 main risk factors for death and DALYs in South East England.

What is a Disability Adjusted Life Year (DALY)?

Burden of disease can be measured by disability-adjusted life years (DALYs), which combine the years of life lost to premature mortality and those lived with disability, illness or injury.

While people are living longer, they are spending more years in ill health. There is therefore an increase in DALY, which will impact on health and social care systems.

Figure 10: Key risks attributed to deaths and DALYs in South East England (2013)



Source: Institute for Health Metrics and Evaluation (2016); Global Burden of Disease

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. While it's clear that unhealthy behaviours, such as smoking and being overweight, increase the risk of dying prematurely and also impact on an individual's quality of life, it is important to note that healthy behaviours, such as being physically active, can help to improve quality of life and also reduce the risks of dying prematurely.

This section of the Locality Profile looks at the impact of lifestyle and health behaviours in Windsor, Ascot & Maidenhead 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. The Global Burden of Disease (2015) showed that smoking was the biggest single cause of deaths and disability adjusted life years (DALYs) in South East England, at 15.6% and 9.1% respectively. A wide range of diseases and conditions are caused by smoking, such as cancers, respiratory diseases and cardiovascular diseases.

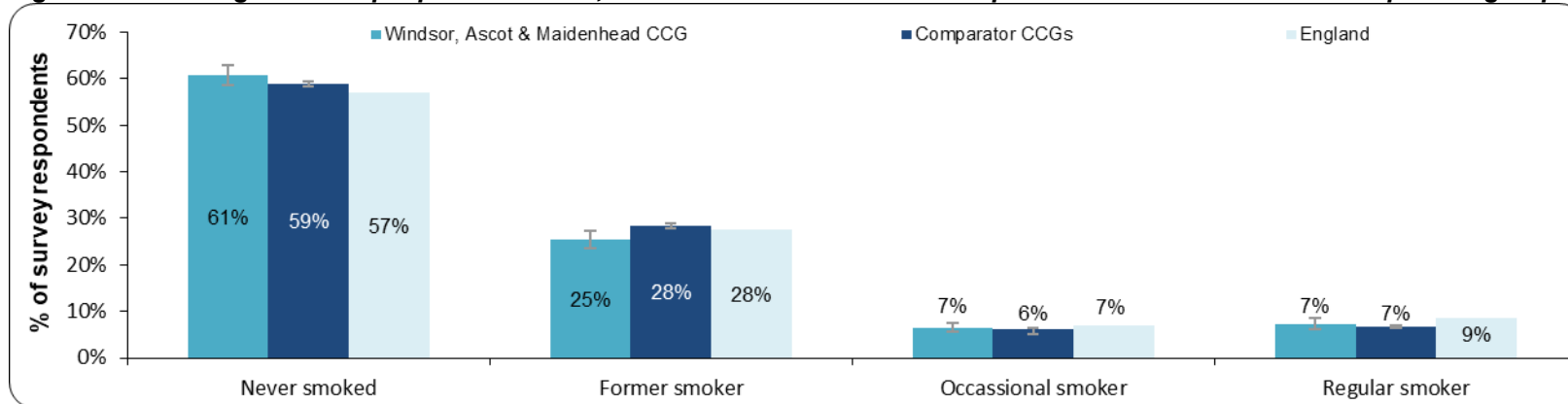
The Government’s latest [Tobacco Control Plan](#) for England was published in July 2017. This built on the 2013 Plan and set out a strategy to reduce smoking prevalence further, including a number of new targets to be achieved by 2022.

4.11 Smoking prevalence in adults

The Government aims to reduce smoking prevalence in adults from 15.5% in 2016 to 12% or less by 2022. The Annual Population Survey for 2016 indicated that the Royal Borough of Windsor & Maidenhead’s prevalence rate was 12.2%, which was significantly better than the national rate of 16.1%.

The latest [GP Patient Survey](#) (2017) asked people to comment on their smoking habits. This survey was completed by 1,882 patients from Windsor, Ascot & Maidenhead CCG. Figure 11 shows that 61% of people who responded to the survey in Windsor, Ascot & Maidenhead CCG said that they never smoked, while 14% were either occasional or regular smokers.

Figure 11: Smoking habits of people in Windsor, Ascot & Maidenhead CCG compared with the national and comparator group



Source: NHS England, GP Patient Survey (2017)

Smoking is also included in the GP Quality and Outcomes Framework (QOF). In March 2017, 14.0% of people aged 15 and over registered with a Windsor, Ascot & Maidenhead CCG GP Practice were recorded as current smokers. This was 17,991 people in total. Additional QOF information about smoking can be found in the condition specific sections of the Adult Profile chapter.

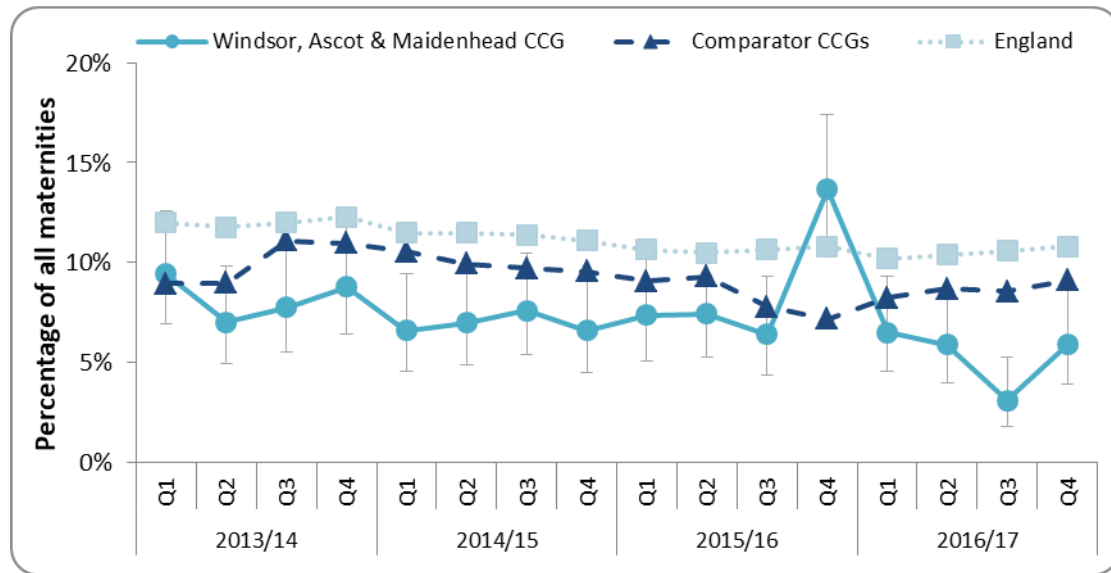
4.12 Smoking prevalence in pregnancy

The Government aims to reduce smoking prevalence in pregnancy to 6% or less by the end of 2022. In 2016/17, the percentage of women in England known to be smokers at the time of delivery was 10.5%, which was a reduction from 15.1% in 2006/07.

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. Figure 12 shows that Windsor, Ascot & Maidenhead CCG's smoking prevalence is similar to the comparator group average and has remained lower than the national prevalence. Caution needs to be applied to this data, as it is based on self-reported information.

Windsor, Ascot & Maidenhead CCG had 1,881 maternities in 2016/17. 136 of these mothers were smokers at the point of delivery, which is 7.5% of all maternities.

Figure 12: CCG 1.14: Percentage of mothers who were smokers at the point of delivery (2013/14 Q1 – 2016/17 Q4)



Source: NHS Digital (2017)

4.13 Smoking prevalence in 15-year-olds

The Government aims to reduce rates of regular smoking among 15 year olds from 8% in 2016 to 3% or less by the end of 2022. The What About YOUTH (WAY) survey in 2014/15 provided this data at a local authority level and estimated that 7.6% of 15 year olds in RBWM were current smokers, which was similar to the England figures of 8.2%. Additional data for smoking in young people is included in section 5.34 of this Profile - 'Lifestyle and Health Behaviours in Children and Young People'.

4.14 Smoking prevalence for people with Mental Health problems

While the number of people smoking has decreased in the general population over the last 20 years, the prevalence for people with a mental health condition has remained constant at around 40%. A third of all tobacco now smoked in England is by someone with a mental health condition. The [Tobacco Control Plan](#) did not include a prevalence target for people suffering from mental health problems, although it did acknowledge that the smoking prevalence in this population was significantly higher than the general population.

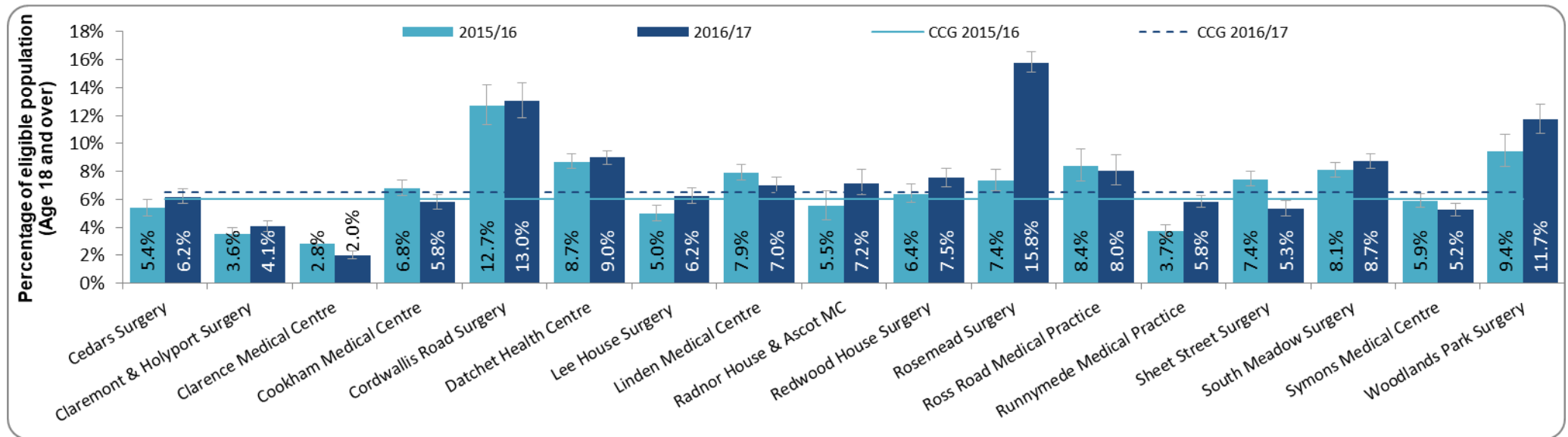
In 2014/15, 30.6% (194) of people with a serious mental illness were recorded as smokers in Windsor, Ascot & Maidenhead CCG. This is lower than the national rate of 41%, but a much higher prevalence rate than the CCG's general population.

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. The Global Burden of Disease (2015) showed that a high BMI attributed to 9% of deaths and disability adjusted life years in South East England and that this was the 2nd biggest single cause of deaths and DALYs in the region.

Windsor, Ascot & Maidenhead CCG has an obesity prevalence rate of 6.6% in the registered population aged 18 and over. This is approximately 8,058 people. This prevalence rate is lower than both the comparator CCG average of 8.3% and the national prevalence rate of 9.7%.

Figure 13: Prevalence of Obesity at a GP Practice level in 2015/16 and 2016/17



Source: NHS Digital (2017); Quality and Outcomes Framework

Adults with a Body Mass Index over 25 are defined as being overweight. Figures collected through the Active Lives Survey (2015/16) estimate that 61.3% of adults living in England are overweight or obese. RBWM’s figure was significantly lower at 52.2%.

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 14 shows that the Royal Borough of Windsor & Maidenhead has lower levels of overweight and obese children than the England average for both age-groups.

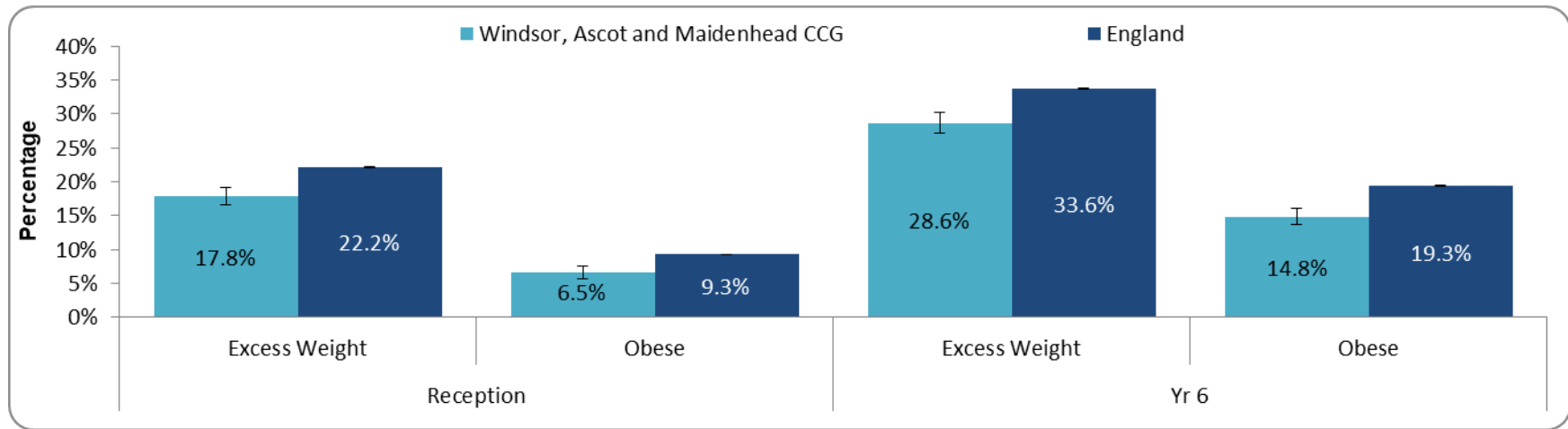
Figure 14: Prevalence of Obesity and Overweight children (2016/17)

		RBWM Prevalence	England Prevalence
Reception (aged 4 to 5)	<i>Overweight (including obesity)</i>	17.1%	22.6%
	<i>Obesity</i>	6.6%	9.6%
Year 6 (aged 10 to 11)	<i>Overweight (including obesity)</i>	30.5%	34.2%
	<i>Obesity</i>	16.2%	20.0%

Source: NHS Digital (2017); National Child Measurement Programme

3-year pooled figures have been published at a CCG level and show that children living within Windsor, Ascot & Maidenhead CCG have lower levels of obesity and excess weight than the national average.

Figure 15: Prevalence of obesity and excess weight for children in Reception and Year 6 (2013/14 to 2015/16)



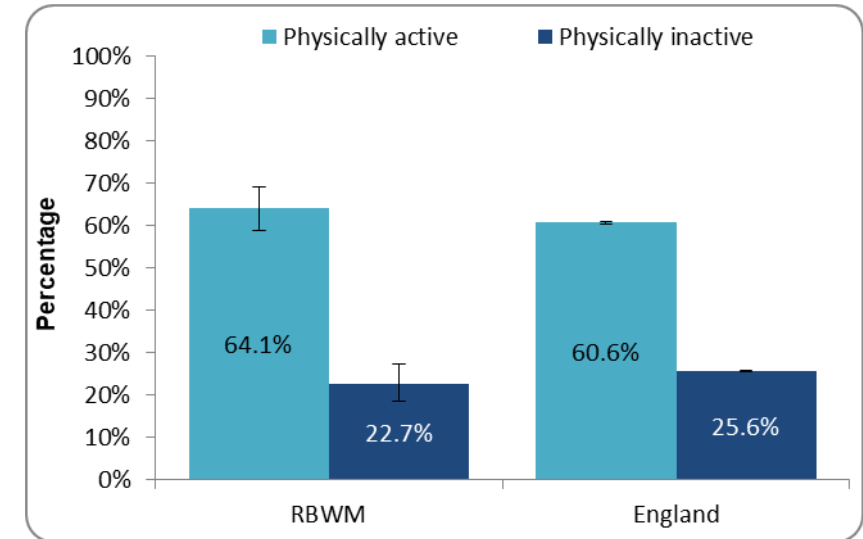
Source: Public Health England (2017); Child obesity and excess weight: small area level data

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 5% of deaths in South East England and is the fourth leading risk factor for global mortality.

The Active Lives Survey (2016/17) asked people how much physical activity they did. The results indicated that the Royal Borough of Windsor & Maidenhead had a higher proportion of physically active adults than the national average (doing at least 150 minutes of moderate physical activity per week), and a lower proportion of physically inactive adults (doing less than 30 minutes of moderate physical activity a week).

Figure 16: Percentage of physically active and inactive people aged 16 and over (2016/17)



Source: Sport England (2017); Active Lives Survey

4.4 Diet



Unhealthy diet is attributable to 9.6% of the total disease burden in England. 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 Lives Survey (2015/16) asked people aged 16 and over about the amount of fruit and vegetables they ate the day before. 56.8% of people in England said that they ate the recommended '5 a day'. RBWM's figure was significantly better than the national average at 64.7%. In RBWM, the average person ate 2.6 portions of fruit and 2.7 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. Nearly 4% of all deaths and disability adjusted life years are attributed to alcohol in South East England. Alcohol can also play a role in accidents, acts of violence, criminal behaviour and other social problems.



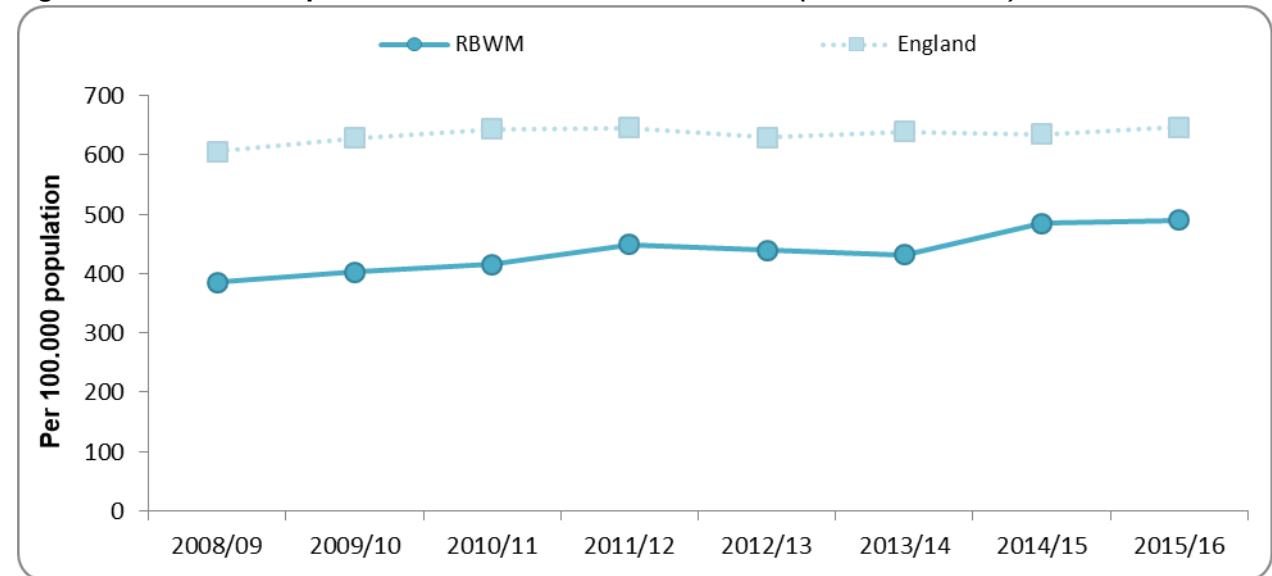
The Alcohol Concern Alcohol Harm Map indicates that 20% of people in South East England drink at a level which increases the risk of damaging their health. Estimates for Windsor, Ascot & Maidenhead CCG indicate that 22,214 people are drinking above the recommended levels, which will increase the risk of damaging their health. 7,113 of these are higher risk drinkers, who drink at a very heavy level which significantly increases the risk of damaging their health and may have already caused some harm to their health.

In 2015/16 there were nearly 340,000 alcohol-related hospital admissions in England, which equates to 647 admissions per 100,000 population. The Royal Borough's admission rate was significantly better at 490 per 100,000 population. This rate has been consistently lower than the national average from 2008/09 to 2015/16, although it has increased over this time.

More men have alcohol-related hospital admissions than women. In England, the rate for men was 830 per 100,000 compared to 483 per 100,000 for women. 62% of RBWM's admissions were for men in 2015/16.

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](#).

Figure 17: Admission episodes for alcohol-related conditions (2008/09-2015/16)



Source: Public Health England (2017); 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 the Royal Borough of Windsor & Maidenhead are shown at Figure 18.

Figure 18: Key indicators of Sexual and Reproductive Health

Indicator	Latest data	Royal Borough of Windsor & Maidenhead			England
		Count	Outturn	Comparison to England	Outturn
Syphilis diagnosis rate per 100,000 population	2016	10	6.8	Similar	10.6
Gonorrhoea diagnosis rate per 100,000 population	2016	60	40.6	Significantly better	60.4
Chlamydia detection rate per 100,000 population aged 15-24	2016	163	1,097	Significantly worse	1,882
Proportion of 15-24 year olds screened for chlamydia	2016	2,154	14.5%	Significantly worse	20.7%
All new STI diagnoses (exc. chlamydia) per 100,000 population	2016	552	593	Significantly better	795
HIV testing coverage	2016	3,132	82.2%	Significantly better	67.7%
HIV late diagnoses	2014-16	12	41.4%	Similar	40.1%
New HIV diagnosis rate per 100,000 population aged 15+	2016	9	7.5	Similar	10.3
HIV diagnoses prevalence rate per 1,000 aged 15-59	2016	135	1.57	Significantly better	2.31
HPV vaccination coverage - % of girls aged 12-13 who have received 1 dose of vaccine	2015/16	795	90.2%	Significantly better	87.0%

Indicator	Latest data	Royal Borough of Windsor & Maidenhead			England
		Count	Outturn	Comparison to England	Outturn
Abortions - % of abortions under 10 weeks	2016	297	80.7%	Similar	80.8%
Abortions - % of repeat abortions in under 25s	2016	28	21.9%	Similar	26.7%
Total prescribed long acting reversible contraception (LARC) per 1,000 population	2016	1,514	57.0	Significantly higher	51.4

Source: Public Health England – Sexual and Reproductive Health Profiles (2017)

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 October 2017, Windsor, Ascot & Maidenhead CCG had 36,481 registered patients aged under 19. This is 23% of the CCG's total registered population.

This section of the Locality Profile focuses on the health of children and young people in Windsor, Ascot & Maidenhead 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 [Child and Maternal Health Fingertips Profile](#) and [Child and Maternal Health Intelligence Network](#).

5.1 Maternity and Birth

5.11 Birth and fertility rates

In 2015 there were 1,575 live births in Windsor, Ascot & Maidenhead CCG, which is a general fertility rate of 56.9 per 1,000 female population (aged 15 to 44). This was significantly lower than the national rate of 62.5. In the same year, there were 5 stillbirths in Windsor, Ascot & Maidenhead CCG, which was 0.33% of all births. Nationally, 0.44% of births were still births.

27% of births to Windsor, Ascot & Maidenhead CCG mothers were delivered by caesarean section in 2015/16. This was the same as the national proportion of 27%. 20.2% of deliveries were to mothers from Black and Minority Ethnic groups and 27.9% were to women aged 35 and over.

5.12 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 2015, 2.8% of term babies born in England had a low birth weight. Windsor, Ascot & Maidenhead CCG's percentage of low birth weight babies was lower at 2.2% (32 babies).

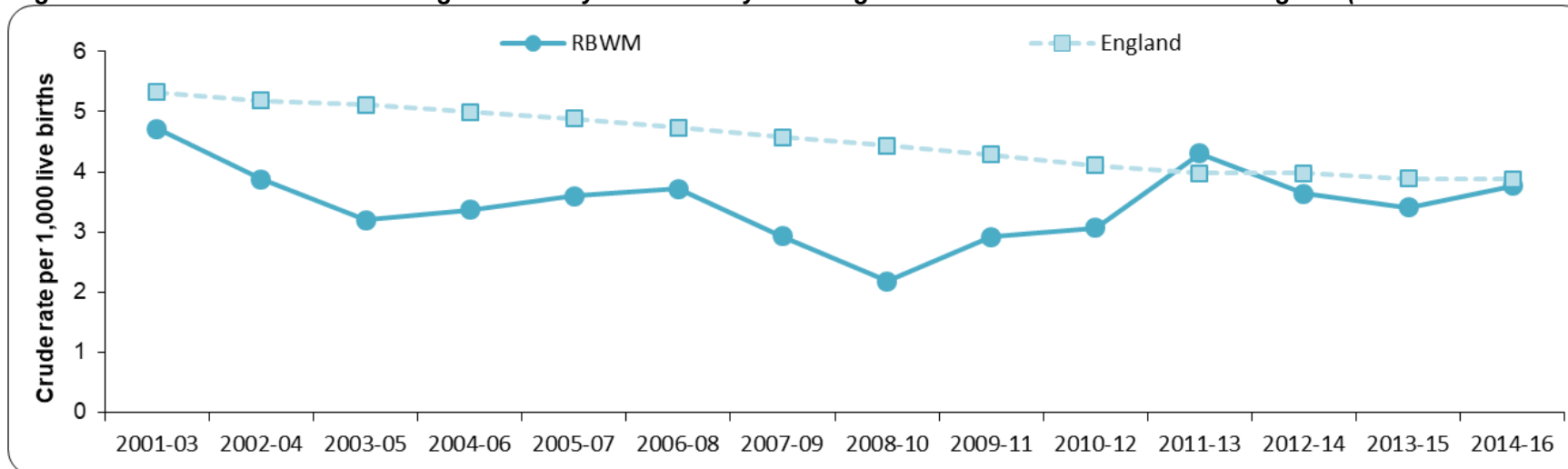
5.13 Infant mortality (deaths in infants under 1 year)

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 2014-16, 19 infants aged under 1 who were resident in Windsor, Ascot & Maidenhead CCG died.

Figure 19 shows the infant mortality rate in the Royal Borough of Windsor & Maidenhead since 2001. In 2014-16, the rate of infant mortality for RBWM was 3.8 per 1,000 live births, which was similar to the national rate of 3.9.

Figure 19: Rate of deaths in infants aged under 1 year in the Royal Borough of Windsor & Maidenhead and England (2001-03 to 2014-16)



Source: Public Health England, Public Health Outcomes Framework (2017)

5.14 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 at 48 hours after birth (initiation) and 6-8 weeks after birth (prevalence).

In 2016/17, 44.4% of infants were totally or partially breastfed at 6-8 weeks in England. Data was not published for RBWM, as the percentage of babies with an unknown breastfeeding status was above the minimum standard of 5% at 22.4%.

(This indicator has now been retired from the CCG Outcomes Indicator Set, as it is collected at a local authority level through Public Health England.)

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 disease prevalence models have been taken from Public Health England, but it is important to note that they 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 Windsor, Ascot & Maidenhead CCG's population have asthma recorded on a GP register (QOF 2016/17). Modelled estimates indicate that 10.8% of under 19s in the CCG have asthma, which is approximately 3,933 children. Figure 20 provides a breakdown by age and sex.

Figure 20: Modelled prevalence of asthma in Windsor, Ascot & Maidenhead CCG based on October 2017 registered population

	Aged 0-4	Aged 5-9	Aged 10-14	Aged 15-19	Total
Boys	402	683	676	453	2,213
Girls	235	531	472	482	1,720
Total	637	1,214	1,147	935	3,933

Source: Public Health England disease prevalence models; Modelled on NHS Digital (2017) registered population figures

Chronic Obstructive Pulmonary Disease (COPD)

1.0% of Windsor, Ascot & Maidenhead CCG's population have COPD recorded on a GP register, although 2.0% are actually estimated to have the condition (QOF 2016/17). Modelled estimates indicate that 0.40% of under 19s in the CCG have COPD, which is approximately 151 children. Figure 21 provides a breakdown by age and sex.

Figure 21: Modelled prevalence of COPD in Windsor, Ascot & Maidenhead CCG based on October 2017 registered population

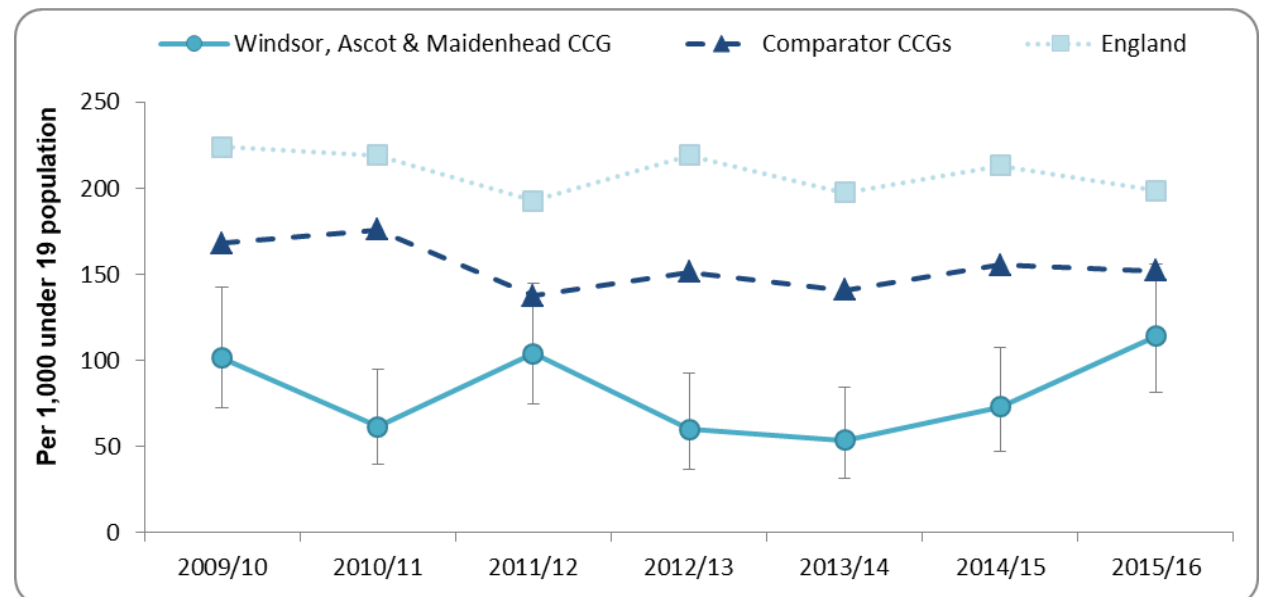
	Aged 0-4	Aged 5-9	Aged 10-14	Aged 15-19	Total
Boys	48	10	10	15	82
Girls	37	9	8	13	68
Total	85	19	18	28	151

Source: Public Health England disease prevalence models; Modelled on NHS Digital (2017) registered population figures

5.212 Hospital admissions

In 2015/16, Windsor, Ascot & Maidenhead CCG had 39 emergency admissions for asthma in under 19 year olds at a rate of 114 per 100,000 population. Figure 22 shows the trend for emergency admissions over the last seven years. Windsor, Ascot & Maidenhead CCG's admission rate has always remained significantly lower than both the CCG comparator group and England.

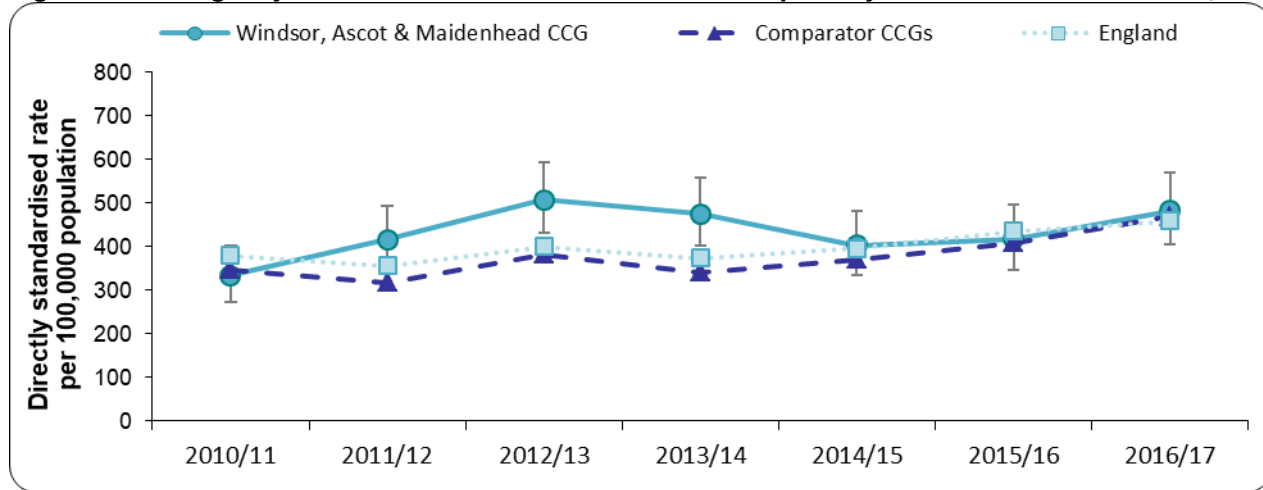
Figure 22: Emergency admissions for asthma in under 19 year olds in Windsor, Ascot & Maidenhead CCG (2009/10-2015/16)



Source: Public Health England (2017); Child Health Profiles

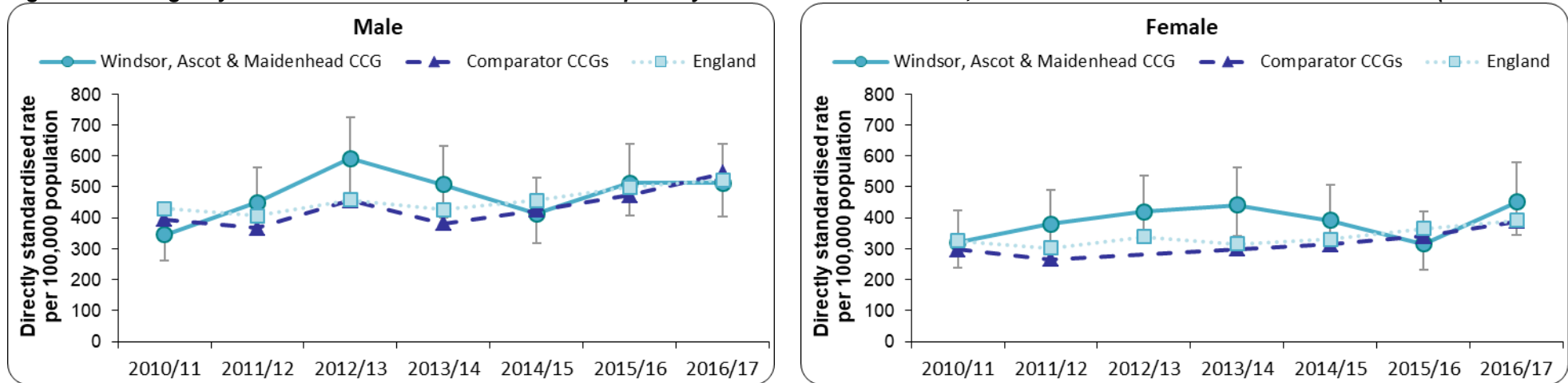
The rate of emergency admissions for children with lower respiratory tract infection is included in both the CCG and NHS Outcome Frameworks. In 2016/17, there were 139 emergency admissions in Windsor, Ascot & Maidenhead CCG, which was a rate of 482 per 100,000 population. The CCG's rate is similar to the national and comparator group rates.

Figure 23: Emergency admissions for children with lower respiratory tract infection in Windsor, Ascot & Maidenhead CCG – all persons (2010/11-2016/17)



Source: NHS Digital (2017)

Figure 24: Emergency admissions for children with lower respiratory tract infection in Windsor, Ascot & Maidenhead CCG – male and female (2010/11-2016/17)



Source: NHS Digital (2017)

5.22 Epilepsy

5.221 Prevalence

Approximately 0.6% of adults in Windsor, Ascot & Maidenhead CCG have epilepsy (QOF 2016/17). Modelled estimates indicate that 0.42% of under 19s in the CCG have epilepsy, which is approximately 153 children. Figure 25 provides a breakdown by age and sex.

Figure 25: Modelled prevalence of epilepsy in Windsor, Ascot & Maidenhead CCG based on October 2017 registered population (rounded)

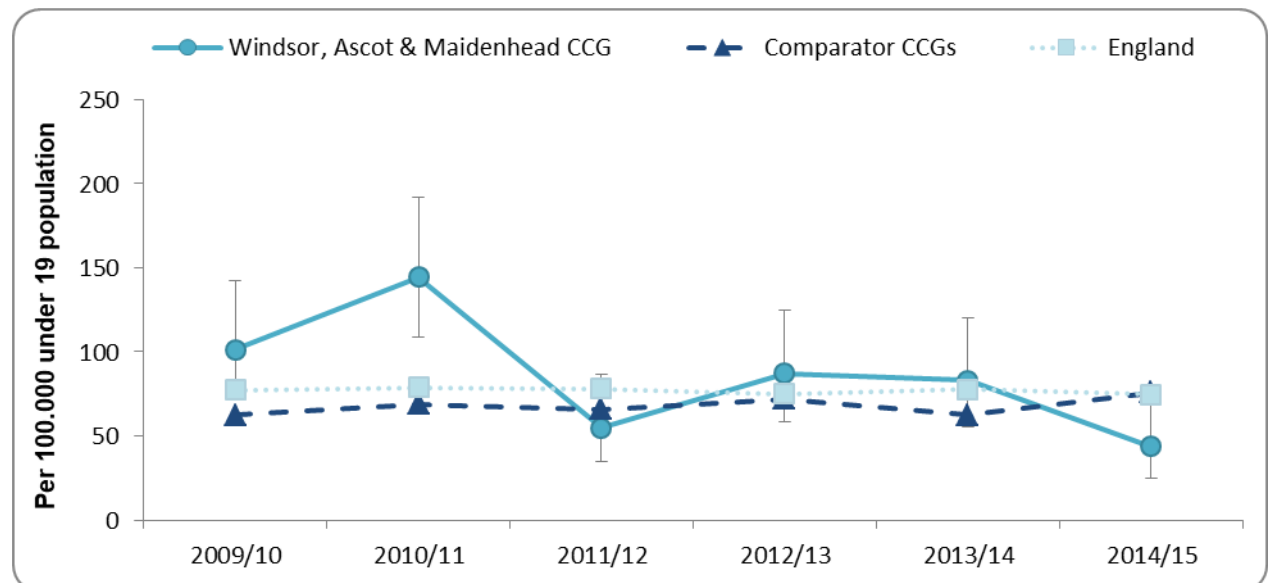
	Aged 0-4	Aged 5-9	Aged 10-14	Aged 15-19	Total
Boys	8	22	21	31	82
Girls	7	19	17	28	72
Total	16	41	38	58	153

Source: Public Health England disease prevalence models; Modelled on NHS Digital (2017) registered population figures

5.222 Hospital admissions

In 2014/15, Windsor, Ascot & Maidenhead CCG had 15 emergency admissions for epilepsy in under 19 year olds. This was a rate of 44 per 100,000 population, compared to 75 per 100,000 population nationally. Figure 26 shows the trend for emergency admissions over the last six years.

Figure 26: Emergency admissions for epilepsy in under 19 year olds in Windsor, Ascot & Maidenhead CCG (2009/10-2014/15)



Source: Public Health England (2017); Child Health Profiles

5.23 Diabetes

5.231 Prevalence

Approximately 7.5% of adults in Windsor, Ascot & Maidenhead CCG have diabetes, although only 5.2% are actually diagnosed with the condition (QOF 2016/17). Modelled estimates indicate that 0.34% of under 19s in the CCG have diabetes, which is approximately 124 children. Figure 27 provides a breakdown by age and sex.

Figure 27: Modelled prevalence of diabetes in Windsor, Ascot & Maidenhead CCG based on October 2017 registered population

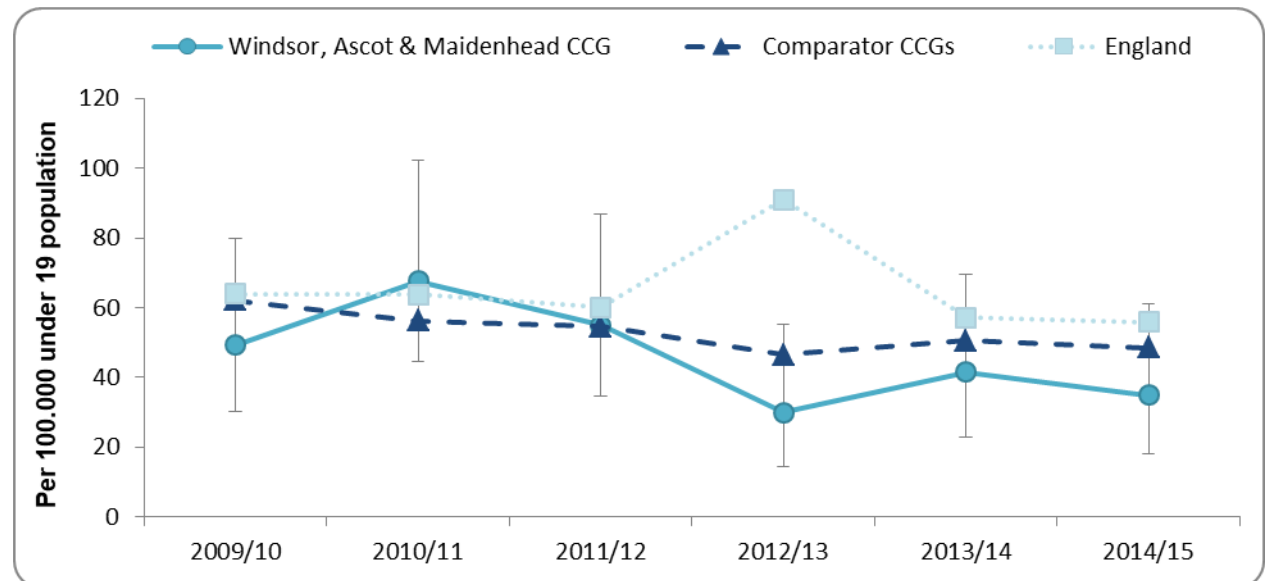
	Aged 0-4	Aged 5-9	Aged 10-14	Aged 15-19	Total
Boys	15	17	16	17	65
Girls	14	16	14	15	59
Total	29	33	31	32	124

Source: Public Health England disease prevalence models; Modelled on NHS Digital (2017) registered population figures

5.232 Hospital admissions

In 2014/15, Windsor, Ascot & Maidenhead CCG had 12 emergency admissions for diabetes in under 19 year olds. This was a rate of 35 per 100,000 population, compared to 56 per 100,000 in England. Figure 28 shows the trend for emergency admissions over the last six years.

Figure 28: Emergency admissions for diabetes in under 19 year olds in Windsor, Ascot & Maidenhead CCG (2009/10-2014/15)



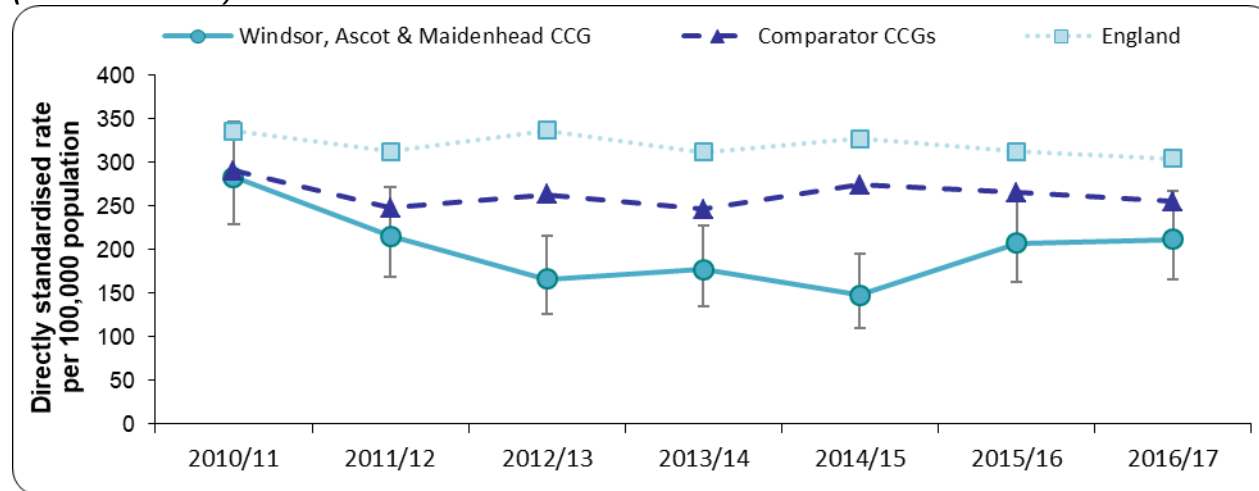
Source: Public Health England (2017); Child Health Profiles

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 2016/17, Windsor, Ascot & Maidenhead CCG had 73 unplanned admissions for under 19s at a rate of 212 per 100,000 population. This has remained below the England figure, as shown in Figure 29.

Figure 29: Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s - all persons (2010/11-2016/17)



Source: NHS Digital (2017)

51% of the unplanned admissions in Windsor, Ascot & Maidenhead CCG were for males from 2010/11 to 2016/17.

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)

The rate of child mortality is low in Windsor, Ascot & Maidenhead CCG with 5 deaths recorded for residents of the CCG in the last 3-years (2014-16).

5.312 Tooth decay

In 2014/15, 25% of 5-year-old children had observable dental decay in England despite this being a predominately preventable disease. In the Royal Borough, 18.5% of 5-year-olds had dental decay, which was significantly better than the England figure.

Children aged 1 to 4 years old in Windsor, Ascot & Maidenhead CCG had 6 hospital admissions for dental caries from 2013/14 to 2015/16.

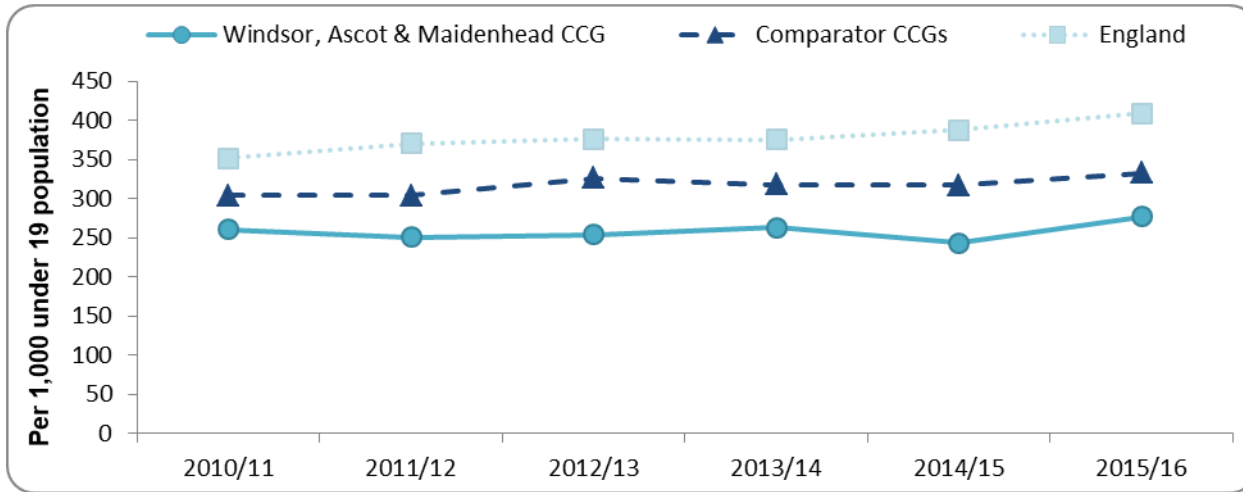
5.313 A&E attendances

In 2015/16, 25% of all A&E attendances in England were for children and young people aged 18 and under. This was a higher percentage than those aged 65 and over ([NHS Digital 2017](#)). A&E attendances for children, specifically those aged under 5, are commonly caused by accidental injury or by minor illnesses. The [Royal College of Paediatrics and Child Health](#) (2014) estimated that up to 16% of children who arrive in A&E could have attended primary care, or other forms of healthcare outside of the hospital. However, it is important to note that unintentional injuries do form a major burden of disease in children and young people and are a major cause of inequality. Unintentional injuries in and around the home are also a leading reason for preventable death in children under five years and are a major cause of ill health and serious disability.

There were 10,008 A&E attendances for children and young people aged 0 to 19 years old in Windsor, Ascot & Maidenhead CCG in 2015/16. This was a rate of 277 per 1,000 population, which was significantly lower than the national rate of 408 per 1,000 population. Figure 31 shows that this was similar to previous year's rate.

Figures 30 to 32 provide more detailed information on Windsor, Ascot & Maidenhead CCG's A&E attendances for children and young people.

Figure 30: A&E attendances for children and young people per 1,000 population (2010/11-2015/16)

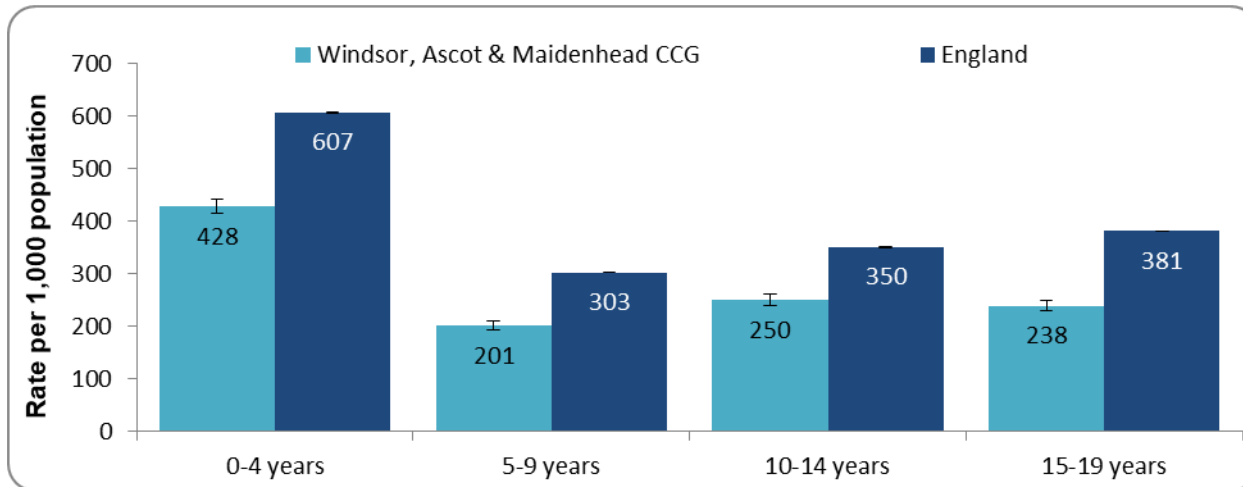


Source: Public Health England (2017); Child Health Profile

Figure 31 shows the rate of A&E attendances for each 5-year age group for children and young people in 2015/16. Windsor, Ascot & Maidenhead CCG's rates were all significantly lower than the national rates.

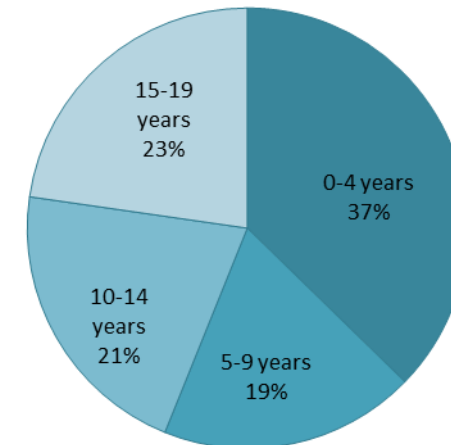
Figure 32 shows that 37% of all A&E attendances for children and young people in Windsor, Ascot & Maidenhead CCG were for those aged under 5. The remaining 62% were more evenly spread between the other 3 age groups (5-9 year olds, 10-14 year olds and 15-19 year olds).

Figure 31: A&E attendances for children and young people per 1,000 population by age group (2015/16)



Source: Public Health England (2017); Child Health Profile

Figure 32: Percentage of A&E attendances for 0-19 year olds in Windsor, Ascot & Maidenhead CCG by age group (2015/16)

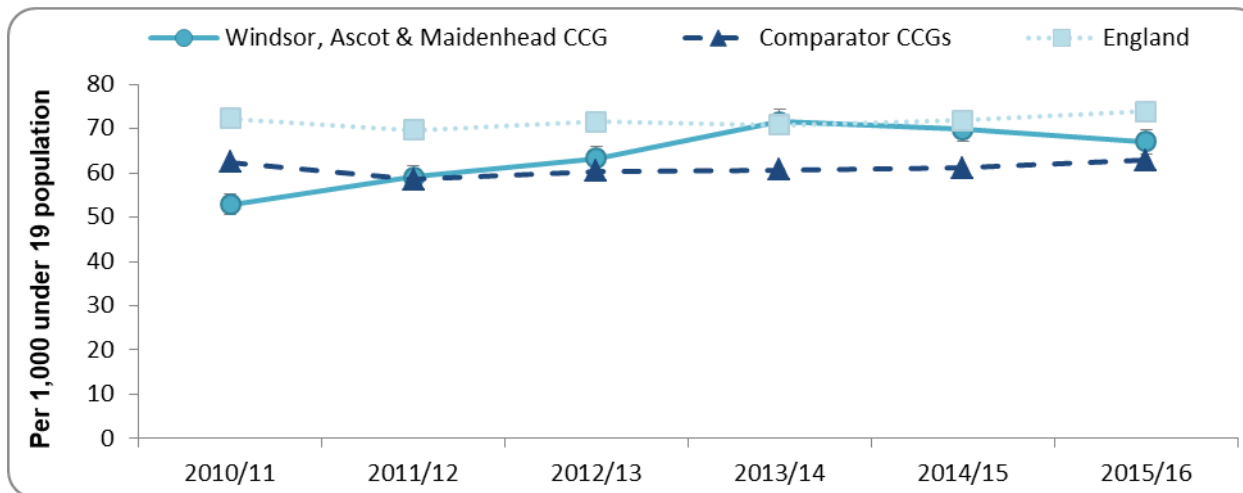


Source: Public Health England (2017); Child Health Profile

5.314 Hospital admissions

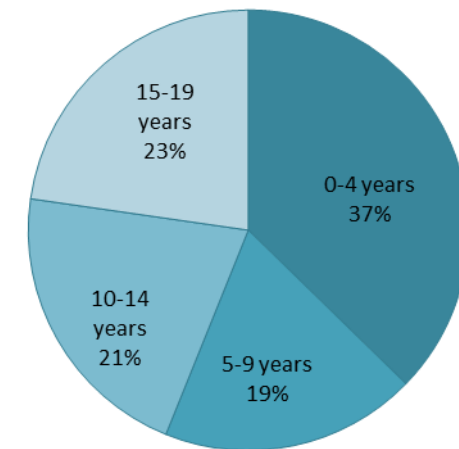
In 2015/16, there were 4,013 hospital admissions for children and young people in Windsor, Ascot & Maidenhead CCG. 60% (2,420) of these were emergency admissions. The rate of emergency admissions in Windsor, Ascot & Maidenhead CCG remained significantly lower than England's in 2015/16 at 67 per 1,000 population, compared to 74 per 1,000 population nationally. 37% of the emergency admissions in Windsor, Ascot & Maidenhead CCG were for children aged under 5.

Figure 33: Emergency hospital admissions for children and young people per 1,000 population (2010/11-2015/16)



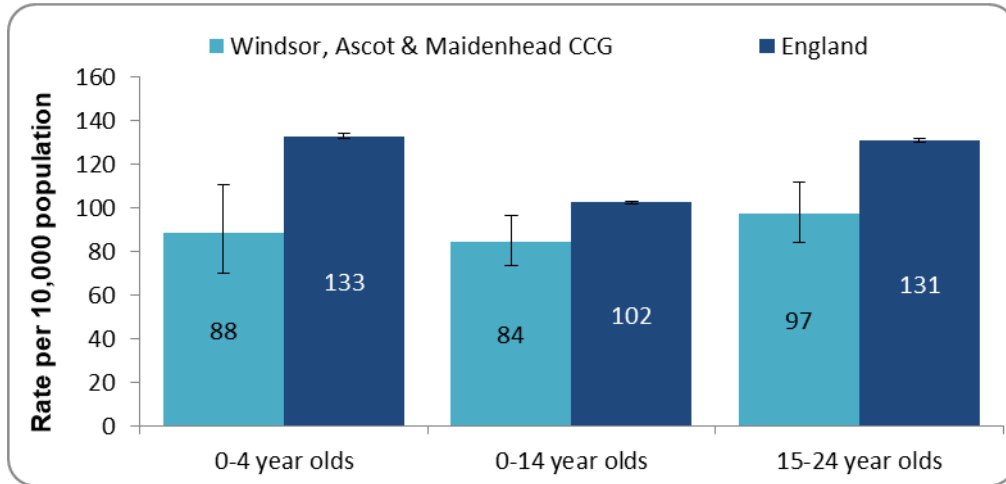
Source: Public Health England (2017); Child Health Profile

Figure 34: Percentage of emergency admissions for 0-19 year olds in Windsor, Ascot & Maidenhead CCG by age group (2015/16)



415 of Windsor, Ascot & Maidenhead CCG's emergency hospital admissions for children and young people (aged 0 to 24) in 2015/16 were due to unintentional or deliberate injury. Figure 35 shows that the rates of hospital admissions for injury in the CCG were lower than the national rates for all three age groups that are monitored in Public Health England's [Child Health Profile](#).

Figure 35: Hospital admissions for injury in children and young people by age group (2015/16)



Source: Public Health England (2017); Child Health Profile

In 2015/16, there were 1,593 elective hospital admissions for children and young people in Windsor, Ascot & Maidenhead CCG. This was a rate of 44 per 1,000 population, compared to 49 per 1,000 population nationally.

Figure 36: Elective hospital admissions per 1,000 population for children and young people aged 0-19 (2010/11-2015/16)

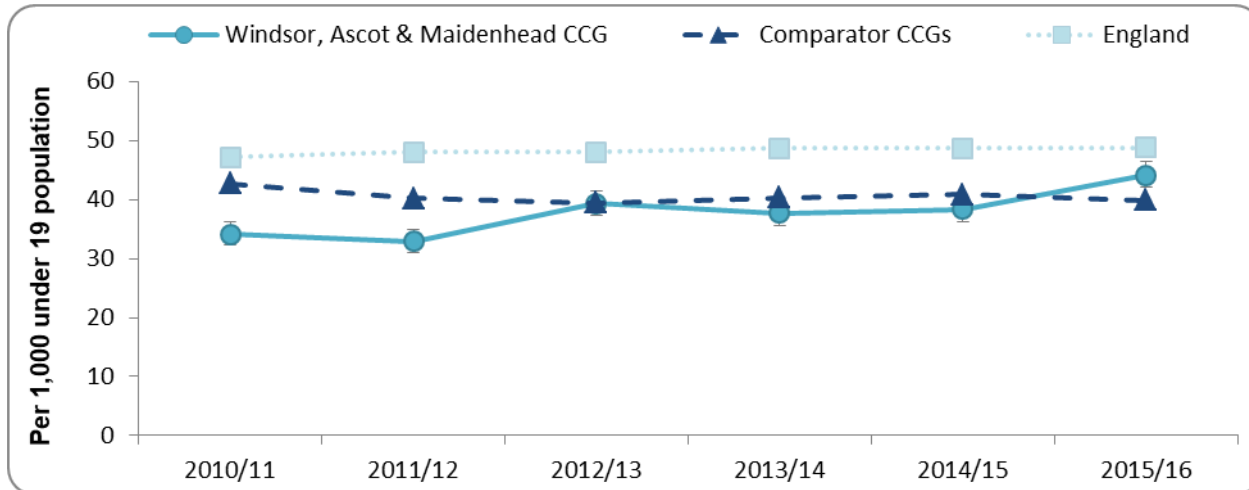
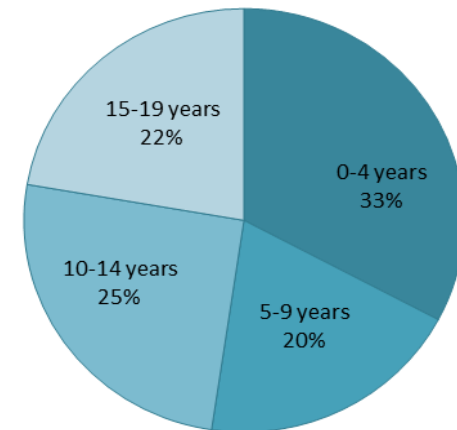


Figure 37: Percentage of elective admissions for 0-19 year olds in Windsor, Ascot & Maidenhead CCG by age group (2015/16)



Source: Public Health England (2017); Child Health Profile

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 the Royal Borough of Windsor & Maidenhead councils has been included at Figure 38.

Figure 38: Wider determinants of health for Children and Young People

Indicator	Latest data	Royal Borough of Windsor & Maidenhead			England
		Count	Outturn	Comparison to England	Outturn
Children in low income families (under 16s)	2014	2,385	9.3%	Significantly better	20.1%
Family homelessness - statutory homeless households with dependent children or pregnant women per 1,000 households	2015/16	Suppressed due to small numbers			19
Children in care per 10,000 population	2016	110	32	Significantly better	62
Children achieving a good level of development at the end of reception	2016/17	1,326	76.7%	Significantly better	70.7%
Children with free school meal status achieving a good level of development at end of reception	2016/17	48	51.6%	Similar	56.0%
Year 1 pupils achieving the expected level in the phonics screening check	2016/17	1,402	83.8%	Significantly better	81.1%
Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	2016/17	71	67.6%	Similar	68.4%
GCSE results (% achieving 5A*-C inc. English and Maths)	2015/16	893	69.7%	Significantly better	57.8%
Pupil absence	2015/16		4.29%	Similar	4.57%
First time entrants to the youth justice system per 100,000 population	2016	29	192	Significantly better	327
16-18 year olds not in education, employment or training	2015	1,140	44.8%	Significantly worse	6.0%
Children killed or seriously injured in road traffic accidents per 100,000 population	2013-15	8	8.9	Similar	17.1

Source: Public Health England (2017); Public Health Outcomes Framework and Child Health Profile

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. Windsor, Ascot & Maidenhead 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

1,021 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, 1,655 children aged 5-16 were estimated to have a mental health disorder in the CCG.

Figure 39: Estimated number of children with mental health disorders in Windsor, Ascot & Maidenhead CCG by age group and sex

All mental health disorders

	5 to 10 year olds	11 to 16 year olds	Total number
Boys	460	595	1,055
Girls	220	380	600
Total	675	980	1,655

Figure 40: Estimated number of children with specific mental health disorders in Windsor, Ascot & Maidenhead CCG by age group and sex

Conduct disorders				Emotional disorders			
	5 to 10 year olds	11 to 16 year olds	Total number		5 to 10 year olds	11 to 16 year olds	Total number
Boys	315	355	670	Boys	95	210	305
Girls	120	175	295	Girls	110	230	340
Total	435	530	965	Total	205	440	645

Hyperkinetic disorders				Less common disorders			
	5 to 10 year olds	11 to 16 year olds	Total number		5 to 10 year olds	11 to 16 year olds	Total number
Boys	125	110	230	Boys	105	90	195
Girls	25	25	50	Girls	35	30	65
Total	150	130	280	Total	140	120	260

Young people

The prevalence of neurotic disorders in young people aged 16-19 is shown in Figure 41.

Figure 41: Estimated number of young people aged 16-19 with neurotic disorders in Windsor, Ascot & Maidenhead CCG

Neurotic disorders							
	Mixed anxiety and depressive disorder	Generalised anxiety disorder	Depressive episode	All phobias	Obsessive compulsive disorder	Panic disorder	Any neurotic disorder
Males	200	65	35	25	35	20	335
Females	430	40	95	75	35	25	665
Total	630	105	130	100	70	45	1,000

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

CHIMAT's Needs Assessment for Windsor, Ascot & Maidenhead CCG estimates that 7,675 children and young people may require support from CAMHS. This has been broken down for each of the CAMHS Tiers:

- CAMHS Tier 1: 4,810 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: 2,245 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: 595 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: 25 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 525 children aged 5 to 19 have a learning disability in Windsor, Ascot & Maidenhead CCG. This figure increases by age group:

- 5 to 9 year olds: 90
- 10 to 14 year olds: 190
- 15 to 19 year olds: 245

Approximately 220 children aged 5 to 19 have a learning disability with mental health problems in Windsor, Ascot & Maidenhead CCG. This figure also increases by age group:

- 5 to 9 year olds: 40
- 10 to 14 year olds: 80
- 15 to 19 year olds: 100

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

In 2015/16, children aged 0 to 17 had 30 hospital admissions for mental health disorders in Windsor, Ascot & Maidenhead CCG. This was a rate of 46 per 100,000 population, which is significantly lower than the national rate of 85 per 100,000 population.

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. In 2015/16, there were 81 hospital admissions for self-harm in Windsor, Ascot & Maidenhead CCG at a rate of 283 per 100,000 population. This was significantly better than the England rate of 423 per 100,000 population. 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.

Trend data is not available at a CCG level for both of these indicators, as they were first published in 2014/15. Figures 42 and 43 provide national trend data for information only.

Figure 42: Hospital admissions for mental health conditions per 100,000 population aged 0 to 17 (2010/11 to 2015/16)

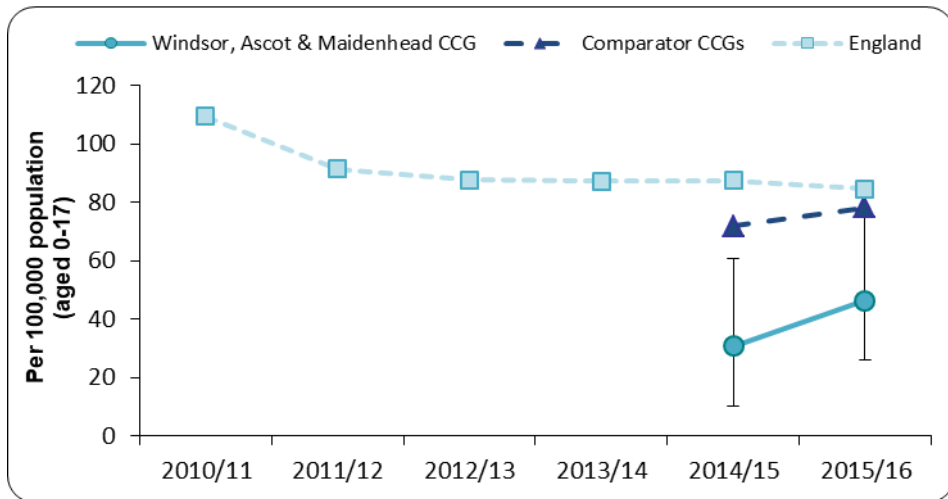
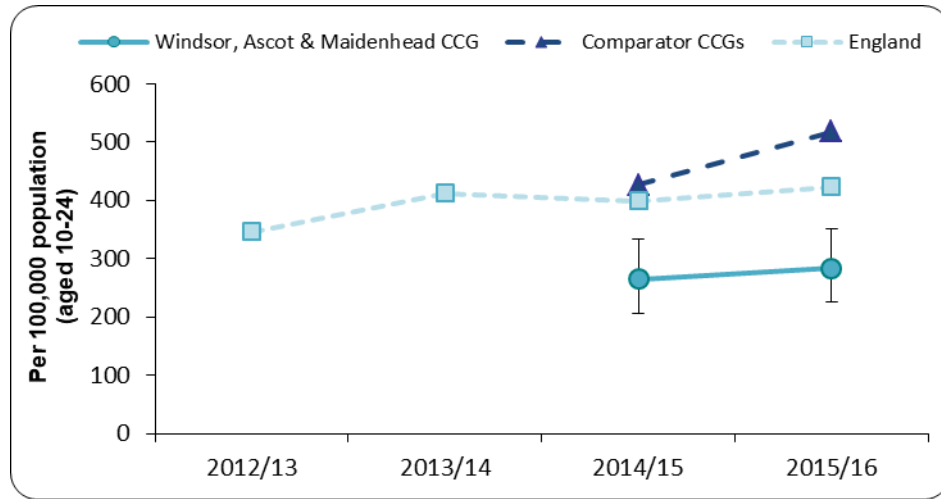


Figure 43: Hospital admissions as a result of self harm per 100,000 population aged 10 to 24 – directly standardised rate (2012/13 to 2015/16)



Source: Public Health England (2017); Child & Young People’s Health Benchmarking Tool

5.333 Wellbeing

The 2014/15 What About YOUth (WAY) survey asked a sample of 15 year olds about their health and lifestyle behaviours. Within this survey, respondents were asked questions about their wellbeing using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). This scale is formed of 14 statements covering a range of feelings and attitudes towards life and respondents are asked to rate themselves against these to create an overall score of wellbeing. The score can go from 14 to 70, with 70 being the highest score of wellbeing. Nationally, the average wellbeing score for 15-year olds was 47.6 out of 70. RBWM's average score was significantly higher at 48.7.

10.8% of RBWM's respondents stated that they had low life satisfaction, which was significantly better than the national figure of 13.7%.

The WAY Survey also asked respondents about bullying. 53.9% of RBWM respondents stated that they had been bullied in the past couple of months, which was similar to the national figure of 55.0%. 11.6% of RBWM respondents stated that they had bullied others in the past couple of months, compared to 10.1% nationally.

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 Windsor, Ascot & Maidenhead 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](#) for England aims to reduce rates of regular smoking among 15 year olds from 8% in 2016 to 3% or less by the end of 2022. The 2014 [Smoking, Drinking and Drug Use Among Young People in England Survey](#) showed that 8% of 15 year olds were regular smokers and provided some additional information about young peoples smoking habits.

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 Windsor, Ascot & Maidenhead CCG, compared to the national figures. The trend from 2007/08 to 2014/15 is shown in Figure 44. From 2012/13 to 2014/15, there were 22 admissions for young people in Windsor, Ascot & Maidenhead CCG, which was a rate of 24 per 100,000 population (aged 0 - 17).

Modelled estimates for Windsor, Ascot & Maidenhead CCG using registered population figures for Oct-17:

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

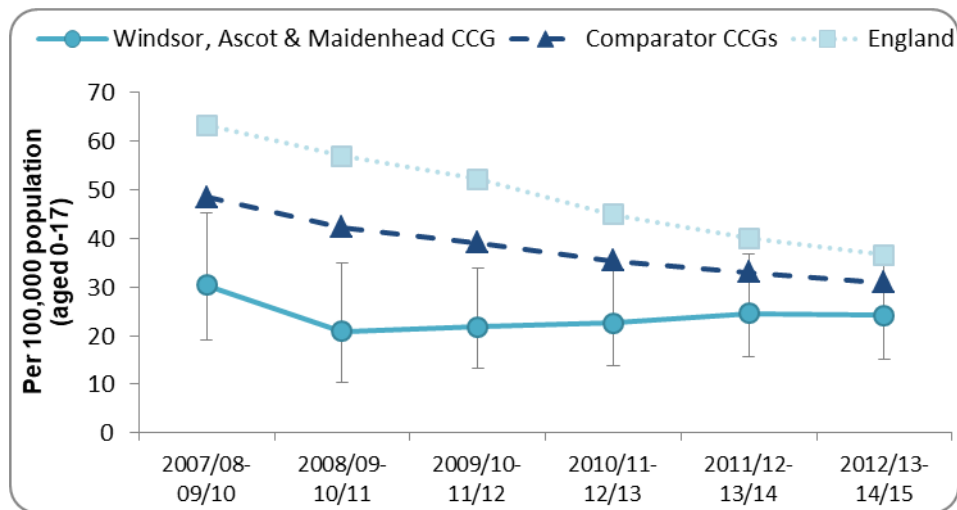
1,635 young people have tried smoking.

1,999 young people have tried e-cigarettes.

3,452 young people have drunk alcohol at least once.

727 young people have drunk alcohol in the last week.

Figure 44: Hospital admissions for alcohol-specific conditions per 100,000 population aged 0 to 17 (2007/08 to 2014/15)



Source: Public Health England (2017); Healthcare use Profile

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.

From 2013/14 to 2015/16, 32 young people (aged 15 to 24) were admitted to hospital due to substance misuse in Windsor, Ascot & Maidenhead CCG. This was a rate of 54 per 100,000 population, which was significantly better than the national rate of 94 per 100,000 population.

Modelled estimates for Windsor, Ascot & Maidenhead CCG using registered population figures for Oct-17:

1,636 young people (aged 11-15) have taken drugs

908 young people have taken drugs in the last year

545 young people have taken drugs in the last month

2,362 young people have been offered drugs

545 young people have been offered legal highs

5.344 Obesity, Physical Activity and Diet

The prevalence of obesity in children is measured through the National Child Measurement Programme. Figures from 2015/16 show that the prevalence of obesity in the Royal Borough of Windsor & Maidenhead is lower than the national average for both age-groups. Detailed information is shown in the main Lifestyle section of this Locality Profile (4.2).

The 2014/15 What About YOUth (WAY) survey asked a sample of 15 year olds about their health and lifestyle behaviours. Within this survey, respondents were asked to state how many portions of fruit and vegetables they had eaten the day before. 64.7% of respondents in RBWM had eaten 5 portions of fruit or vegetables the day before, compared to 52.4% nationally.

15 year olds were also asked about their levels of physical activity in the WAY survey. 18.3% of RBWM's respondents stated that they had been physically active for at least one hour per day in the previous week, which was significantly better than the national figure of 13.9%. 58.7% of RBWM's respondents stated that they had a mean daily sedentary time of 7 hours per day in the last week, which were significantly better than the national proportion of 70.1%.

5.345 Young People's Sexual Health

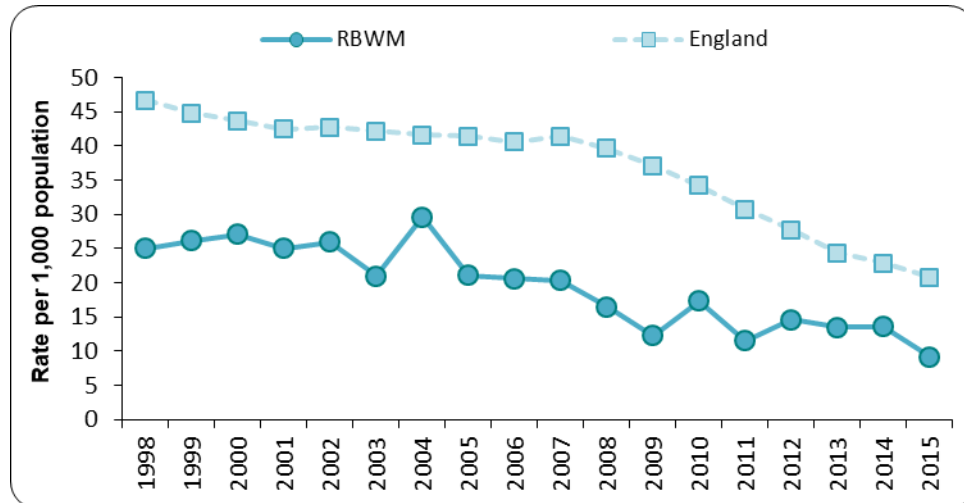
Public Health England's [Sexual and Reproductive Health Profiles](#) provide key information about sexual health for local authorities. This data is not currently available at a CCG level, so this section focuses on the latest figures and trends for the Royal Borough of Windsor & Maidenhead. Additional 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.

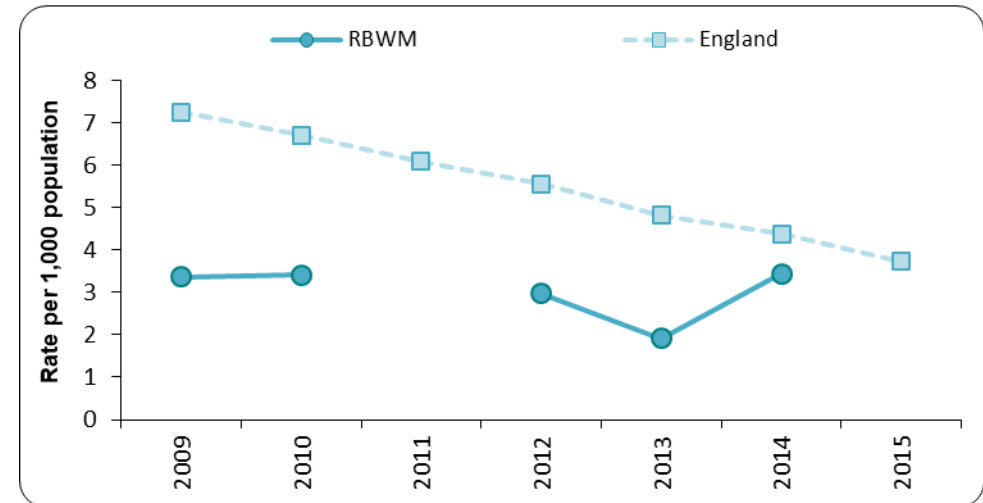
Teenage conception rates in the Royal Borough are lower than the national rate. This is highlighted in Figures 45 and 46. Data is not shown for some years, as some the numbers are too small to publish.

Figure 45: Under 18 conception rates per 1,000 female population aged 15-17 (1998 to 2015)



Source: Public Health England (2017); Sexual and Reproductive Health Profiles

Figure 46: Under 16 conception rates per 1,000 female population aged 13-15 (2009 to 2015)



Royal Borough's conception rates are also lower than England's. In 2015, 24 females aged 15 to 17 and 2 females aged 13 to 15 had a pregnancy that either led to a birth or legal abortion. 63% of under 18 conceptions led to an abortion (15 in total).

Over a quarter of abortions in England are repeat abortions for women aged under 25. In 2016, 26.7% of abortions in this age group were repeat abortions. The figures for the Royal Borough were similar at 21.9%.

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.

The Royal Borough's screening and diagnoses rates are significantly lower than the England rates, as shown in Figures 47 to 49.

Figure 47: Chlamydia screening for 15 to 24 year olds (Jan-Dec 2016)

Local Authority	Chlamydia Screens	% of population tested	Diagnoses rate per 100,000	Positive Tests	% of tests that were positive
Royal Borough of Windsor & Maidenhead	2,154	14.5%	1,097	163	7.6%

Figure 48: Percentage of population aged 15 to 24 who were screened for chlamydia and who had a positive test result (2016)

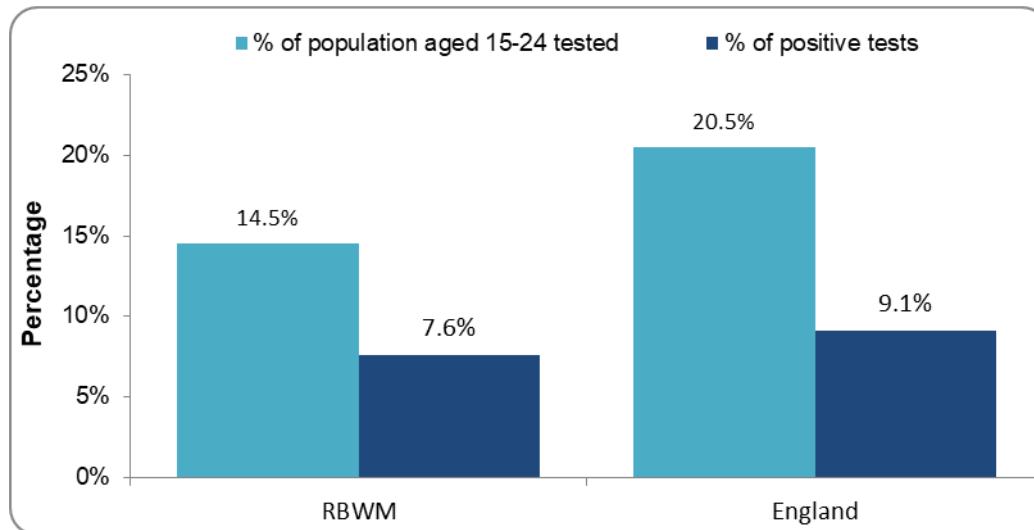
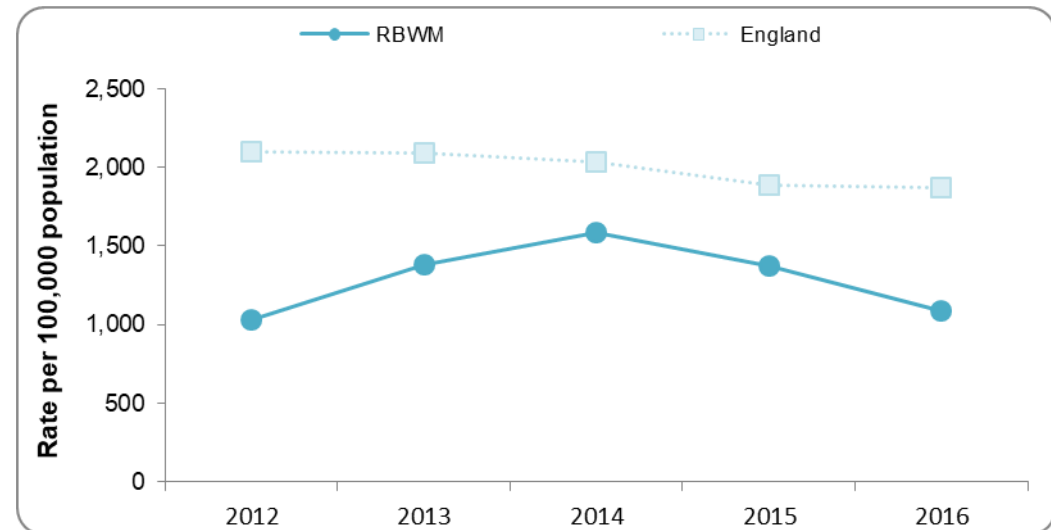


Figure 49: Chlamydia detection rate per 100,000 population aged 15 to 24 (2012 to 2016)



Source: Public Health England (2017); 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 and 90% coverage for HPV in school-aged girls.

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, which protects against five serious childhood diseases of diphtheria, tetanus, whooping cough, polio and haemophilus influenzae type b.

In 2016/17, 1,536 children were immunised with this vaccine by their first birthday in the Windsor, Ascot & Maidenhead CCG area. This is 94.7% of the eligible population, which is just below the national target of 95%.

Figure 50 shows the immunisation coverage at a GP practice level. 10 Windsor, Ascot & Maidenhead CCG Practices met the target of 95%.

Figure 50: Child immunisations for children aged under 12 months – GP Practice level (2016/17)

	Eligible children	Dtap/IPV/Hib	
		Number vaccinated	% coverage
Windsor, Ascot & Maidenhead CCG	1,622	1,536	94.7%
Cedars Surgery	121	115	95.0%
Claremont & Holyport Surgery	210	201	95.7%
Clarence Medical Centre	108	99	91.7%
Cookham Medical Centre	74	70	94.6%
Cordwallis Road Surgery	48	42	87.5%
Datchet Health Centre	105	99	94.3%
Lee House Surgery	75	72	96.0%
Linden Medical Centre	84	76	90.5%
Radnor House & Ascot MC	44	41	93.2%
Redwood House Surgery	80	78	97.5%
Rosemead Surgery	85	82	96.5%
Ross Road Medical Practice	47	45	95.7%
Runnymede Medical Practice	64	57	89.1%
Sheet Street Surgery	115	112	97.4%
South Meadow Surgery	176	169	96.0%
Symons Medical Centre	146	139	95.2%
Woodlands Park Surgery	145	138	95.2%

Source: NHS England (2017); Child Immunisation at Practice Level OT 2016/17

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 Windsor, Ascot & Maidenhead CCG before their second birthday in 2016/17. The CCG did not meet the 95% national target for any of these immunisations. Figure 51 shows immunisation coverage at a GP practice level. None of the CCG GP Practices met the 95% target for all 3 immunisations.

Figure 51: Child immunisations for children aged under 24 months – GP Practice level (2016/17)

	Eligible children	MMR – 1 st dose		Hib/Men C Booster		PCV Booster	
		Number vaccinated	% coverage	Number vaccinated	% coverage	Number vaccinated	% coverage
Windsor, Ascot & Maidenhead CCG	1,701	1,500	88.2%	1,506	88.5%	1,503	88.4%
Cedars Surgery	125	107	85.6%	111	88.8%	112	89.6%
Claremont & Holyport Surgery	208	174	83.7%	174	83.7%	171	82.2%
Clarence Medical Centre	140	125	89.3%	126	90.0%	127	90.7%
Cookham Medical Centre	71	66	93.0%	66	93.0%	65	91.5%
Cordwallis Road Surgery	64	52	81.3%	51	79.7%	54	84.4%
Datchet Health Centre	127	110	86.6%	112	88.2%	111	87.4%
Lee House Surgery	72	62	86.1%	62	86.1%	63	87.5%
Linden Medical Centre	95	87	91.6%	88	92.6%	86	90.5%
Radnor House & Ascot MC	74	69	93.2%	70	94.6%	70	94.6%
Redwood House Surgery	78	75	96.2%	74	94.9%	76	97.4%
Rosemead Surgery	77	69	89.6%	69	89.6%	67	87.0%
Ross Road Medical Practice	48	44	91.7%	44	91.7%	44	91.7%
Runnymede Medical Practice	58	49	84.5%	51	87.9%	51	87.9%
Sheet Street Surgery	86	76	88.4%	76	88.4%	76	88.4%
South Meadow Surgery	204	183	89.7%	182	89.2%	183	89.7%
Symons Medical Centre	129	111	86.0%	109	84.5%	107	82.9%
Woodlands Park Surgery	45	41	91.1%	41	91.1%	40	88.9%

Source: NHS England (2017);
Child Immunisation at Practice
Level OT 2016/17

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 52 shows the number and percentage of children vaccinated in the CCG before their fifth birthday in 2016/17. The CCG did not meet the target of 95% for either of these immunisations. None of the CCG GP Practices met the 95% target these immunisations.

Figure 52: Child immunisations for children aged under 5 years – GP Practice level (2016/17)

	Eligible children	Dtap/IPV Booster		MMR – 2 nd dose	
		Number vaccinated	% coverage	Number vaccinated	% coverage
Windsor, Ascot & Maidenhead CCG	1,827	1,496	81.9%	1,513	82.8%
Cedars Surgery	137	110	80.3%	110	80.3%
Claremont & Holyport Surgery	248	173	69.8%	173	69.8%
Clarence Medical Centre	145	109	75.2%	109	75.2%
Cookham Medical Centre	68	63	92.6%	63	92.6%
Cordwallis Road Surgery	64	54	84.4%	55	85.9%
Datchet Health Centre	127	98	77.2%	98	77.2%
Lee House Surgery	88	79	89.8%	81	92.0%
Linden Medical Centre	106	96	90.6%	96	90.6%
Radnor House & Ascot MC	60	55	91.7%	56	93.3%
Redwood House Surgery	102	93	91.2%	93	91.2%
Rosemead Surgery	86	76	88.4%	77	89.5%
Ross Road Medical Practice	35	27	77.1%	29	82.9%
Runnymede Medical Practice	49	42	85.7%	43	87.8%
Sheet Street Surgery	91	84	92.3%	83	91.2%
South Meadow Surgery	197	163	82.7%	166	84.3%
Symons Medical Centre	164	123	75.0%	130	79.3%
Woodlands Park Surgery	60	51	85.0%	51	85.0%

Source: NHS England (2017); Child Immunisation at Practice Level OT 2016/17

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, stroke, atrial fibrillation and hypertension. Cardiovascular disease was the second largest cause of death in England and Wales in 2016, accounting for 25.5% 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 (NCVIN) has published [Cardiovascular Disease Profiles](#) at a CCG level, which provide a wide range of data on cardiovascular diseases at a local population level. In addition, NHS RightCare has also published [Cardiovascular Disease Commissioning for Value](#) focus packs, which were updated in April 2016. 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 Windsor, Ascot & Maidenhead CCG focus pack should be looked at alongside the information included in this Locality Profile.

6.11 [Cardiovascular Disease prevalence profile for Windsor, Ascot & Maidenhead CCG](#)

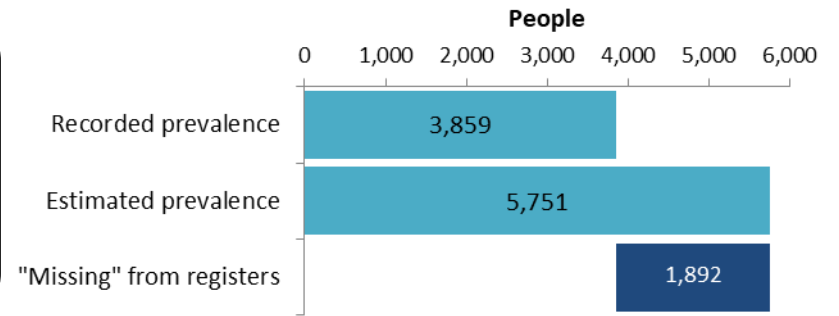
Prevalence is a measure of the burden of a disease in the population at a particular point in time. This section provides information about the recorded prevalence of different Cardiovascular diseases in the CCG area, which have been taken from the Quality and Outcomes Framework. These have been compared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

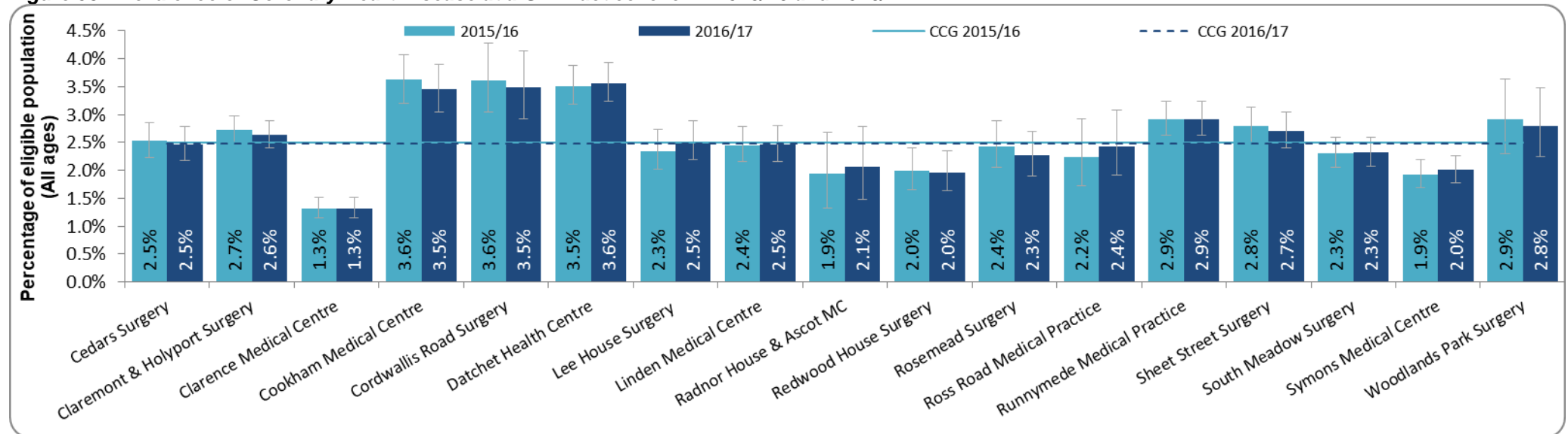
Number of people on CHD Register: 3,859
 Recorded prevalence in CCG area: 2.48%
 Comparison of prevalence:
 ↓ than the Comparator CCG rate of 2.76%
 ↓ than the national rate of 3.15%

The CCG's 2016/17 prevalence rate was similar to the 2015/16 rate of 2.50%.



The estimated prevalence for Coronary Heart Disease in Windsor, Ascot & Maidenhead CCG is 3.7%. This means that there were 1,892 people “missing” from GP registers in 2016/17. These estimations come from Public Health England’s [Disease and Risk Factor Prevalence Profile](#) using the Eastern Region Public Health Observatory’s model developed from the 2003-2004 Health Surveys for England.

Figure 53: Prevalence of Coronary Heart Disease at a GP Practice level in 2015/16 and 2016/17

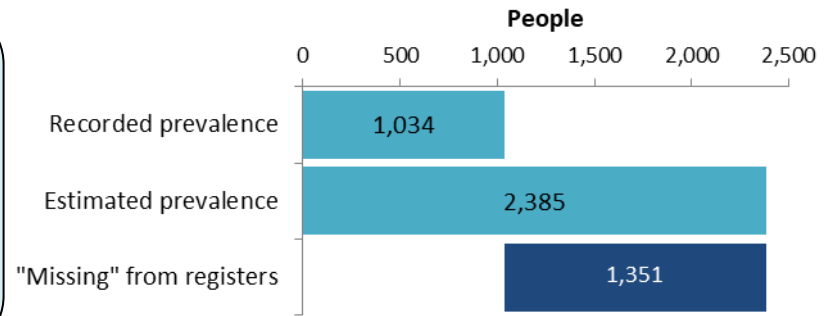


Source: NHS Digital (2017); Quality and Outcomes Framework

6.112 Heart Failure Prevalence

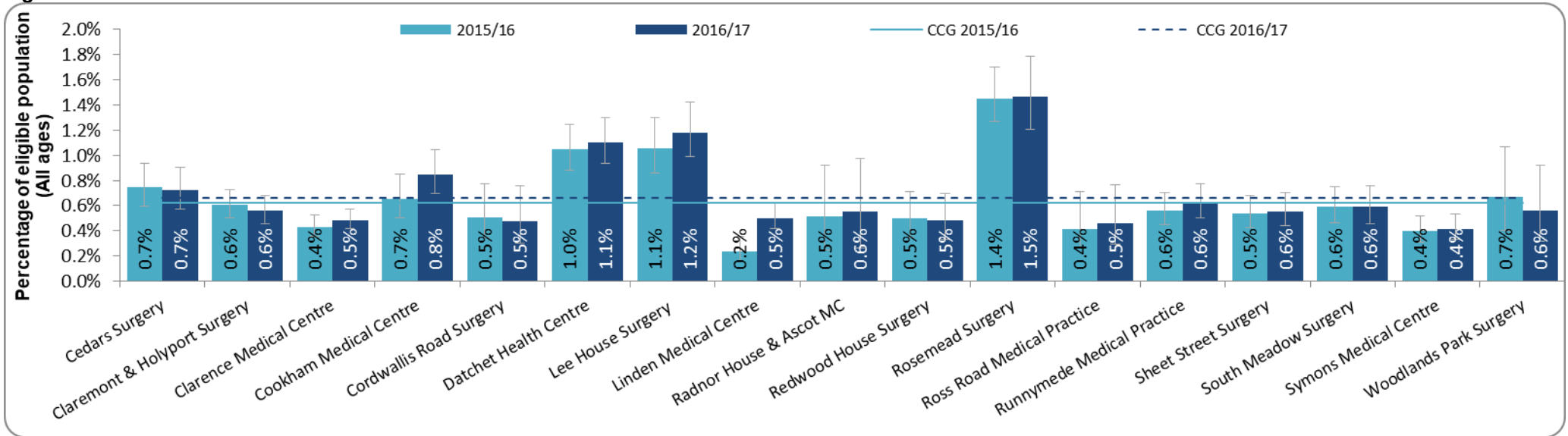
Number of people on Heart Failure Register: 1,034
 Recorded prevalence in CCG area: 0.67%
 Comparison of prevalence: ↑ than the Comparator CCG rate of 0.65%
 ↓ than the national rate of 0.79%

The CCG's 2016/17 prevalence rate was higher than the 2015/16 rate of 0.62%.



The estimated prevalence for Heart Failure in Windsor, Ascot & Maidenhead CCG is 1.54%. This means that there were 1,351 people “missing” from GP registers in 2016/17. These estimations come from the NHS Comparators website and are based on October 2017 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 54: Prevalence of Heart Failure at a GP Practice level in 2015/16 and 2016/17

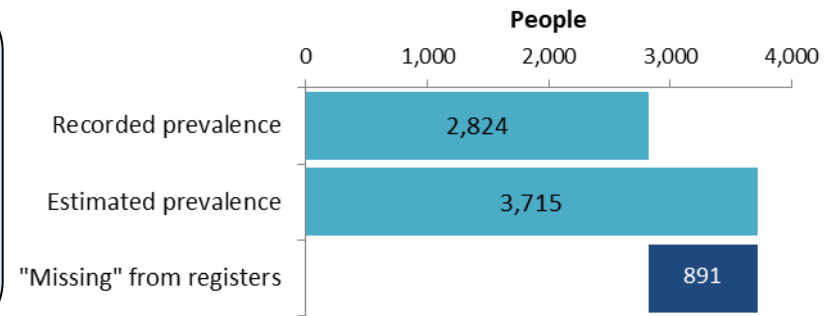


Source: NHS Digital (2017); Quality and Outcomes Framework

6.113 Atrial Fibrillation Prevalence

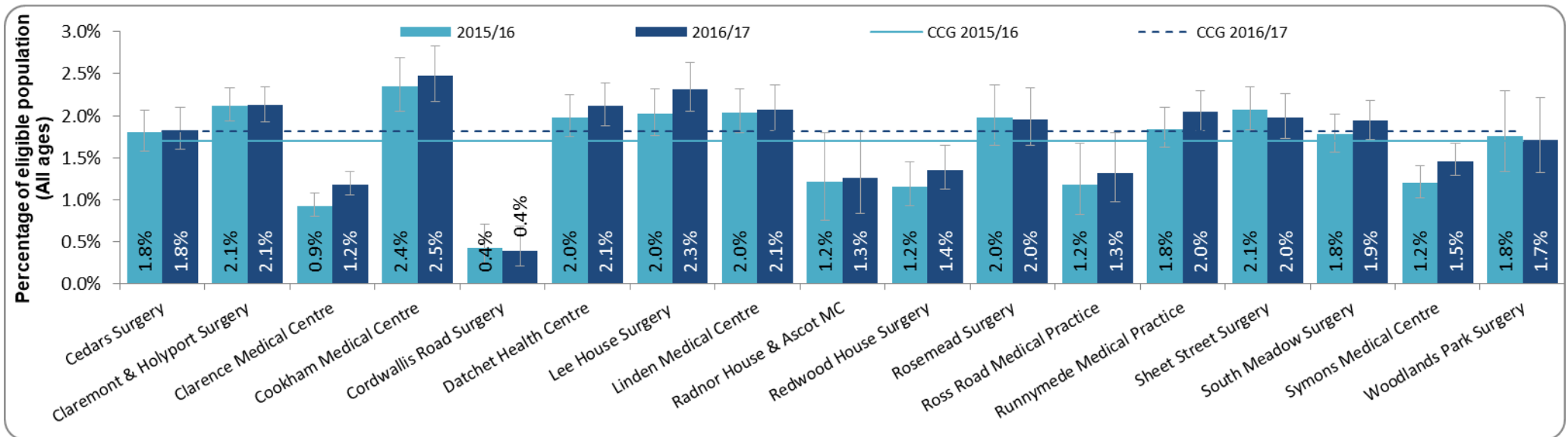
Number of people on Atrial Fibrillation Register: 2,824
 Recorded prevalence in CCG area: 1.82%
 Comparison of prevalence:
 ↓ than the Comparator CCG rate of 1.91%
 ↓ than the national rate of 1.84%

The CCG's 2016/17 prevalence rate was higher than the 2015/16 rate of 1.70%.



The estimated prevalence for Atrial Fibrillation in Windsor, Ascot & Maidenhead CCG is 2.39%. This means that there were 891 people “missing” from GP registers in 2016/17. These estimations come from Public Health England’s [Atrial Fibrillation prevalence estimates for local populations](#), which was updated in September 2017.

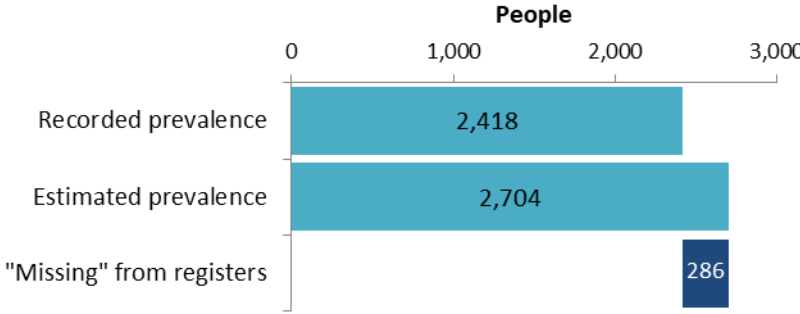
Figure 55: Prevalence of Atrial Fibrillation at a GP Practice level in 2015/16 and 2016/17



Source: NHS Digital (2017); Quality and Outcomes Framework

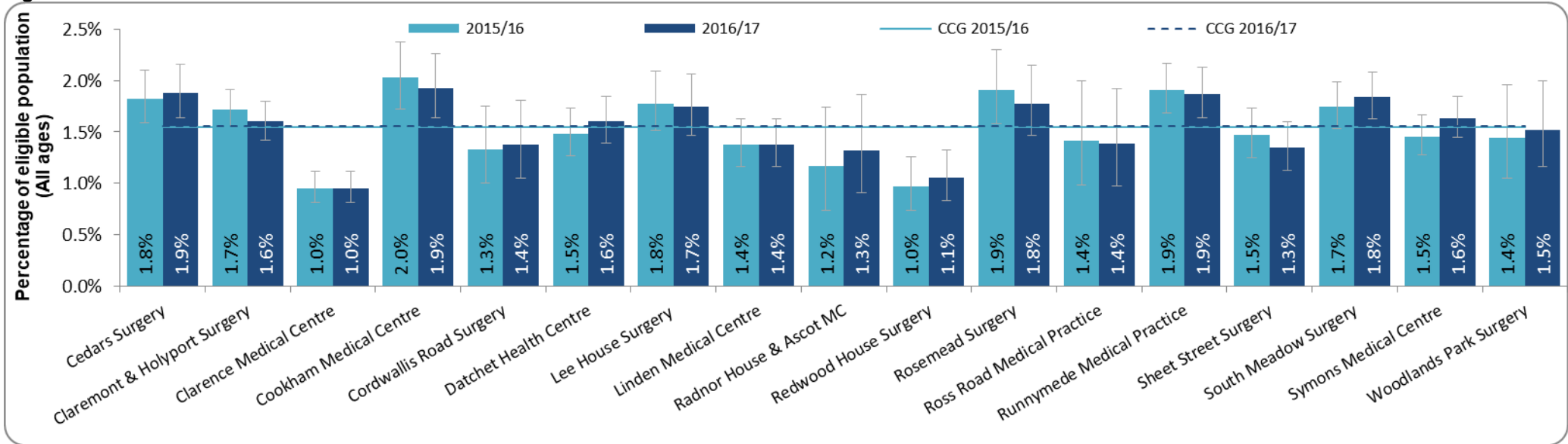
6.114 Stroke or Transient Ischaemic Attacks (TIA) Prevalence

Number of people on Stroke or TIA Register: 2,418
 Recorded prevalence in CCG area: 1.56%
 Comparison of prevalence: ↓ than the Comparator CCG rate of 1.63%
 ↓ than the national rate of 1.75%
 The CCG’s 2016/17 prevalence rate was similar to the 2015/16 rate of 1.55%.



The estimated prevalence for Stroke or Transient Ischaemic Attacks (TIA) in Windsor, Ascot & Maidenhead CCG is 1.74%. This means that there were 286 people “missing” from GP registers in 2016/17. These estimations come from Public Health England’s [Disease and Risk Factor Prevalence Profile](#) using the Eastern Region Public Health Observatory’s model developed from the 2003-2004 Health Surveys for England.

Figure 56: Prevalence of Stroke or TIA at a GP Practice level in 2015/16 and 2016/17

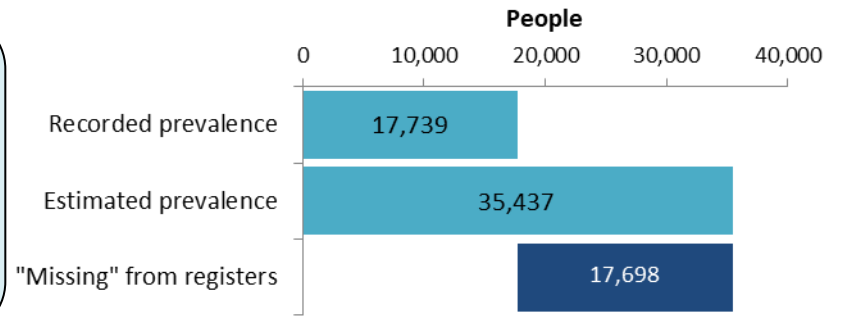


Source: NHS Digital (2017); Quality and Outcomes Framework

6.115 Hypertension Prevalence

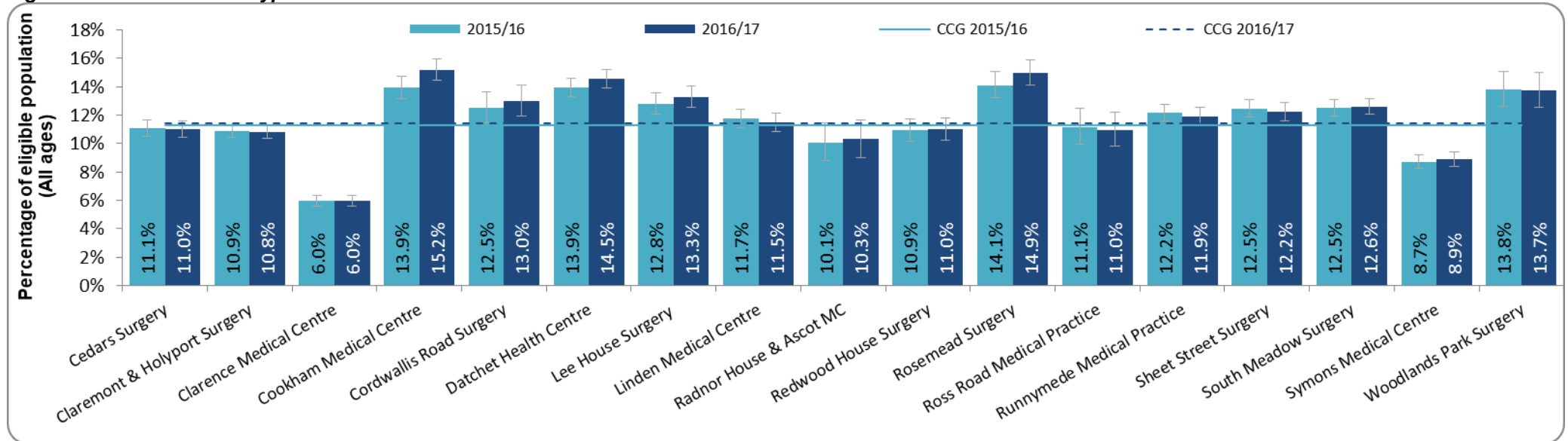
Number of people on Hypertension Register: 17,739
 Prevalence in CCG area: 11.41%
 Comparison of prevalence:
 ↓ than the Comparator CCG rate of 13.63%
 ↓ than the national rate of 13.83%

The CCG's 2016/17 prevalence rate was similar to the 2015/16 rate of 11.26%.



The estimated prevalence for Hypertension in Windsor, Ascot & Maidenhead CCG is 22.8%. This means that there were 17,698 people “missing” from GP registers in 2016/17. These estimations come from the [National Cardiovascular Intelligence Network Profiles](#) for England.

Figure 57: Prevalence of Hypertension at a GP Practice level in 2015/16 and 2016/17



Source: NHS Digital (2017); Quality and Outcomes Framework

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):

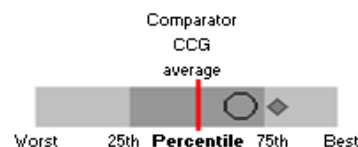
- CCG Outcomes Indicator Set – the indicators included in the CCG OIS contribute to the five domains of the NHS Outcomes Framework. This provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes.
- Quality and Outcomes Framework (QOF) – the 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 Windsor, Ascot & Maidenhead CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Windsor, Ascot & Maidenhead 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 Windsor, Ascot & Maidenhead 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	162.5	202.5	231.5	243.0		162.5	196.0	↔
CCG 1.1b PYLL for causes considered amenable to healthcare - Ischaemic heart diseases	2012-14	562.4	538.9	667.5	827.4		383.1	506.4	↓
CCG 1.2 Under 75 mortality rate from cardiovascular disease	2015	47.9	50.0	64.0	76.3		38.7	51.2	↔
CCG 1.3 Completion of cardiac rehabilitation following an admission for CHD	2013/14	39.5%	48.9%	38.0%	27.0%		67.5%	35.5%	↔
CCG 1.5 Mortality within 30 days of hospital admission for stroke	2015/16	1.05	0.99	1.00	1.21		0.66	1.06	↔
CCG 1.21 All-cause mortality - 12 months following first emergency admissions to hospital for heart failure in people aged 16+	Apr-12 to Mar-15	85.0	93.4	100.0	106.9		76.1	92.9	↔
CCG 1.24 Referrals to cardiac rehabilitation within 5 days of an admission for coronary heart disease	2014/15	15.8%	25.4%	14.1%	15.8%		41.9%	12.8%	↔
CCG 2.1 Improved health-related quality of life for people with LTCs	2016/17	0.77	0.77	0.74	0.74		0.80	0.77	↓
CCG 2.2 % of people feeling supported to manage their conditions	2016/17	63.8%	64.7%	64.0%	59.8%		70.2%	59.9%	↑
CCG 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions	2016/17	765.5	721.4	821.2	1028.8		534.4	735.2	↔
CCG 3.1 Emergency admissions for acute conditions that should not usually require hospital admission	2016/17	1,444	1,279	1,357	1,742		852	1,259	↓
CCG 3.2 Emergency readmissions within 30 days of discharge from hospital	2011/12	11.1%	11.1%	11.8%	12.9%		10.2%	11.9%	↑
CCG 3.5 Stroke: People admitted to an acute stroke unit within 4 hours of arrival in hospital	2016/17	70.6%	58.0%	58.7%	24.9%		73.9%	68.8%	↔
CCG 3.6 Stroke: People who receive thrombolysis following an acute stroke	2016/17	10.5%	14.5%	11.5%	8.9%		27.6%	12.8%	↔
CCG 3.7 Stroke: People discharged from hospital with a joint health and social care plan	2016/17	98.5%	91.3%	90.5%	77.8%		100.0%	93.0%	↑
CCG 3.8 Stroke: People who receive a follow up assessment between 4-8 months after initial admission	2016/17	1.9%	32.3%	31.6%	0.0%		90.5%	3.3%	↔
CCG 3.9 Stroke: Patients who have had an acute stroke who spend 90% or more of their stay on a stroke unit	2016/17	79.6%	84.4%	84.3%	72.8%		94.9%	80.1%	↔

Windsor, Ascot & Maidenhead CCG had the lowest level of potential years of life lost from cerebrovascular diseases in the CCG Comparator Group in 2012-14.

16% of people in Windsor, Ascot & Maidenhead CCG who had an admission for coronary heart disease were referred to cardiac rehabilitation within 5 days in 2014/15. This was significantly worse than the comparator group.

Windsor, Ascot & Maidenhead CCG's average health-status score for people with long-term conditions decreased in 2016/17, compared to the previous year. This is collected through the GP Patient Survey, where each survey respondent answers a series of questions from which a health status score can be calculated. The measure seeks to assess whether health-related quality of life is increasing over time for the population with long-term conditions, while adjusting for measurable factors that the NHS does not have control over, such as age and sex. The GP Patient Survey also indicated that the CCG had a significantly lower percentage of people with long-term conditions who felt that they were supported to manage their condition, compared to the CCG comparator group. However, this figure has improved on 2015/16's survey results. More information about the GP Patient Survey can be found in the 'GP Patient Survey' section of the Profile (7).

70.6% of people were admitted to an acute stroke unit within 4 hours of arrival to hospital in Windsor, Ascot & Maidenhead CCG, which was significantly better than the Comparator Group. The percentage of people discharged from hospital with a joint health and social care plan was also one of the highest in the Comparator Group. However, 2% of people who were admitted to hospital for a stroke in Windsor, Ascot & Maidenhead CCG received a follow up assessment between 4-8 months afterwards in 2016/17. This was significantly worse than the comparator and national group averages of 32%.

Emergency admissions for conditions that should not usually require hospital admission (CCG 3.1) have increased in Windsor, Ascot & Maidenhead CCG and are significantly worse than the CCG comparator group. Additional trend information for this indicator and unplanned hospitalisation for chronic ambulatory care sensitive conditions (CCG 2.6) can be found in the 'General healthcare and hospital activity' section of the Profile (6.9).

6.122 Quality and Outcomes Framework - Coronary Heart Disease

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
CHD02	% patients with CHD who have last BP reading in the previous 12 months of 150/90 or less	94%	92%	92%	90%		94%	92%	↑
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	98%	97%	96%	94%		98%	97%	↑
CHD07	% patients with CHD who have had flu immunisation in the preceding 1st August to 31st March	98%	96%	96%	93%		98%	96%	↑

6.123 Quality and Outcomes Framework - Heart Failure

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
HF02	% patients with diagnosis of heart failure which has been confirmed by an ECG or by specialist assessment	95%	95%	95%	94%		96%	95%	↔
HF03	% patients with diagnosis of heart failure due to LVD - currently treated with ACE-I /ARB	100%	100%	99%	99%		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	92%	92%	93%	87%		94%	97%	↓

6.124 Quality and Outcomes Framework - Atrial Fibrillation

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
AF06	% patients with AF who have stroke risk assessed using the CHA2DS2-VASc score risk stratification scoring system in the previous 12 months	97%	97%	97%	95%		98%	97%	↔
AF07	% patients with AF who have CHA2DS2-VASc score of 2 or more who are currently treated with anti-coagulation drug therapy	89%	89%	88%	88%		93%	86%	↑

6.125 Quality and Outcomes Framework - Stroke or TIA

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
STIA03	89%	88%	88%	85%		90%	87%	↔
STIA07	98%	97%	97%	94%		99%	98%	↔
STIA08	89%	89%	89%	88%		91%	87%	↔
STIA09	97%	95%	95%	91%		97%	93%	↑

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

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
PAD02	94%	91%	91%	89%		94%	93%	↔
PAD04	95%	94%	93%	91%		97%	94%	↔

6.127 Quality and Outcomes Framework - Hypertension

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
HYP06	84%	83%	83%	80%		85%	83%	↑

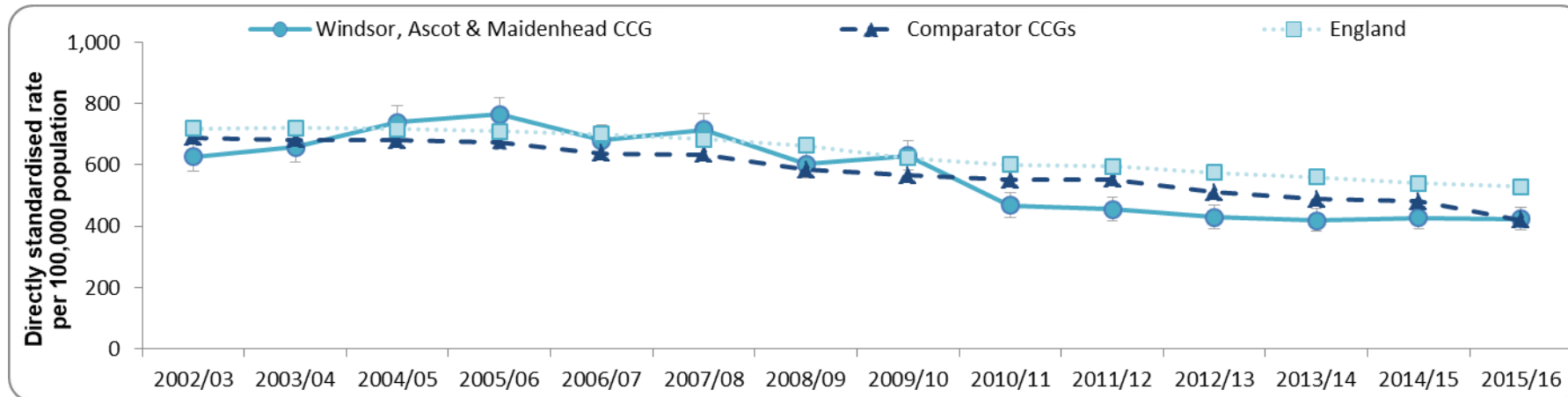
6.128 Quality and Outcomes Framework - Risk factors for Cardiovascular Disease

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
CVDPP01 % patients with new diagnosis of hypertension that have a recorded CVD risk assessment score who are currently treated with statins	98%	98%	97%	91%		100%	100%	↔
BP02 % patients aged 45 or over who have a record of blood pressure in the preceding 5 years	90%	90%	91%	87%		93%	89%	↑
SMOK02 % patients with LTCs whose notes record smoking status in last 12 months	96%	95%	95%	93%		96%	95%	↑
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	94%	91%	90%	87%		96%	89%	↑
SMOK05 % of patients with LTCs who are recorded as current smokers who have a record of an offer of support and treatment within the previous 12 months	99%	98%	97%	96%		99%	97%	↑

6.13 Hospital Admissions and Activity

In 2015/16, there were 538 admissions for coronary heart disease in Windsor, Ascot & Maidenhead CCG. This was a rate of 423 per 100,000 population, which was significantly better than the national rate and similar to the comparator group rate.

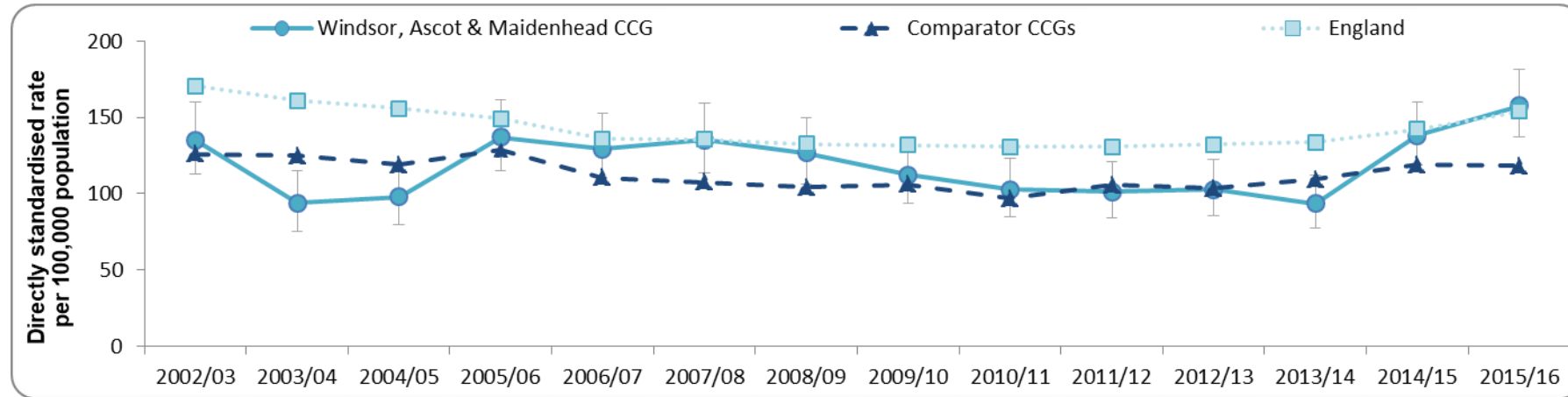
Figure 58: Rate of admissions to hospital for Coronary Heart Disease for all ages (2002/03 to 2015/16)



Source: Public Health England (2017); Cardiovascular Disease Profiles

In 2015/16, there were 208 admissions for heart failure in Windsor, Ascot & Maidenhead CCG. This was a rate of 158 per 100,000 population, which was significantly worse than the comparator group and similar to the national rate.

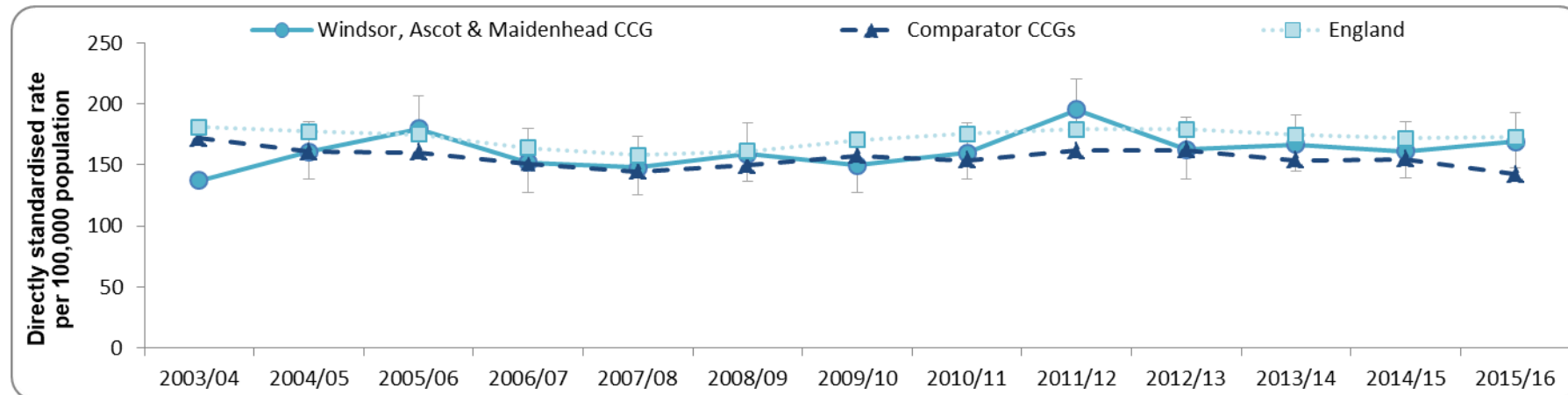
Figure 59: Rate of admissions to hospital for Heart Failure for all ages (2002/03 to 2015/16)



Source: Public Health England (2017); Cardiovascular Disease Profiles

In 2015/16, there were 225 admissions for stroke in Windsor, Ascot & Maidenhead CCG. This was a rate of 169 per 100,000 population, which was similar to the national rate and significantly better than the comparator group.

Figure 60: Rate of admissions to hospital for Stroke for all ages (2003/04 to 2015/16)

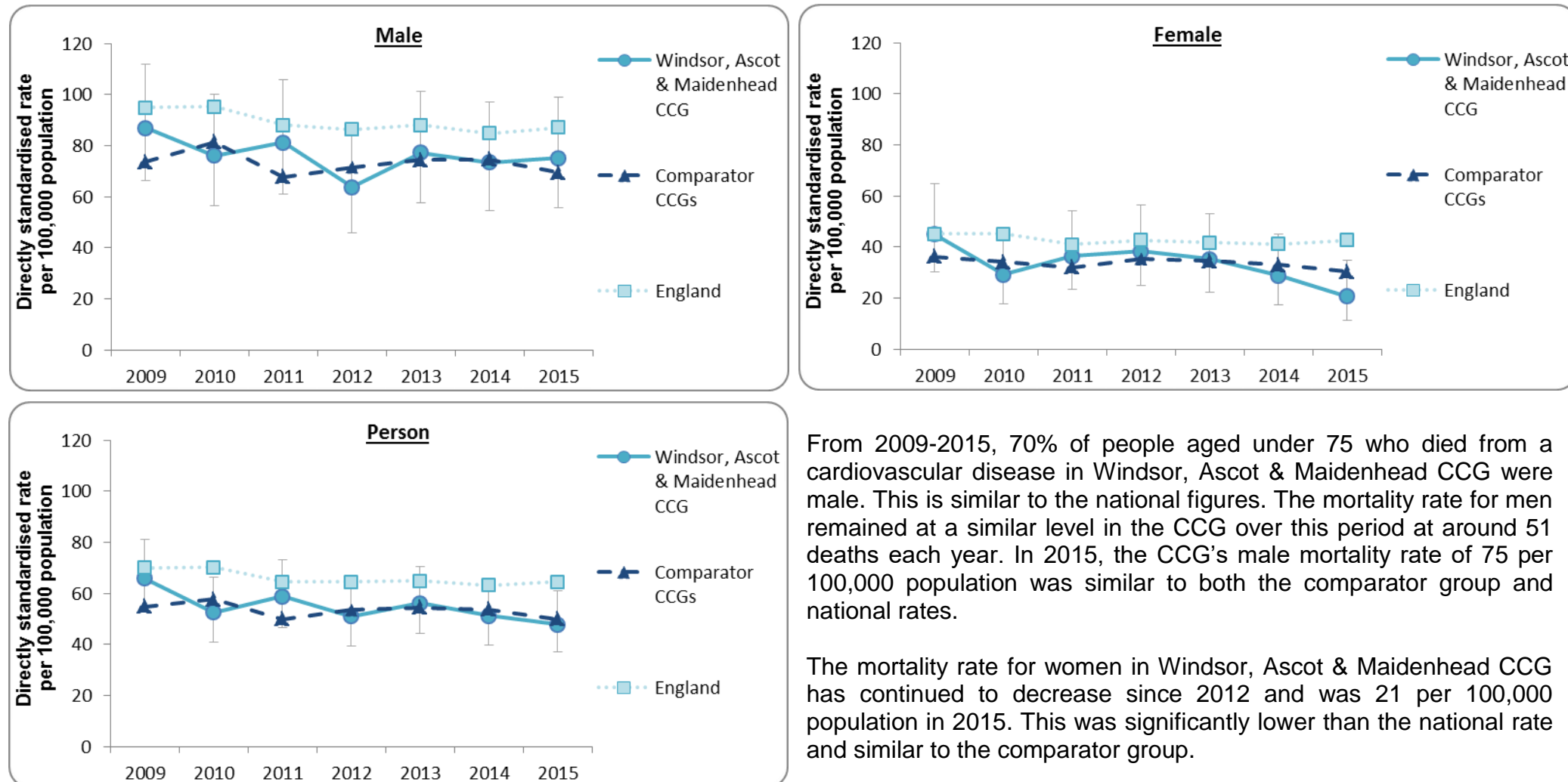


Source: Public Health England (2017); Cardiovascular Disease Profiles

6.14 Mortality

In 2015, 65 people aged under 75 died from a cardiovascular disease in Windsor, Ascot & Maidenhead CCG. This was a rate of 48 per 100,000 population. The graphs below show the mortality rate for men and women from 2009 to 2015.

Figure 61: Under 75 mortality for cardiovascular disease per 100,000 population – directly standardised rate (2009-2015)



From 2009-2015, 70% of people aged under 75 who died from a cardiovascular disease in Windsor, Ascot & Maidenhead CCG were male. This is similar to the national figures. The mortality rate for men remained at a similar level in the CCG over this period at around 51 deaths each year. In 2015, the CCG's male mortality rate of 75 per 100,000 population was similar to both the comparator group and national rates.

The mortality rate for women in Windsor, Ascot & Maidenhead CCG has continued to decrease since 2012 and was 21 per 100,000 population in 2015. This was significantly lower than the national rate and similar to the comparator group.

Source: NHS Digital (2016)

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 the Royal Borough of Windsor & Maidenhead.

Royal Borough of Windsor & Maidenhead

Eligible population in 2015/16: 44,476

	Number	% of eligible population
Health checks offered (1/4/13 to 31/3/17)	27,490	61.8%
Health checks completed (1/4/13 to 31/3/17)	12,879	29.0%

Source: Public Health England (2017); Public Health Outcomes Framework

At the end of 2016/17, 36.2% of the eligible population in England had received an NHS health check. RBWM's figure of 29.0% was significantly worse 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 28.5% of deaths in 2016. 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 [Cancer Services](#) Profiles provide additional local information about cancer demographics, screening, diagnostics and two week wait referrals.

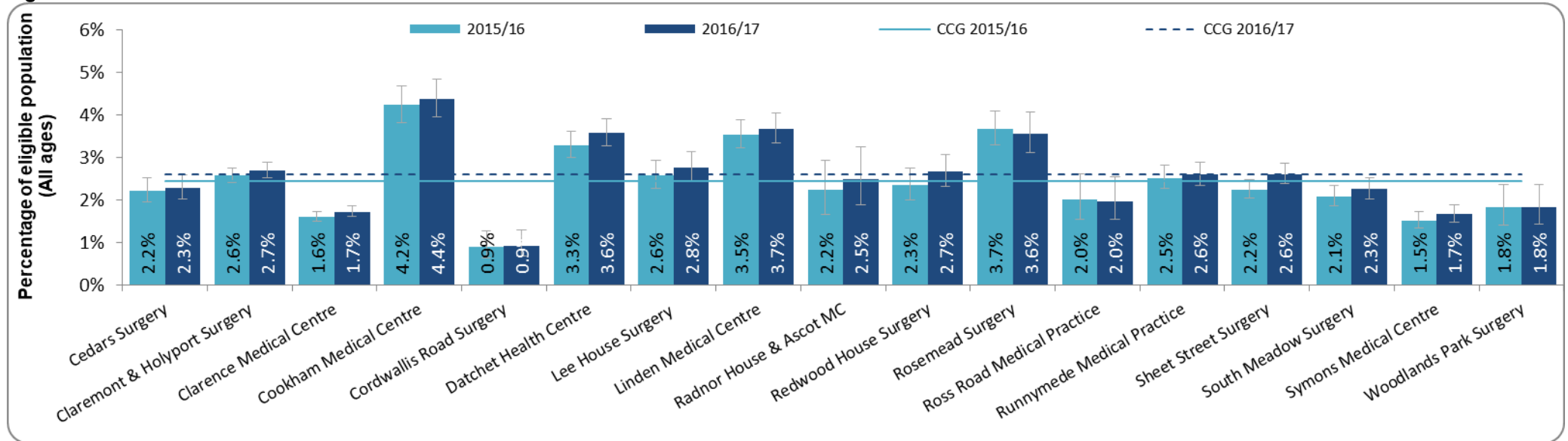
6.21 Cancer prevalence and incidence profile for Windsor, Ascot & Maidenhead CCG

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: 4,041
 Recorded prevalence in CCG area: 2.60%
 Comparison of prevalence: ↓ than the Comparator CCG rate of 2.73%
 ↓ than the national rate of 2.58%

The CCG's 2016/17 prevalence rate was similar to the 2015/16 rate of 2.45%.

Figure 62: Prevalence of Cancer at a GP Practice level in 2015/16 and 2016/17



Source: NHS Digital (2017); Quality and Outcomes Framework

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.

3,695 new cases of cancer were recorded in Windsor, Ascot & Maidenhead CCG from 2011 to 2015 at an age-standardised rate of 600 per 100,000 population. This compares to 614 per 100,000 population in England. 18% of all new diagnoses in Windsor, Ascot & Maidenhead CCG were for breast cancer, while prostate and colorectal cancers accounted for 13% of cases each and lung cancer accounted for 11% (Public Health England, [Local Health](#), 2017).

6.22 Quality of Care

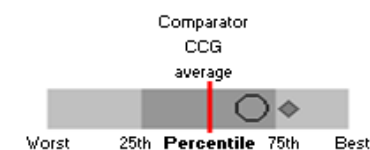
This section of the Profile provides a summary of indicators that are used to monitor care for cancer from the CCG Outcomes Indicator Set (CCG OIS) and the GP Quality and Outcomes Framework (QOF):

- 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 Windsor, Ascot & Maidenhead CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Windsor, Ascot & Maidenhead 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 Windsor, Ascot & Maidenhead 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	583.8	620.4	620.5	732.4		535.7	598.8	↔
CCG 1.9 Under 75 mortality rate from cancer	2015	107.4	111.2	119.5	133.5		93.2	109.9	↔
CCG 1.10 One year survival from all cancers	2014	71.4%	71.3%	70.4%	67.8%		73.8%	71.5%	↔
CCG 1.14 Maternal smoking at delivery	2016/17 Q4	5.9%	8.8%	10.8%	21.1%		3.8%	3.1%	↓
CCG 1.17 Cancer: % of new cases for which a valid stage is recorded	2015	77.3%	77.9%	79.6%	66.4%		83.1%	63.4%	↑
CCG 1.18 Cancer: % of new cases diagnosed at stage 1 or 2	2015	48.3%	52.9%	52.4%	48.3%		55.7%	43.3%	↑
CCG 1.19 Record of lung cancer stage at decision to treat	2015	85.6%	91.2%	92.5%	84.4%		98.3%	89.1%	↔
CCG 1.20 Mortality rate from breast cancer	2013-15	41.0	36.5	34.3	41.0		30.1	42.9	↔
CCG 2.1 Improved health-related quality of life for people with LTCs	2016/17	0.77	0.77	0.74	0.74		0.80	0.77	↓
CCG 2.2 % of people feeling supported to manage their conditions	2016/17	63.8%	64.7%	64.0%	59.8%		70.2%	59.9%	↑

In 2015, 77% of new cases of cancer had a valid stage recorded in Windsor, Ascot & Maidenhead CCG. This was a significant improvement on 2014's figures. 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. 86% of lung cancer cases in the CCG had a valid stage recorded at the decision to treat, which was significantly worse than the Comparator Group.

48% of new cancer cases were diagnosed at stage 1 or 2 in Windsor, Ascot & Maidenhead CCG in 2015. This was a significant improvement on 2014's figures, however it was the lowest percentage in the comparator group. Diagnosing cancer at an early stage improves the chance of survival. Specific public health interventions, such as screening programmes and information campaigns, aim to improve rates of early diagnosis.

Windsor, Ascot & Maidenhead CCG’s average health-status score for people with long-term conditions decreased in 2016/17, compared to the previous year. This is collected through the GP Patient Survey, where each survey respondent answers a series of questions from which a health status score can be calculated. The measure seeks to assess whether health-related quality of life is increasing over time for the population with long-term conditions, while adjusting for measurable factors that the NHS does not have control over, such as age and sex. The GP Patient Survey also indicated that the CCG had a significantly lower percentage of people with long-term conditions who felt that they were supported to manage their condition, compared to the CCG comparator group. However, this figure has improved on 2015/16’s survey results. More information about the GP Patient Survey can be found in the ‘GP Patient Survey’ section of the Profile (7).

6.222 Quality and Outcomes Framework – Cancer

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM 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	96%	94%	94%	88%		97%	94%	↔
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	94%	91%	90%	87%		96%	89%	↑
SMOK05 % of patients with LTCs who are recorded as current smokers who have a record of an offer of support and treatment within the previous 12 months	99%	98%	97%	96%		99%	97%	↑
CS02 % of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years	83%	82%	81%	80%		83%	84%	↓

6.23 Diagnosis

6.231 Routes to diagnosis

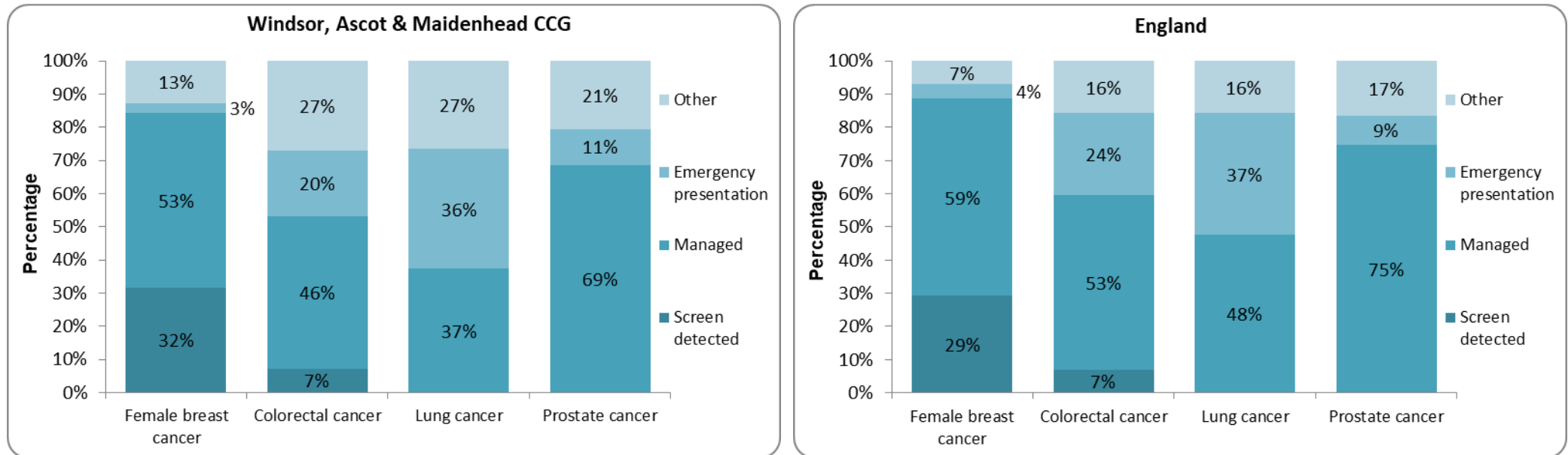
The route to a cancer diagnosis ultimately impacts on patient survival. Different cancer types show substantial differences between the proportion of cases that present by each route. Patients presenting via emergency routes have significantly lower one-year survival rates than those diagnosed through other routes. Figure 63 shows the route to diagnosis for Windsor, Ascot & Maidenhead CCG in 2006-2014. These focus on breast, colorectal, lung and prostate cancer. The majority of cases are diagnosed via the managed route in Windsor, Ascot & Maidenhead CCG, which include GP referrals, 2 week waits and hospital referrals. Windsor, Ascot & Maidenhead CCG’s rate of diagnoses through ‘other’ routes are significantly higher than the England average for female breast cancer, colorectal cancer and lung cancer. Other routes include diagnosis after death or if diagnosis route is unknown.

Figure 63: Routes to diagnoses by cancer type in Windsor, Ascot & Maidenhead CCG (2006-2014)

Cancer type	Number of cases	Directly age-standardised rate per 100,000 population by route			
		Screen detected	Managed	Emergency presentation	Other
Female breast cancer	1,083	63.1	95.5	5.2	23.3
Colorectal cancer	797	5.7	34.8	14.4	20.2
Lung cancer	685	-	24.4	23.5	17.5
Prostate cancer	811	-	117.9	19.3	34.7

Source: National Cancer Intelligence Network (2016); Routes to diagnoses 2006 – 2014 workbook

Figure 64: Percentage of cancer diagnoses by route for Windsor, Ascot & Maidenhead CCG and England (2006-2014)



Source: National Cancer Intelligence Network (2017); Routes to diagnoses 2006 – 2014 workbook

6.232 Two Week Wait Referrals

In 2015/16, there were 4,444 two week wait referrals for suspected cancer in Windsor, Ascot & Maidenhead CCG. This was a rate of 2,859 per 100,000 population and significantly lower than the national figure of 3,164 per 100,000. 6.7% of the CCG's referrals resulted in a diagnosis of cancer.

Figure 65: Two week wait referrals for suspected cancer by cancer type (2016/17)

Cancer type	Windsor, Ascot & Maidenhead CCG		England
	Number	Rate per 100,000 population	Rate per 100,000 population
All cancers	4,444	2,859	3,164
Breast cancer	960	618	561
Lower GI cancer	701	451	511
Lung cancer	86	55	109
Skin cancer	840	540	630

Source: Public Health England (2017); Cancer Services

6.24 Cancer Screening

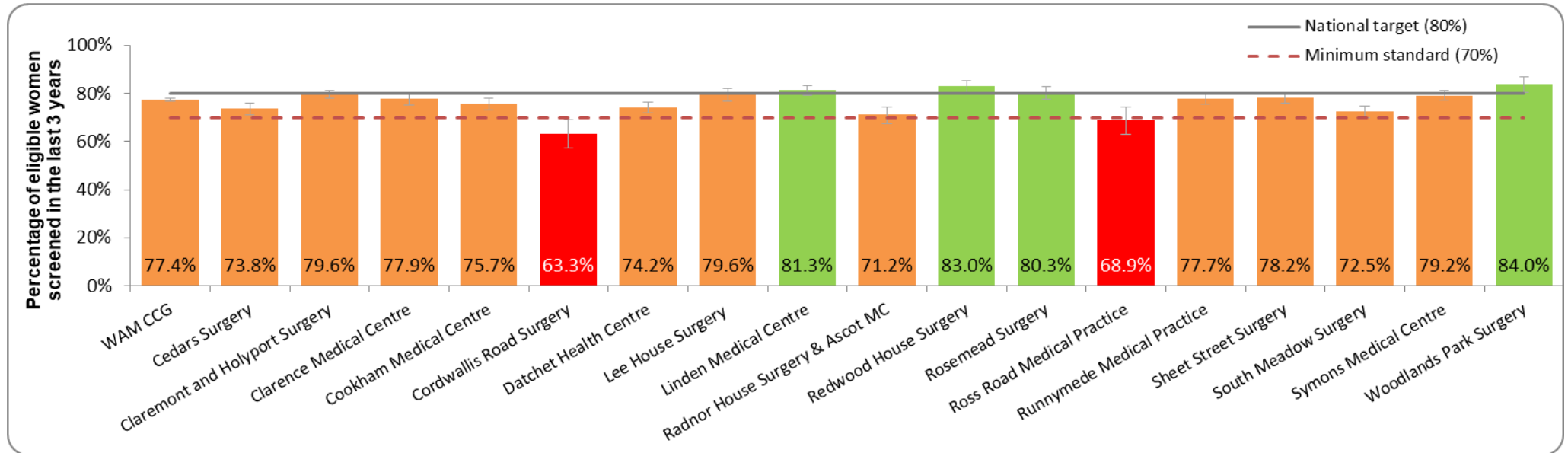
6.241 Breast Screening

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 2015/16, over 2 million women aged 45 and over were screened by the National Breast Screening Programme in England. Overall, the breast screening programme finds cancer in about 8 out of every 1,000 women having screening. Current evidence suggests that breast screening reduces the number of deaths from breast cancer by about 1,300 a year in the UK (NHS Digital, 2016).

At 31st March 2017, Windsor, Ascot & Maidenhead CCG’s breast screening coverage was 77.4%, which was lower than the national target of 80%. 14,016 eligible women received screening in the 3 years prior to this date. Figure 66 shows that the coverage rates varied across GP practices in the CCG, with 4 practices achieving the national target of 80% and 2 not meeting the minimum standard of 70%. The remaining 11 practices coverage rates fell between 70 and 80%.

Figure 66: Breast screening coverage in Windsor, Ascot & Maidenhead CCG at 31st March 2017 (3 year coverage)



Source: Public Health England (2017); Cancer Services

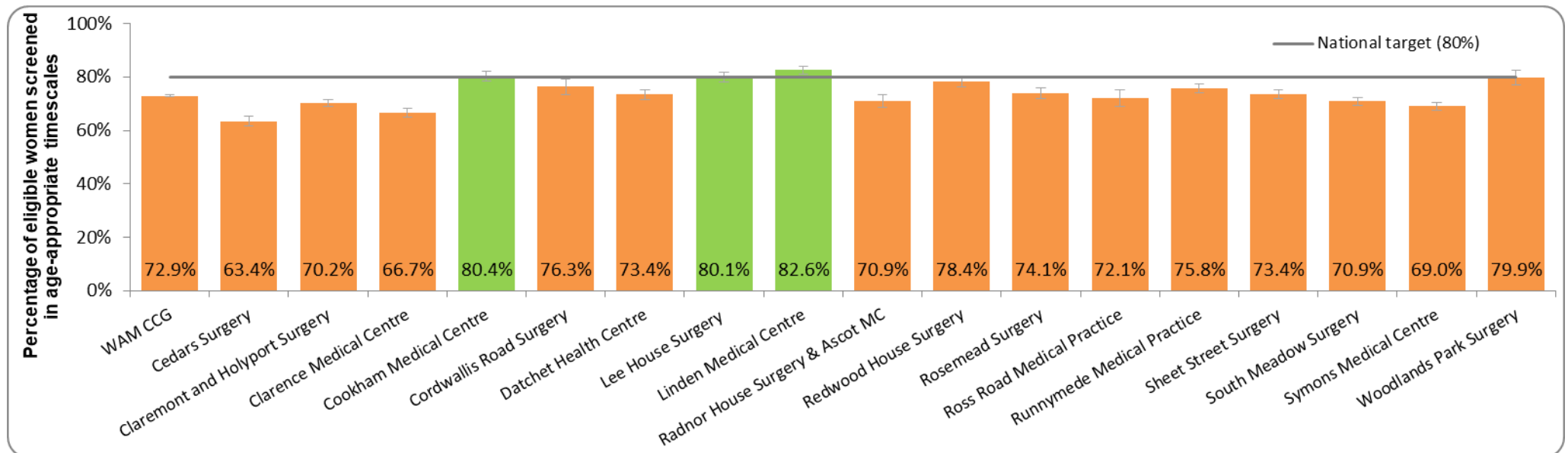
6.242 Cervical Screening

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). In 2016/17, over 3 million women aged 25 to 64 were screened by the National Programme in England (NHS Digital, 2017).

It is estimated that cervical screening saves around 4,500 lives each year in the UK. Women screened between the ages of 35 to 64 are thought to have a 60 to 80% lower risk of being diagnosed with cervical cancer in the 5 years following the test compared to women who haven't been screened. The benefit of screening also increases with age. Since cervical screening started in the 1980s in Great Britain, rates of cervical cancer have almost halved.

At 31st March 2017, Windsor, Ascot & Maidenhead CCG's cervical screening coverage was 72.9%, which was below the national target of 80%. 28,662 eligible women received screening in the age-appropriate time period (3 to 5 years). The coverage rates varied across the GP practices in the CCG with 3 meeting the national target.

Figure 67: Cervical screening coverage in Windsor, Ascot & Maidenhead CCG at 31st March 2017 (within age appropriate target period – 3 to 5 year coverage)



Source: Public Health England (2017); Cancer Services

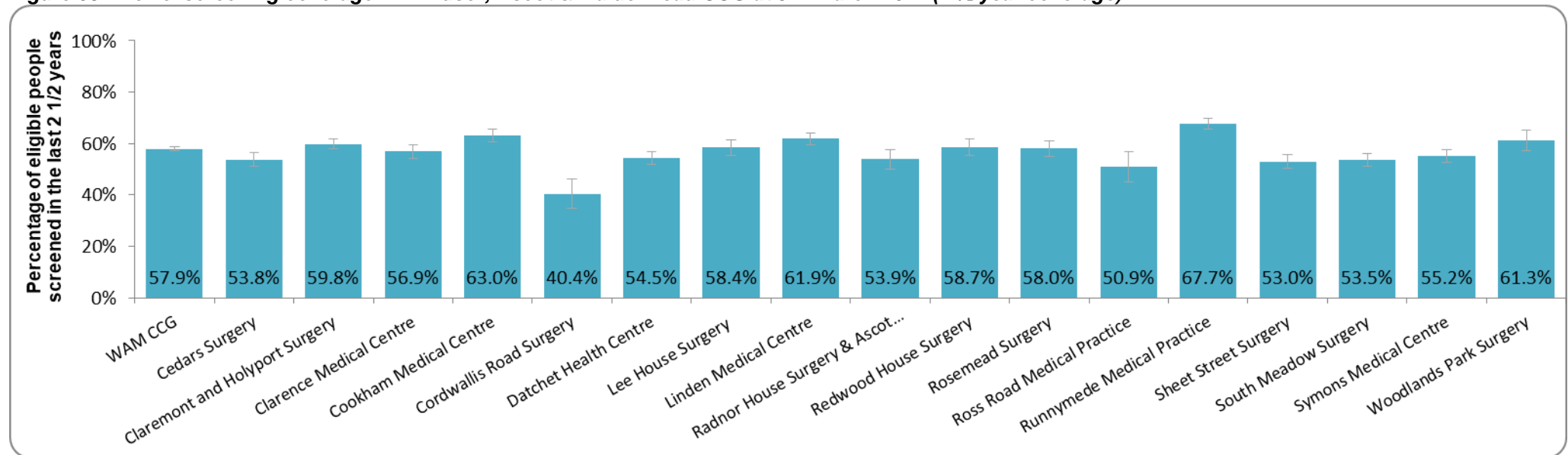
6.243 Bowel Screening

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. At 31st March 2017, Windsor, Ascot & Maidenhead CCG's bowel screening coverage was 57.9%. 12,186 eligible people received an adequate screening result from these test in the 2 years previous. No national target or minimum standard is currently set for this screening programme.

Figure 68: Bowel screening coverage in Windsor, Ascot & Maidenhead CCG at 31st March 2017 (2 ½ year coverage)

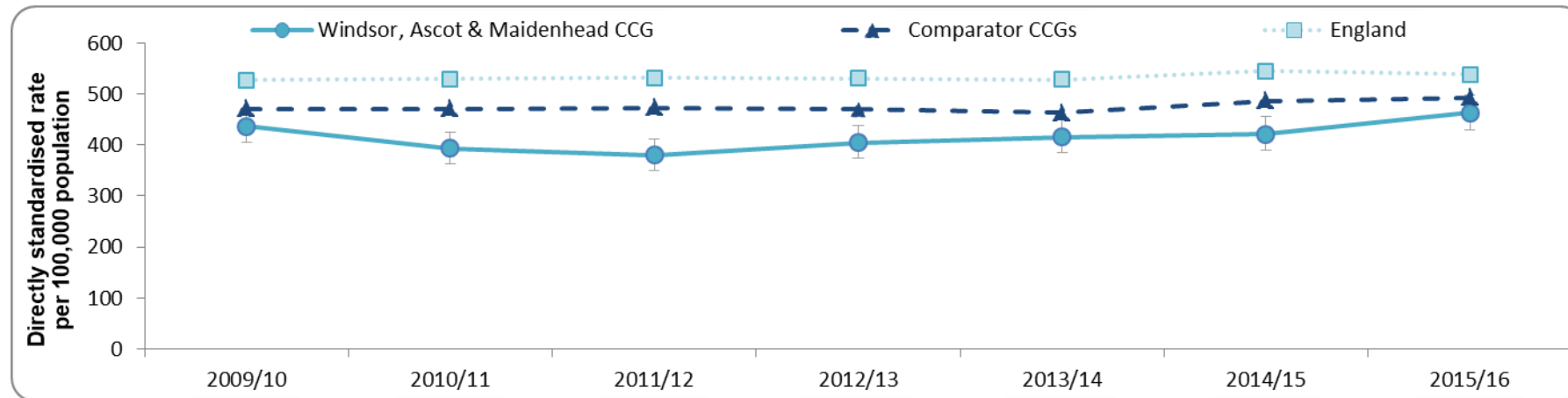


Source: Public Health England (2017); Cancer Services

6.25 Hospital Admissions and Activity

In 2015/16, there were 711 emergency admissions in Windsor, Ascot & Maidenhead CCG which had a diagnostic code of cancer. This was a rate of 462 per 100,000 population, which was similar to the comparator group and better than the national figures.

Figure 69: Rate of emergency admissions to hospital with a diagnostic code of cancer (2009/10 to 2015/16)

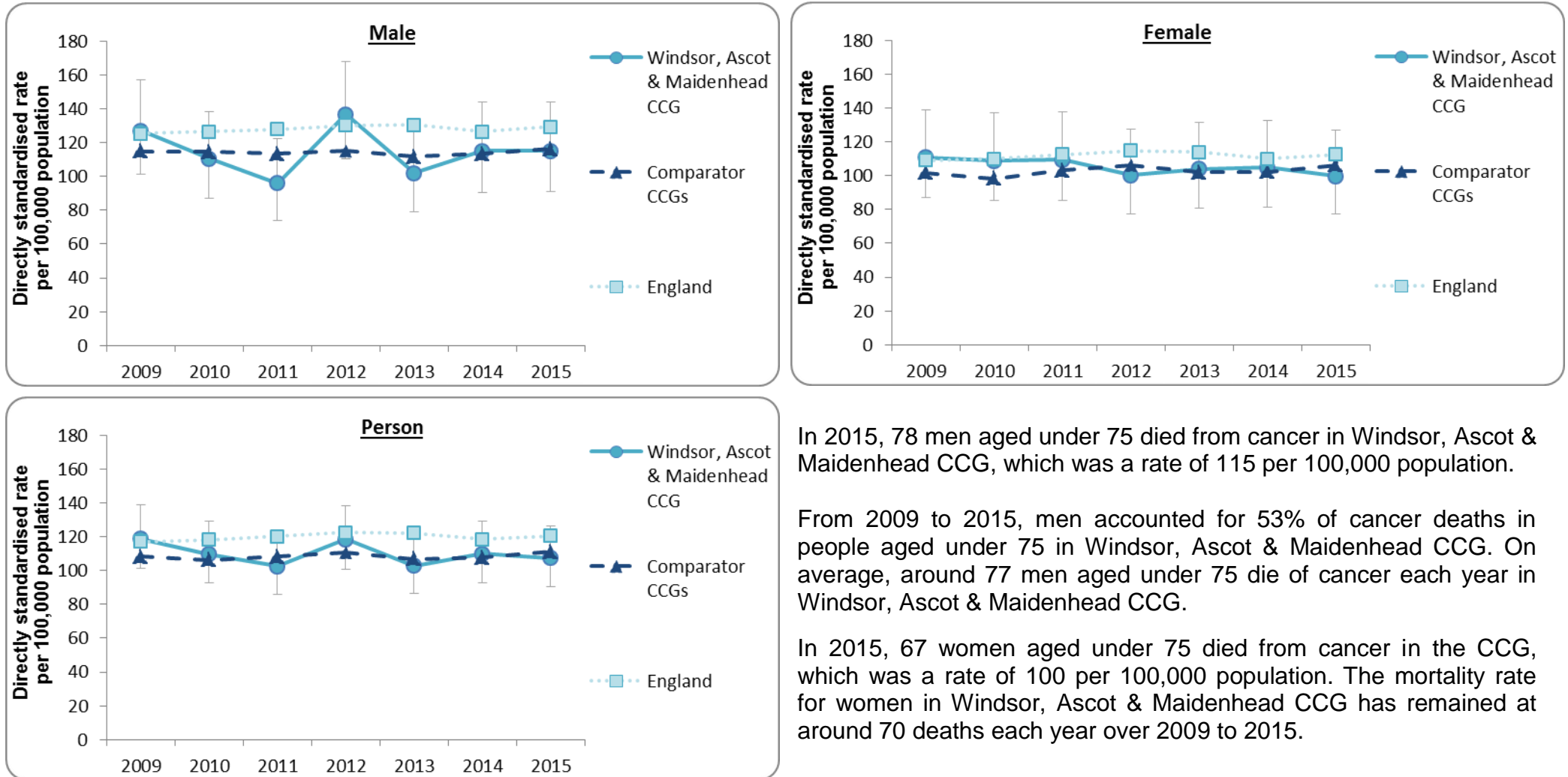


Source: Public Health England (2017); Cancer Services

6.26 Mortality

In 2015, 145 people aged under 75 died from cancer in Windsor, Ascot & Maidenhead CCG. This was a rate of 107 per 100,000 population. The graphs below show the mortality rate for men and women from 2009 to 2015.

Figure 70: Under 75 mortality for cancer per 100,000 population – directly standardised rate (2009-2015)



Source: NHS Digital (2016)

In 2015, 78 men aged under 75 died from cancer in Windsor, Ascot & Maidenhead CCG, which was a rate of 115 per 100,000 population.

From 2009 to 2015, men accounted for 53% of cancer deaths in people aged under 75 in Windsor, Ascot & Maidenhead CCG. On average, around 77 men aged under 75 die of cancer each year in Windsor, Ascot & Maidenhead CCG.

In 2015, 67 women aged under 75 died from cancer in the CCG, which was a rate of 100 per 100,000 population. The mortality rate for women in Windsor, Ascot & Maidenhead CCG has remained at around 70 deaths each year over 2009 to 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.

Respiratory diseases are the 3rd main cause of death in England, behind cancer and circulatory diseases. In 2016, 13.7% of all registered deaths in England were caused by respiratory diseases.

6.31 Respiratory Disease prevalence profile for Windsor, Ascot & Maidenhead CCG

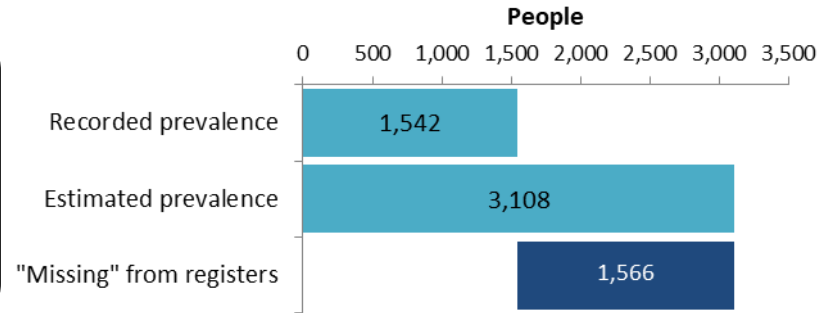
Prevalence is a measure of the burden of a disease in the population at a particular point in time. This section provides information about the recorded prevalence of different Respiratory diseases in the CCG area, which have been taken from the Quality and Outcomes Framework. These have been compared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

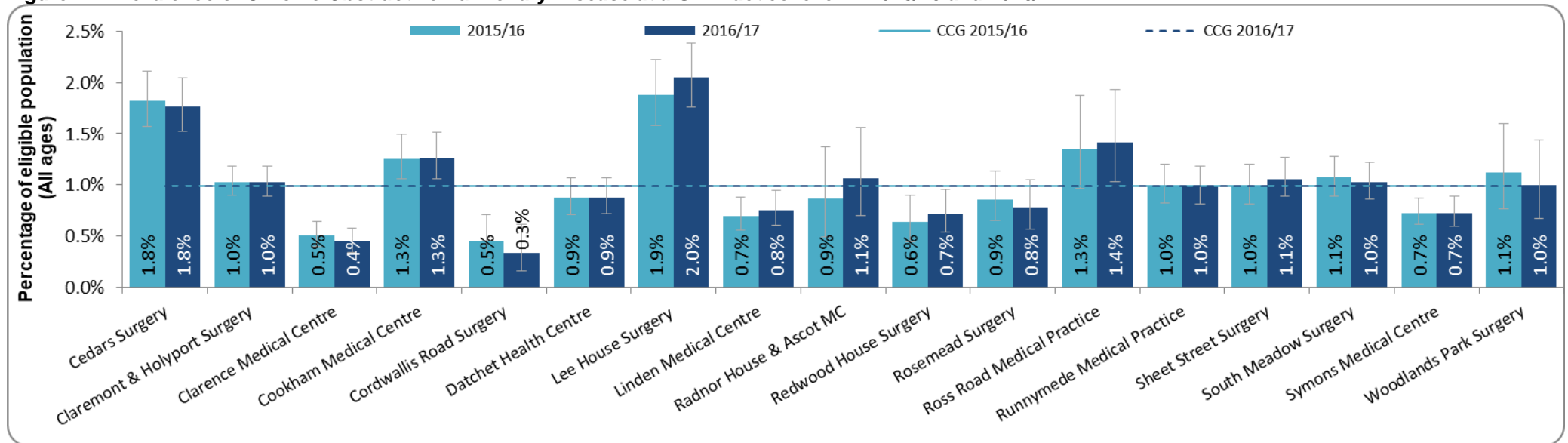
Number of people on COPD Register: 1,542
 Recorded prevalence in CCG area: 0.99%
 Comparison of prevalence:
 ↓ than the Comparator CCG rate of 1.49%
 ↓ than the national rate of 1.87%

The CCG's 2016/17 prevalence rate was the same as the 2015/16 rate.



The estimated prevalence for Chronic Obstructive Pulmonary Disease in Windsor, Ascot & Maidenhead CCG is 2.0%. This means that there were 1,566 people "missing" from GP registers in 2016/17. These estimations come from Public Health England's [Inhale Profile](#) developed by the Department of Primary Care and Social Medicine, Imperial College and are based on October 2017 GP population figures.

Figure 71: Prevalence of Chronic Obstructive Pulmonary Disease at a GP Practice level in 2015/16 and 2016/17

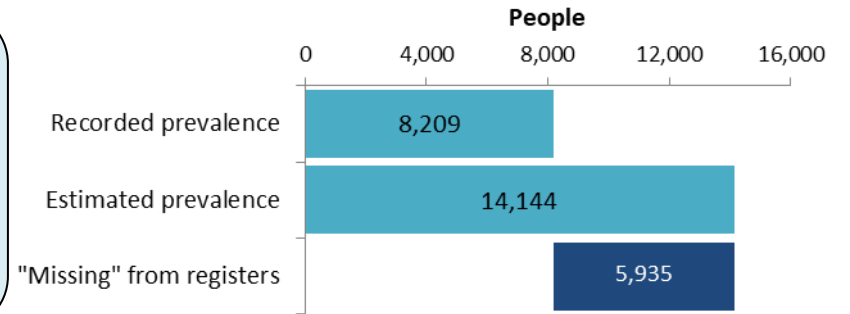


Source: NHS Digital (2017); Quality and Outcomes Framework

6.312 Asthma Prevalence

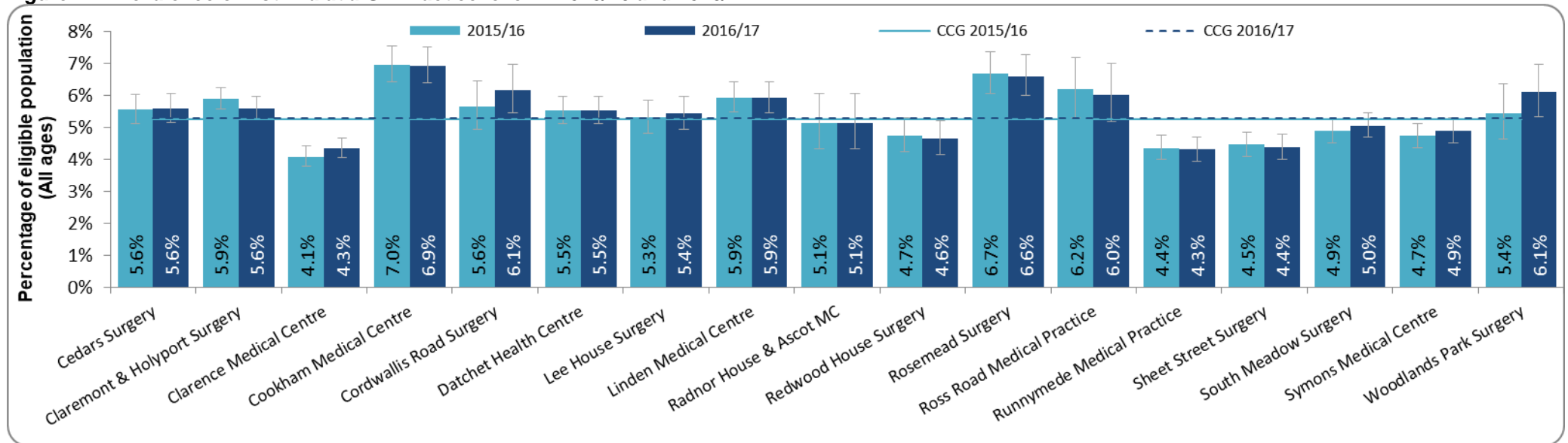
Number of people on Asthma Register: 8,209
 Recorded prevalence in CCG area: 5.3%
 Comparison of prevalence: ↓ than the Comparator CCG rate of 6.1%
 ↓ than the national rate of 5.9%

The CCG's 2016/17 prevalence rate was the same as the 2015/16 rate.



The estimated prevalence for Asthma in Windsor, Ascot & Maidenhead CCG is 9.1%. This means that there were 5,935 people “missing” from GP registers in 2016/17. These estimations come from Public Health England’s [Inhale Profile](#) developed by the Department of Primary Care and Social Medicine, Imperial College and are based on October 2017 GP population figures.

Figure 72: Prevalence of Asthma at a GP Practice level in 2015/16 and 2016/17



Source: NHS Digital (2017); Quality and Outcomes Framework

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):

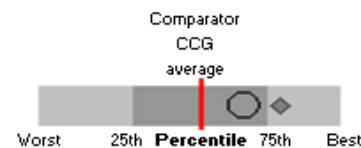
- CCG Outcomes Indicator Set – the indicators included in the CCG OIS contribute to the five domains of the NHS Outcomes Framework. This provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes.
- Quality and Outcomes Framework (QOF) – the 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 Windsor, Ascot & Maidenhead CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Windsor, Ascot & Maidenhead 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 Windsor, Ascot & Maidenhead 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	177.5	111.6	140.7	177.5		73.6	179.1	↔
CCG 1.6 Under 75 mortality rate from respiratory disease	2015	13.6	21.1	29.4	30.4		13.6	20.5	↔
CCG 2.1 Improved health-related quality of life for people with LTCs	2016/17	0.77	0.77	0.74	0.74		0.80	0.77	↓
CCG 2.2 % of people feeling supported to manage their conditions	2016/17	63.8%	64.7%	64.0%	59.8%		70.2%	59.9%	↑
CCG 2.3 % of people with COPD and MRC Dyspnoea Scale >3 referred to a pulmonary rehabilitation programme	2014/15	4.6%	15.5%	18.8%	4.6%		32.1%	4.6%	↔
CCG 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions	2016/17	765.5	721.4	821.2	1028.8		534.4	735.2	↔
CCG 2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s)	2015/16	207.5	260.3	312.3	441.7		191.8	147.5	↓
CCG 3.1 Emergency admissions for acute conditions that should not usually require hospital admission	2016/17	1444	1279	1357	1742		852	1259	↓
CCG 3.2 Emergency readmissions within 30 days of discharge from hospital	2011/12	11.1%	11.1%	11.8%	12.9%		10.2%	11.9%	↑
CCG 3.4 Emergency admissions for children with LRTIs	2016/17	482.2	469.4	459.0	748.2		267.4	417.0	↔

Windsor, Ascot & Maidenhead CCG's potential years of life lost from respiratory disease is the worst rate in the comparator group and also worse than the national average. In contrast, the under 75 mortality rate from respiratory disease in 2015 was the lowest in the Comparator Group.

In 2014/15, 5% of people with COPD and a diagnosis of >3 on the Medical Research Council Dyspnoea Scale were referred to a pulmonary rehabilitation programme in Windsor, Ascot & Maidenhead CCG. This was the lowest referral rate in the comparator group and also significantly below the national figure of 19%.

Emergency admissions for conditions that should not usually require hospital admission (CCG 3.1) have increased in Windsor, Ascot & Maidenhead CCG and are significantly worse than the CCG comparator group. Additional trend information for this indicator and unplanned




hospitalisation for chronic ambulatory care sensitive conditions (CCG 2.6) can be found in the ‘General healthcare and hospital activity’ section of the Profile (6.9).

Windsor, Ascot & Maidenhead CCG’s average health-status score for people with long-term conditions decreased in 2016/17, compared to the previous year. This is collected through the GP Patient Survey, where each survey respondent answers a series of questions from which a health status score can be calculated. The measure seeks to assess whether health-related quality of life is increasing over time for the population with long-term conditions, while adjusting for measurable factors that the NHS does not have control over, such as age and sex. The GP Patient Survey also indicated that the CCG had a significantly lower percentage of people with long-term conditions who felt that they were supported to manage their condition, compared to the CCG comparator group. However, this figure has improved on 2015/16’s survey results. More information about the GP Patient Survey can be found in the ‘GP Patient Survey’ section of the Profile (7).




6.322 Quality and Outcomes Framework – Chronic Obstructive Pulmonary Disease

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
COPD02	% patients with COPD diagnosed after 1-Apr-11 whose diagnosis has been confirmed by post bronchodilator spirometry	90%	89%	89%	85%		91%	87%	↔
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%	92%	90%	89%		94%	92%	↔
COPD04	% patients with COPD with a record of FEV1 in the last 12 months	89%	88%	87%	84%		90%	88%	↔
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	96%	96%	97%	95%		98%	94%	↑
COPD07	% patients with COPD who have had flu immunisation in the preceding 1st August to 31st March	99%	97%	97%	95%		99%	98%	↔

6.323 Quality and Outcomes Framework – Asthma

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM 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%	89%	84%		92%	88%	↔
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	78%	76%	76%	73%		78%	77%	↑
AST04	% patients with asthma between the ages of 14-19 who have a record of smoking status in the last 12 months	91%	87%	89%	85%		91%	89%	↑

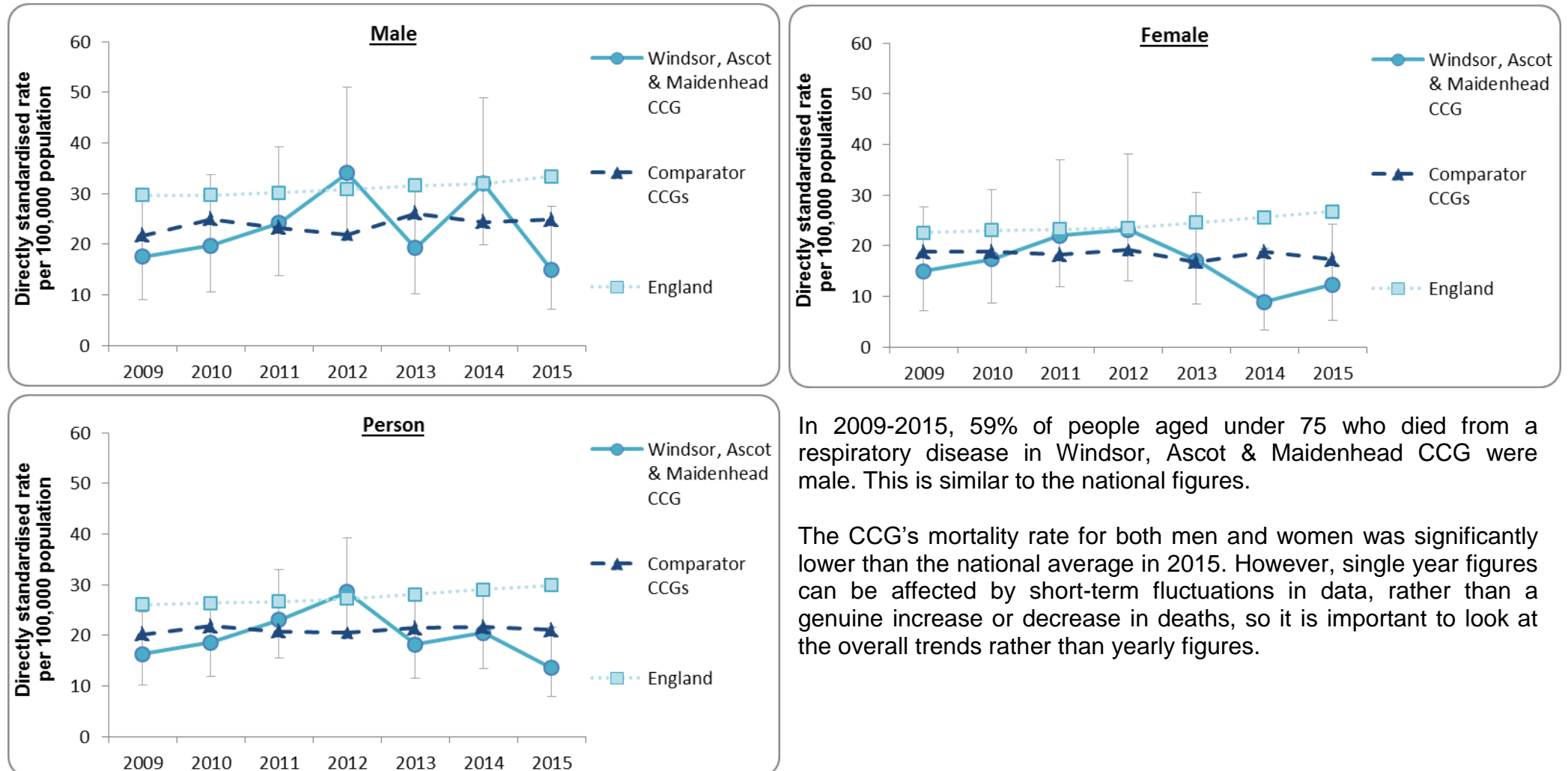
6.324 Quality and Outcomes Framework – Risk factors for Respiratory Disease

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
SMOK02	% patients with LTCs whose notes record smoking status in last 12 months	96%	95%	95%	93%		96%	95%	↑
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	94%	91%	90%	87%		96%	89%	↑
SMOK05	% of patients with LTCs who are recorded as current smokers who have a record of an offer of support and treatment within the previous 12 months	99%	98%	97%	96%		99%	97%	↑

6.33 Mortality

In 2015, 18 people aged under 75 died from a respiratory disease in Windsor, Ascot & Maidenhead CCG, which was a rate of 14 per 100,000 population. The graphs below show the mortality rate for men and women from 2009 to 2015.

Figure 73: Under 75 mortality for respiratory disease per 100,000 population – directly standardised rate (2009-2015)



In 2009-2015, 59% of people aged under 75 who died from a respiratory disease in Windsor, Ascot & Maidenhead CCG were male. This is similar to the national figures.

The CCG's mortality rate for both men and women was significantly lower than the national average in 2015. However, 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: NHS Digital (2016)

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 2.8 million people and there are estimated to be an additional 980,000 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 effects 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. [Diabetes UK](#) estimates that the life expectancy of someone with type 2 diabetes is likely to be reduced by 10 years, as a result of the condition.

Public Health England have 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 Windsor, Ascot & Maidenhead 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.

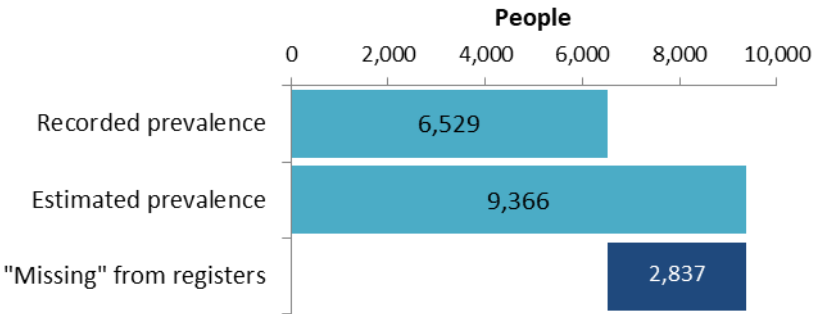
It is important to note that looking at the numbers of people currently being treated for a disease does not show the true prevalence and impact on a population's health. There will also be many people who have a disease or condition that are not aware of it and have not been diagnosed. This section 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.

Number of people on Diabetes Register: 6,529
(Aged 17 and over)

Recorded prevalence in CCG area: 5.23%

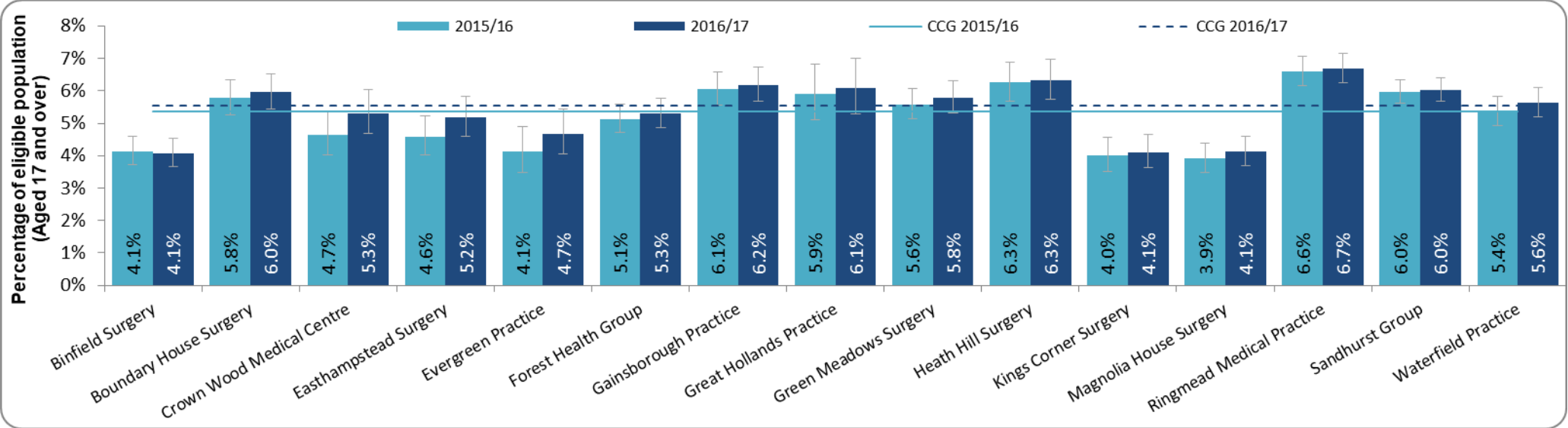
Comparison of prevalence: ↓ than the Comparator CCG rate of 5.95%
↓ than the national rate of 6.85%

The CCG's 2016/17 prevalence rate was similar to the 2015/16 rate of 5.17%.



The estimated prevalence for Diabetes in Windsor, Ascot & Maidenhead CCG is 7.5%. This means that there were 2,837 people “missing” from GP registers in 2016/17. These estimations come from the refreshed [Diabetes Prevalence Model](#) developed by Public Health England's National Cardiovascular Intelligence Network.

Figure 74: Prevalence of Diabetes at a GP Practice level in 2015/16 and 2016/17

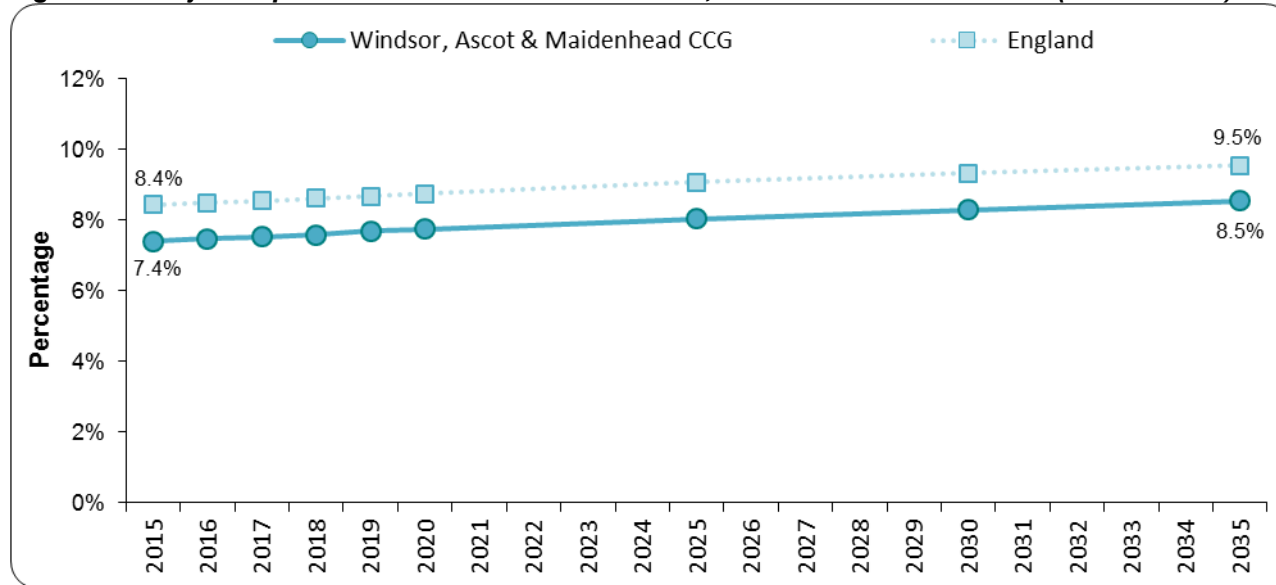


Source: NHS Digital (2017); Quality and Outcomes Framework

The prevalence of diabetes is expected to increase in Windsor, Ascot & Maidenhead CCG over the next 20 years. Figure 70 shows the projections, which have been developed by Public Health England’s National Cardiovascular Intelligence Network. These are based on GP Practice Populations for April 2015 and have been adjusted for age, sex, ethnic group and deprivation.

By 2035, 8.5% of Windsor, Ascot & Maidenhead CCG’s population aged 16 and over are expected to have diabetes, which is 12,306 people.

Figure 75: Projected prevalence of diabetes in Windsor, Ascot & Maidenhead CCG (2015 to 2035)



Source: Public Health England (2016), Diabetes prevalence model for local authorities and CCGs

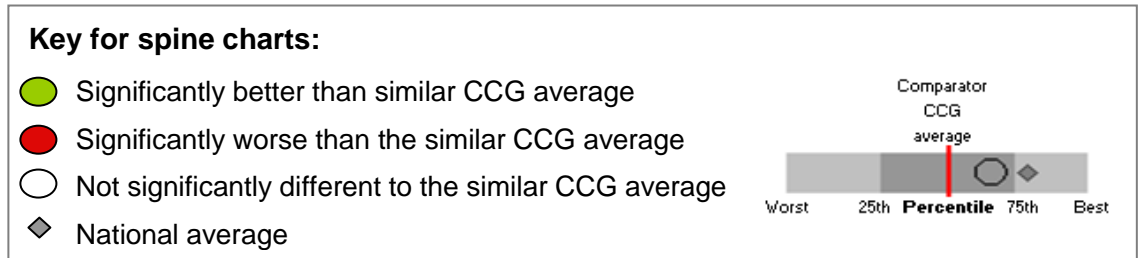
6.42 Quality of Care

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.
- 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.
- National Diabetes Audit (NDA) – The NDA is a major national clinical audit, which measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards in England and Wales. All people with diabetes aged 12 years and over should annually receive nine NICE recommended care processes and attend a structured education program when diagnosed. Some of the results from the NDA are included in the CCG OIS and QOF to assess diabetes care locally.

Nine Annual Care Processes for all people with diabetes age 12 and over	
Responsibility of Diabetes Care Providers (included in the NDA 8 Care Processes)	
1 - HbA1c (blood test for glucose control)	5 - Urine Albumin/Creatinine Ratio (urine test for kidney function)
2 - Blood Pressure (measurement for cardiovascular risk)	6 - Foot Risk Surveillance (foot examination for foot ulcer risk)
3 - Serum Cholesterol (blood test for cardiovascular risk)	7 - Body Mass Index (measurement for cardiovascular risk)
4 - Serum Creatinine (blood test for kidney function)	8 - Smoking History (question for cardiovascular risk)
Responsibility of NHS Diabetes Eye Screening (screening register drawn from practices)	
9 - Digital Retinal Screening Photographic eye test for eye risk	

The CCG OIS and QOF indicators included compare Windsor, Ascot & Maidenhead CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Windsor, Ascot & Maidenhead 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 Windsor, Ascot & Maidenhead 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.

6.421 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	2015/16	96.8	81.9	100.0	148.5		52.3	95.4	↔
CCG 2.1 Improved health-related quality of life for people with LTCs	2016/17	0.77	0.77	0.74	0.74		0.80	0.77	↓
CCG 2.2 % of people feeling supported to manage their conditions	2016/17	63.8%	64.7%	64.0%	59.8%		70.2%	59.9%	↑
CCG 2.4 People with diabetes who have received nine care processes	2015/16	54.2%	50.2%	52.6%	35.5%		62.8%	55.6%	↔
CCG 2.5 Diabetes: People diagnosed less than a year who are referred to structured education	2014/15	80.5%	77.0%	75.8%	66.1%		87.6%	71.2%	↑
CCG 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions	2016/17	765.5	721.4	821.2	1028.8		534.4	735.2	↔
CCG 2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s)	2015/16	207.5	260.3	312.3	441.7		191.8	147.5	↓
CCG 2.8 Diabetes: Ratio of complications associated with diabetes	2015/16	87.3	87.6	100.0	126.5		64.8	87.3	↔
CCG 3.1 Emergency admissions for acute conditions that should not usually require hospital admission	2016/17	1,444	1,279	1,357	1,742		852	1,259	↓
CCG 3.2 Emergency readmissions within 30 days of discharge from hospital	2011/12	11.1%	11.1%	11.8%	12.9%		10.2%	11.9%	↑

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 2015/16, 151 people with diabetes in Windsor, Ascot & Maidenhead CCG had an admission to hospital for myocardial infarction, stroke or stage 5 chronic kidney disease. This is an indirectly standardised ratio of 96.8, which is lower than the England standard of 100. However, this is a significantly higher ratio than the comparator group.

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 2014/15, 518 people were newly diagnosed with diabetes in Windsor, Ascot & Maidenhead CCG and 80.5% of these were referred to structured education. Nationally, 76% 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.

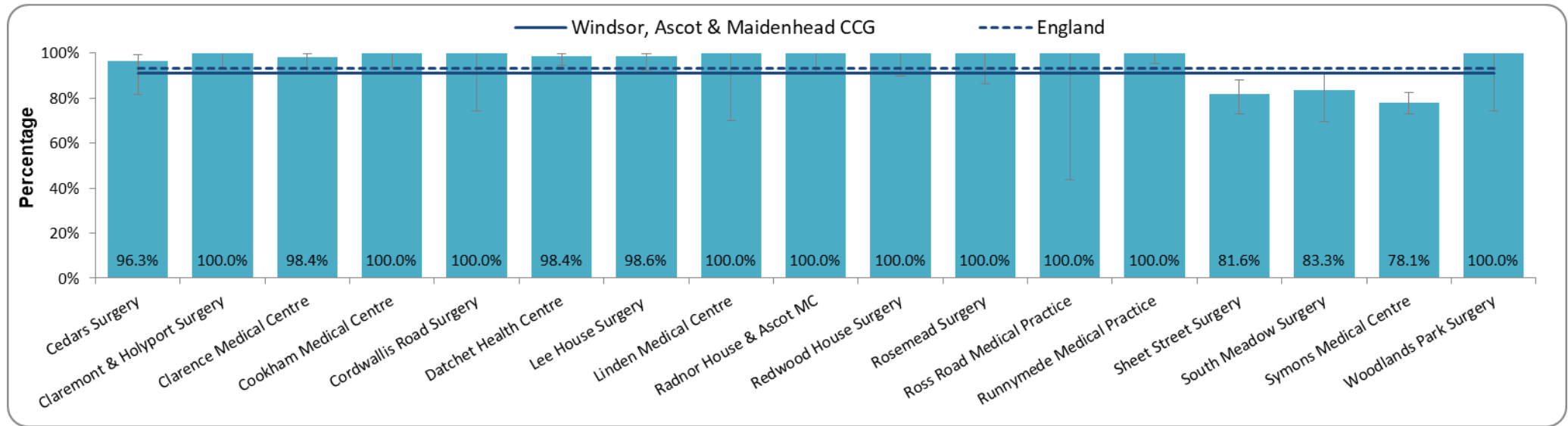
In 2015/16, 430 people with diabetes in Windsor, Ascot & Maidenhead CCG had an admission to hospital for one of these complications. This is an indirectly standardised ratio of 87.3, which is lower than the England standard of 100.

Emergency admissions for conditions that should not usually require hospital admission (CCG 3.1) have increased in Windsor, Ascot & Maidenhead CCG and are significantly worse than the CCG comparator group. Additional trend information for this indicator and unplanned hospitalisation for chronic ambulatory care sensitive conditions (CCG 2.6) can be found in the 'General healthcare and hospital activity' section of the Profile (6.9).

6.422 Quality and Outcomes Framework – Diabetes

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
DM02	% patients with diabetes who have last BP reading in the previous 12 months of 150/90 or less	95%	92%	92%	89%		95%	93%	↑
DM03	% patients with diabetes who have last BP reading in the previous 12 months of 140/80 or less	84%	78%	78%	74%		84%	81%	↑
DM04	% patients with diabetes whose last measured total cholesterol within the last 12 months is 5mmol/l or less	81%	79%	80%	74%		82%	81%	↔
DM06	% patients with diabetes with a diagnosis of nephropathy or micro-albuminuria who are currently treated with ACE-I or ARBs	91%	94%	93%	83%		99%	92%	↔
DM07	% patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol or less in the last 12 months	75%	73%	72%	69%		78%	74%	↔
DM08	% patients with diabetes in whom the last IFCC-HbA1c is 64 mmol/mol or less in the last 12 months	82%	80%	79%	76%		84%	81%	↑
DM09	% patients with diabetes in whom the last IFCC-HbA1c is 75 mmol/mol or less in the last 12 months	91%	90%	88%	84%		92%	89%	↑
DM12	% patients with diabetes with record of a foot examination and risk classification in the last 12 months	93%	91%	90%	86%		93%	89%	↑
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	95%	94%	93%	92%		95%	94%	↔
DM18	% patients with diabetes who have had flu immunisation in the preceding 1st August to 31st March	98%	95%	95%	92%		98%	94%	↑

Figure 76: GP Practice performance for DM06: % patients with diabetes with a diagnosis of nephropathy or micro-albuminuria who are currently treated with ACE-I or ARBs



Source: NHS Digital (2017); Quality and Outcomes Framework

6.423 National Diabetes Audit

The National Diabetes Audit (NDA) indicated that 6,420 people were registered as having diabetes in Windsor, Ascot & Maidenhead CCG in 2016/17. 91% of these were registered as having Type 2 diabetes (5,850 people). The Audit provides a summary by gender, age, ethnicity and deprivation quintile, as shown below:

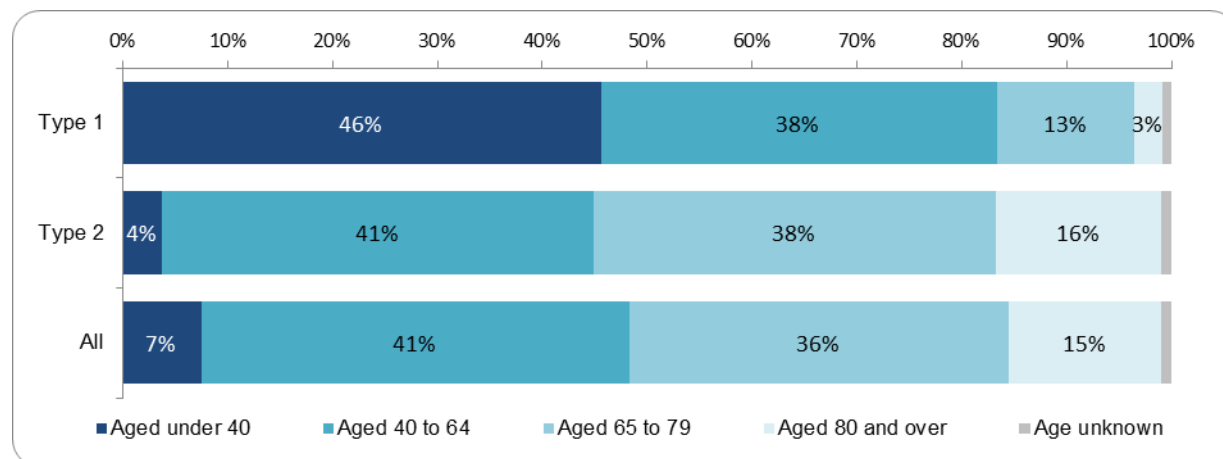
Gender

58% of people registered with diabetes in Windsor, Ascot & Maidenhead CCG were men (same for both types of diabetes).

Age

As expected, the age profile of people diagnosed with diabetes differed between Type1 and Type 2. 46% of people diagnosed with Type1 diabetes were aged under 40, compared to only 4% of people with Type 2 diabetes.

Figure 77: Age group of people registered with diagnosed diabetes in Windsor, Ascot & Maidenhead CCG (2016/17)

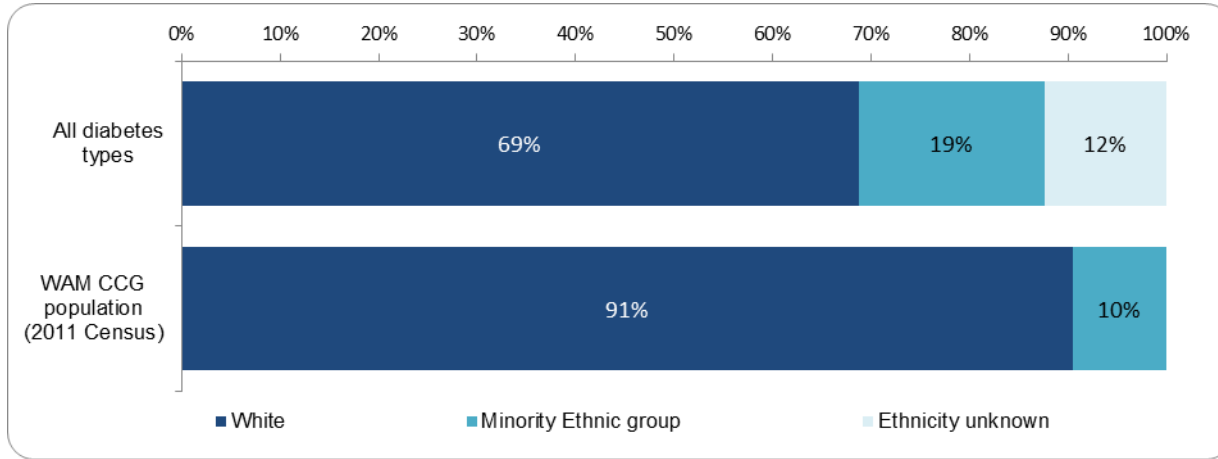


Source: NHS Digital (2017); National Diabetes Audit 2016-17 Interactive report

Ethnicity

12% of people with diabetes do not have an ethnicity recorded in Windsor, Ascot & Maidenhead CCG, so the validity of this data is weak. However, it is possible to see that in the CCG, the proportion of people from a minority ethnic origin who have diabetes is higher than the BME population as a whole.

Figure 78: Ethnicity of people registered with diagnosed diabetes in Windsor, Ascot & Maidenhead CCG (2016/17)

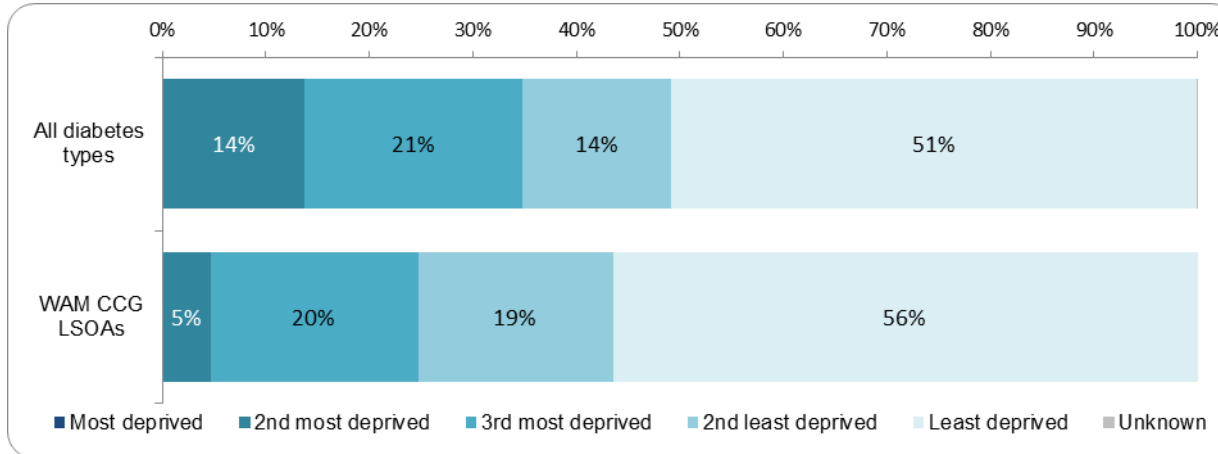


Source: NHS Digital (2017); National Diabetes Audit 2016-17 Interactive report

Deprivation

Figure 79 shows the deprivation quintile that people diagnosed with diabetes in Windsor, Ascot & Maidenhead CCG live in. This indicates that there are a higher proportion of people diagnosed with diabetes from more deprived quintiles, compared to the total population.

Figure 79: IMD deprivation quintile of people registered with diagnosed diabetes in Windsor, Ascot & Maidenhead CCG (2016/17)



Source: NHS Digital (2017); National Diabetes Audit 2016-17 Interactive report

All people with diabetes aged 12 years and over should annually receive 8 NICE recommended care processes and attend a structured education program when diagnosed. Figure 85 shows the percentage of people with diabetes who received the NICE recommended care processes in 2016/17. This shows that people with type 1 diabetes are less likely to receive all 8 of the care processes both nationally and locally when compared with people with type 2 diabetes. In 2016/17, 44% of people with type 1 diabetes in Windsor, Ascot & Maidenhead CCG and 55% of people with type 2 diabetes received all 8 care processes in the year. These are both higher than the national figures.

Figure 80: Care process completion for people with diabetes in Windsor, Ascot & Maidenhead CCG and England (2016/17)

Care Processes	Type 1 Diabetes		Type 2 Diabetes	
	WAM CCG	England	WAM CCG	England
HbA1c	88.6%	84.9%	95.2%	95.3%
Blood Pressure	94.4%	90.6%	96.9%	96.4%
Cholesterol	83.3%	80.8%	92.7%	93.1%
Serum creatinine	80.6%	83.3%	90.4%	95.1%
Urine albumin	58.3%	51.0%	74.1%	65.6%
Foot surveillance	78.7%	70.1%	88.9%	79.4%
BMI	83.3%	75.8%	82.8%	83.3%
Smoking	87.0%	79.8%	84.3%	85.7%
All 8 care processes	43.9%	34.4%	54.9%	47.7%

Source: NHS Digital (2017); National Diabetes Audit 2016-17 Interactive report

In 2015, 20 people were newly diagnosed with Type 1 diabetes in Windsor, Ascot & Maidenhead CCG. 10 (50%) were offered structured education within a year of their diagnosis and 5 (25%) of them attended. 365 people were newly diagnosed with Type 2 diabetes in the same year and 85% were offered structured education within a year of diagnosis. However, only 25 people (6.8%) attended.

NICE recommends treatment targets for HbA1c (glucose control), blood pressure and serum cholesterol

- Target HbA1c reduces the risk of all diabetic complications
- Target blood pressure reduces the risk of vascular complications and reduces the progression of eye disease and kidney failure.
- Target cholesterol reduces the risk of vascular complications

Figure 81 shows that 21.3% of people with type 1 diabetes in Windsor, Ascot & Maidenhead CCG and 43.9% of people with type 2 diabetes achieved all 3 treatment targets in 2016/17. These were similar to the England figures.

Figure 81: Treatment target achievement for people with diabetes in Windsor, Ascot & Maidenhead CCG and England (2016/17)

Treatment targets	Type 1 Diabetes		Type 2 Diabetes	
	WAM CCG	England	WAM CCG	England
HBA1c <= 58mmol (7.5%)	35.0%	30.4%	67.5%	67.0%
Blood Pressure <= 140/80	76.5%	76.0%	80.3%	74.4%
Cholesterol < 5 mmol/l	69.7%	69.4%	75.7%	76.2%
All 3 Treatment targets	21.3%	19.0%	43.9%	41.1%

Source: NHS Digital (2017); National Diabetes Audit 2016-17 Interactive report

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 (Stage 1 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.

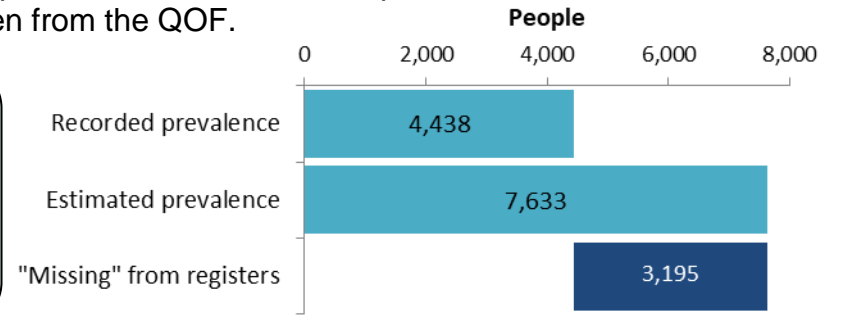
[NHS Choices](#) note that the main way to reduce the chances of CKD developing is to ensure that existing conditions are carefully managed, such as diabetes and high blood pressure. Having a healthy diet, exercising regularly and avoiding drinking excessive amounts of alcohol will also reduce the risk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

6.51 Chronic Kidney Disease prevalence profile for Windsor, Ascot & Maidenhead 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.

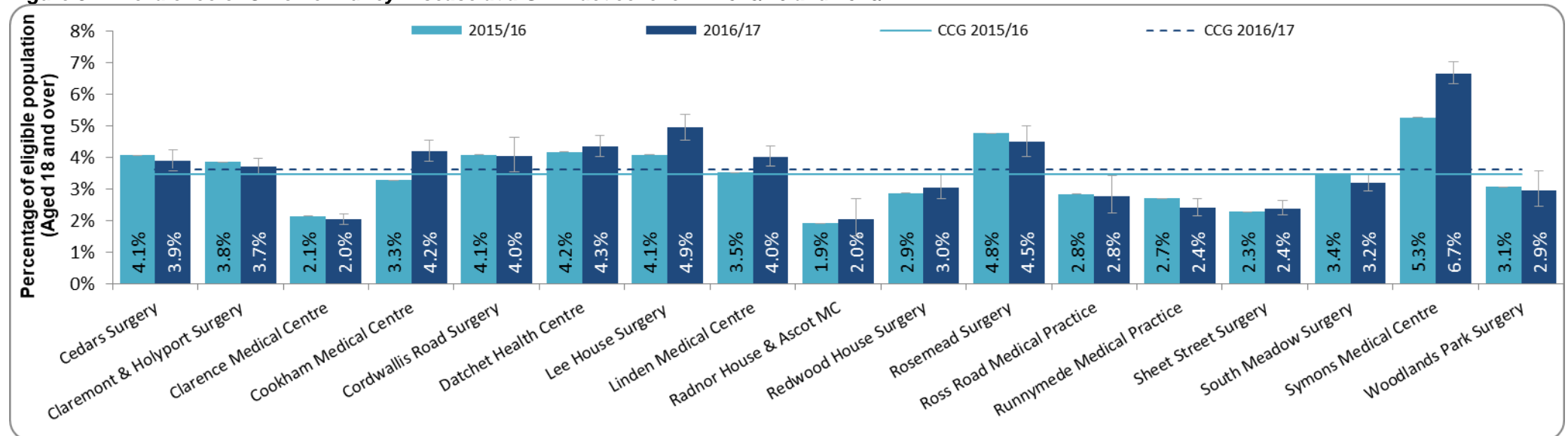
Number of people on CKD Register: 4,438
 Recorded prevalence in CCG area: 3.60%
 Comparison of prevalence: ↓ than the Comparator CCG rate of 4.04%
 ↓ than the national rate of 4.09%

The CCG's 2016/17 prevalence rate was similar to the 2015/16 rate of 3.45%.



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 Windsor, Ascot & Maidenhead CCG is 6.2%. This means that there were 3,195 people "missing" from GP registers in 2016/17. These estimations come from Public Health England's [Chronic Kidney Disease prevalence model](#) and have been updated using the CCG's population age profile from October 2017.

Figure 82: Prevalence of Chronic Kidney Disease at a GP Practice level in 2015/16 and 2016/17



Source: NHS Digital (2017); Quality and Outcomes Framework

6.52 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 2012-2014, 6 people died from chronic renal failure in the Royal Borough at a rate of 1.6 per 1,000 population. This was similar to the national rate of 3.3 per 100,000 population.

6.6 Liver Disease

Liver disease is the fifth 'biggest killer' nationally. From 1995 to 2013, there was a 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 Trust](#) 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".

NHS RightCare has 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. Public Health England have published a [Liver Disease Profile](#) for local authorities, as part of the Fingertips suite of tools, and this provides additional information on care processes, treatment targets, complications, prevalence and risk. This can be used alongside the data included in this Locality Profile to aid commissioning in Windsor, Ascot & Maidenhead CCG.

6.61 Liver Disease prevalence profile for Windsor, Ascot & Maidenhead 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 Windsor, Ascot & Maidenhead 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.

[NHS RightCare](#) (2013) states 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 Windsor, Ascot & Maidenhead CCG.

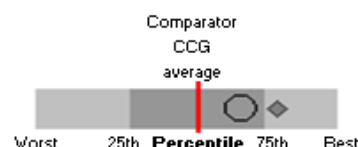
6.62 Quality of Care

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.

Windsor, Ascot & Maidenhead 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 Windsor, Ascot & Maidenhead 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 outcome.

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

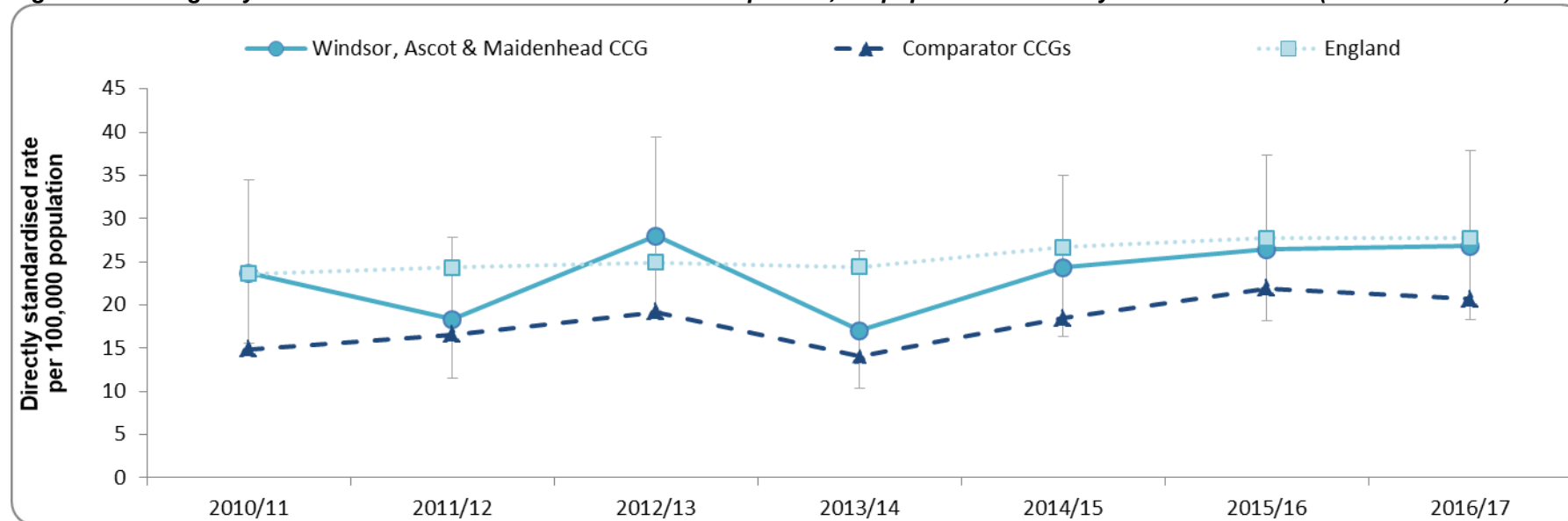


Indicator	Latest outturn	CCG value	CCG Comp Group Avg	England Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Previous outturn	DOT
CCG 1.7 Under 75 mortality rate from liver disease	2015	9.6	12.6	16.1	19.0		9.0	15.5	↔
CCG 1.8 Emergency admissions for alcohol-related liver disease	2016/17	26.8	20.7	27.7	37.8		8.9	26.4	↔
CCG 2.1 Improved health-related quality of life for people with LTCs	2016/17	0.77	0.77	0.74	0.74		0.80	0.77	↓
CCG 2.2 % of people feeling supported to manage their conditions	2016/17	63.8%	64.7%	64.0%	59.8%		70.2%	59.9%	↑
CCG 3.14 Alcohol-specific hospital admissions	2016/17	79.7	85.7	110.2	146.3		56.1	71.3	↔
CCG 3.15 Emergency alcohol-specific readmission within 30 days of discharge following an alcohol-specific admission	2014-17	128.5	115.0	100.0	187.1		72.6	135.7	↔

6.63 Hospital Admissions and Activity

The number of emergency admissions for alcohol related liver disease is included in the CCG Outcomes Indicator Set. In 2016/17, there were 32 emergency admissions for alcohol-related liver disease in Windsor, Ascot & Maidenhead CCG, which was a rate of 26.8 per 100,000 population. Figure 83 shows that the rate of admissions in Windsor, Ascot & Maidenhead CCG has remained similar to the national rate. However, it is important to note that this trend is based on relatively small figures and are therefore not statistically significant.

Figure 83: Emergency admissions for alcohol related liver disease per 100,000 population – directly standardised rate (2010/11-2016/17)

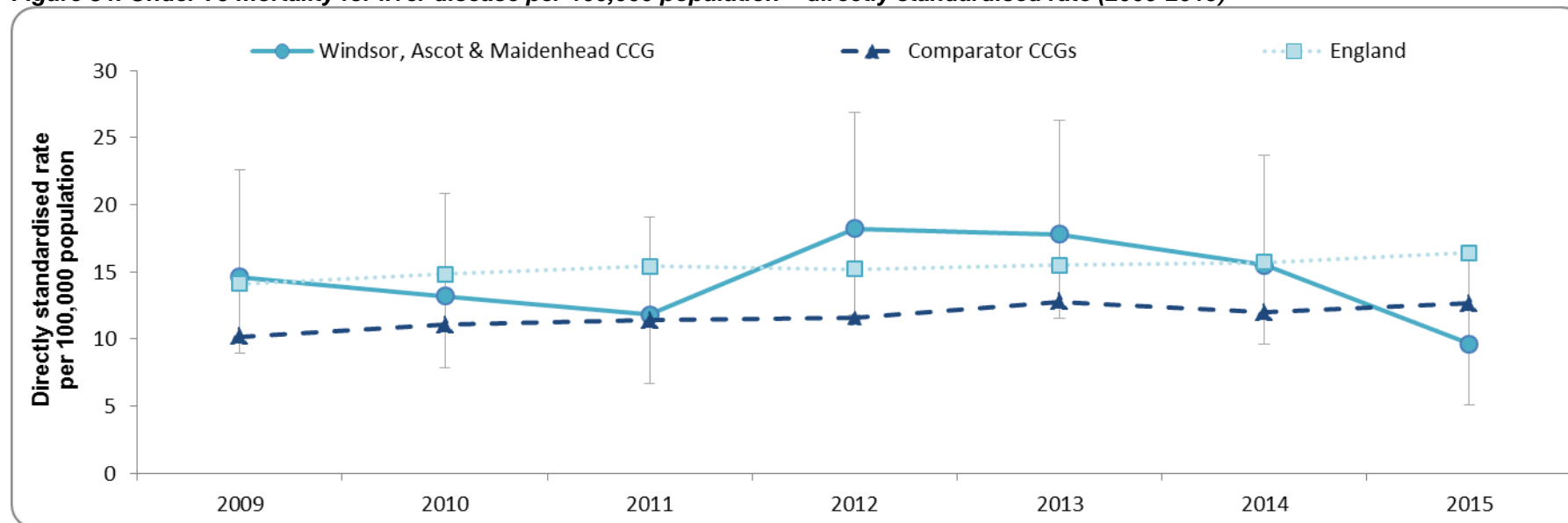


Source: NHS Digital (2017)

6.64 Mortality

In 2015, 13 people aged under 75 died from liver disease in Windsor, Ascot & Maidenhead CCG, which was a rate of 10 per 100,000 population. The graph below shows the mortality rate from 2009 to 2015 for all people aged under 75.

Figure 84: Under 75 mortality for liver disease per 100,000 population – directly standardised rate (2009-2015)



Source: NHS Digital (2016)

[NHS RightCare](#) (2013) notes 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.

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.

An independent Mental Health Taskforce published [The Five Year Forward View for Mental Health](#) for NHS England in February 2016. The Strategy set out the current state of mental health service provision in England and made recommendations to transform services. Some recommendations were specific to the NHS in achieving parity of esteem between mental health and physical health across all age groups. Other recommendations were made for a cross-government approach, as mental health impacts on and is affected by other wider determinants of health, such as housing, employment opportunities, education, community involvement and personal relationships. NHS England accepted all the recommendations in the report for which it held responsibility and it was agreed that to support this transformation, mental health services would benefit from additional investment of £1bn per year by 2020/21.

Public Health England regularly refreshes the [Mental Health Dementia and Neurology Profiles](#). These Profiles provide information about the levels of mental illness at a local level, as well as treatment and outcomes indicators. The PHE Profiles can be looked at alongside this Locality Profile to inform commissioning in Windsor, Ascot & Maidenhead CCG.

6.71 Mental Health prevalence profile for Windsor, Ascot & Maidenhead 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.

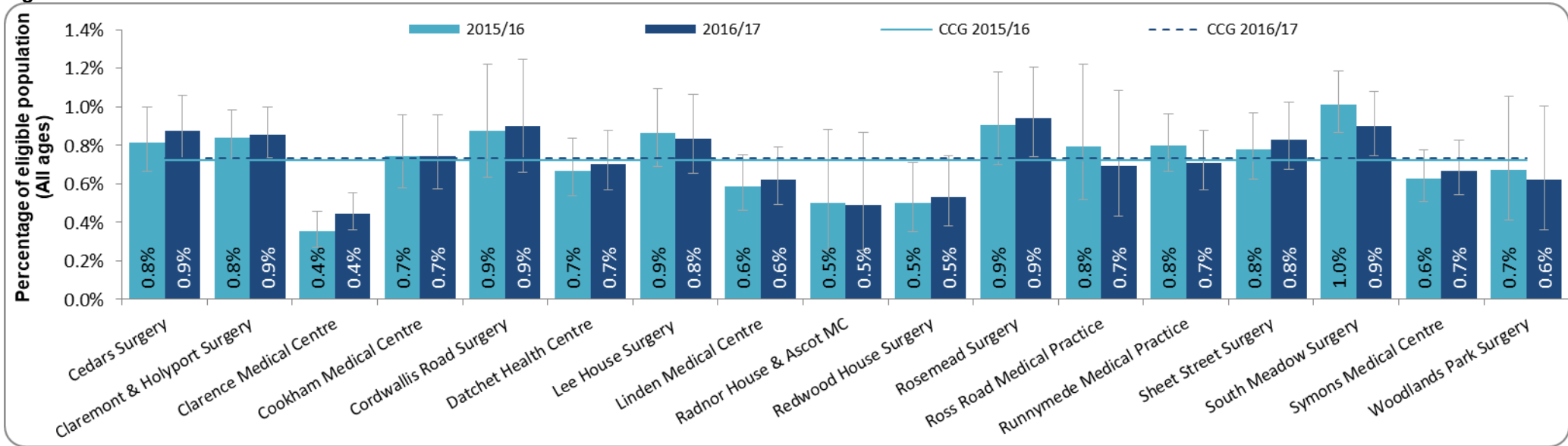
6.711 Prevalence of schizophrenia, bipolar affective disorder and other psychoses

Number of people on Mental Health Register: 1,137
 Recorded prevalence in CCG area: 0.73%
 Comparison of prevalence:
 ↑ than the Comparator CCG rate of 0.72%
 ↓ than the national rate of 0.92%

The CCG's 2016/17 prevalence rate was similar to the 2015/16 rate of 0.72%.

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

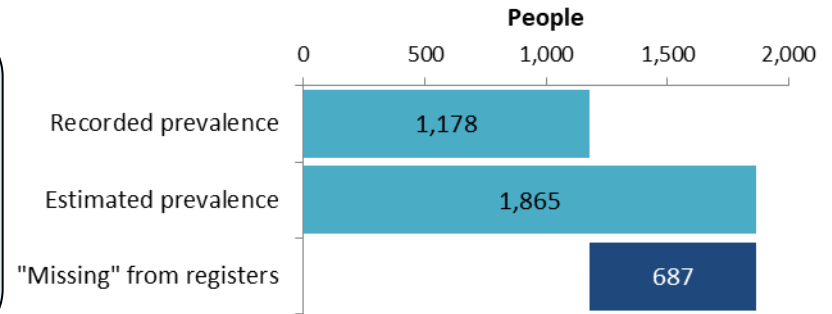
Figure 85: Prevalence of Mental Health at a GP Practice level in 2015/16 and 2016/17



Source: NHS Digital (2017); Quality and Outcomes Framework

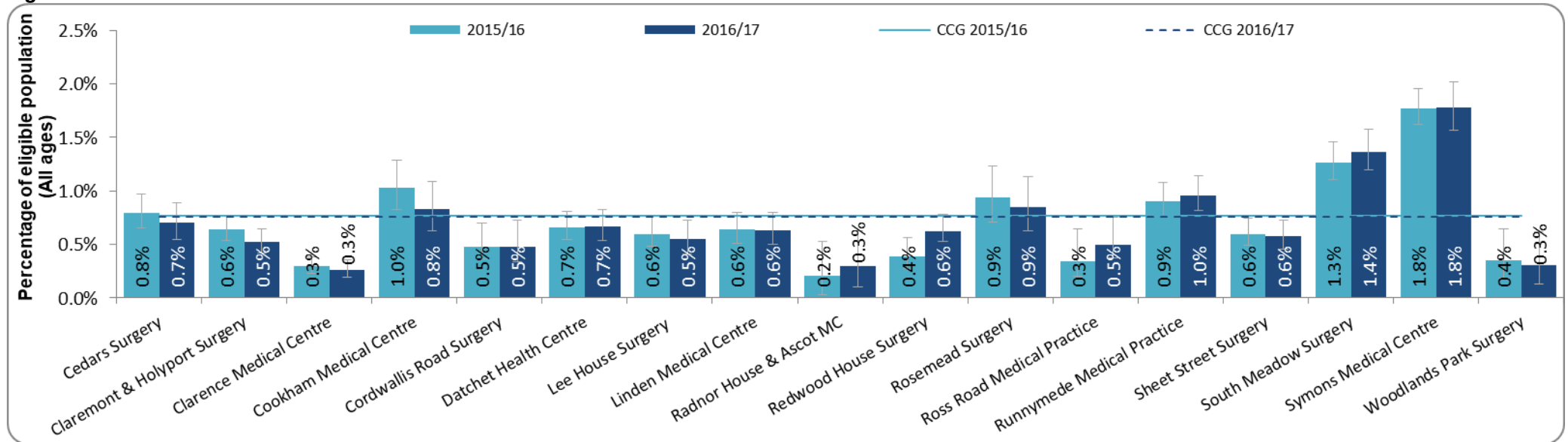
6.712 Dementia Prevalence

Number of people on Dementia Register: 1,178
 Recorded prevalence in CCG area: 0.76%
 Comparison of prevalence: ↑ than the Comparator CCG rate of 0.74%
 ⇔ than the national rate of 0.76%
 The CCG's 2016/17 prevalence rate was similar to the 2015/16 rate of 0.77%.



The estimated prevalence for Dementia in Windsor, Ascot & Maidenhead CCG is 1.2%. This means that there were 687 people “missing” from GP registers in 2016/17. These estimations come from the national prevalence model developed by Knapp and Prince (2007). It is important to note that these estimations have not been disaggregated to a local level, so may show under or over estimations depending on the demographics of the local area.

Figure 86: Prevalence of Dementia at a GP Practice level in 2015/16 and 2016/17



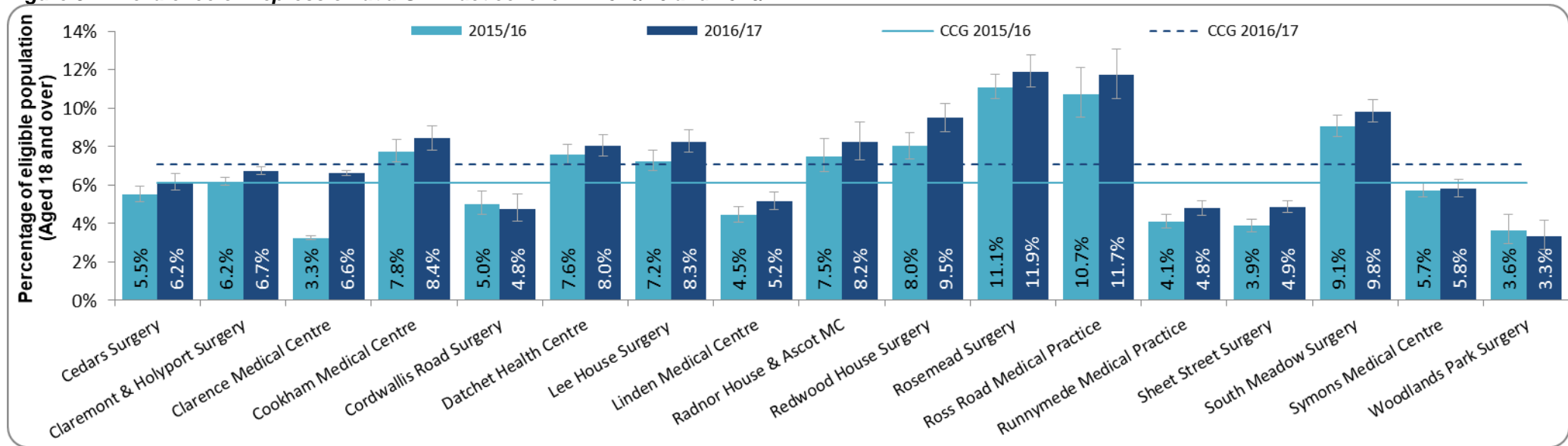
Source: NHS Digital (2017); Quality and Outcomes Framework

6.713 Depression Prevalence

Number of people on Depression Register: 8,735
 Recorded prevalence in CCG area: 7.1%
 Comparison of prevalence: ↓ than the Comparator CCG rate of 9.2%
 ↓ than the national rate of 9.1%

The CCG's 2016/17 prevalence rate was higher than the 2015/16 rate of 6.1%.

Figure 87: Prevalence of Depression at a GP Practice level in 2015/16 and 2016/17



Source: NHS Digital (2017); Quality and Outcomes Framework

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):

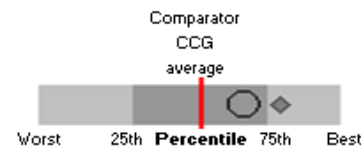
- CCG Outcomes Indicator Set – the indicators included in the CCG OIS contribute to the five domains of the NHS Outcomes Framework. This provides clear, comparative information for CCGs about the quality of health services and the associated health outcomes.
- Quality and Outcomes Framework (QOF) – the 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 Windsor, Ascot & Maidenhead CCG's performance against the national average and the CCG Comparator Group. The Comparator Group includes the 10 CCGs that are "most similar" to Windsor, Ascot & Maidenhead 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 Windsor, Ascot & Maidenhead 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



6.721 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 1.23	Serious mental illness: smoking rates	2014/15	30.6%	35.3%	40.5%	43.1%		30.6%		
CCG 2.1	Improved health-related quality of life for people with LTCs	2016/17	0.77	0.77	0.74	0.74		0.80	0.77	↓
CCG 2.2	% of people feeling supported to manage their conditions	2016/17	63.8%	64.7%	64.0%	59.8%		70.2%	59.9%	↑
CCG 2.11a	Referrals to IAPT services which indicated a recovery following a completion of treatment	2014/15	50.5%	45.0%	42.8%	33.3%		58.9%	49.7%	↔
CCG 2.11b	Referrals to IAPT services which indicated a reliable improvement following a completion of treatment	2014/15	68.8%	61.6%	60.8%	48.5%		72.2%	66.6%	↔
CCG 2.16	Health related quality of life for people with long-term mental health condition: average health status score	2016/17	0.47	0.58	0.52	0.47		0.66	0.64	↔
CCG 3.16	Unplanned readmissions to mental health within 30 days of discharge	2014/15	93.4	82.8	100.0	62.8		136.6	75.1	↔

Windsor, Ascot & Maidenhead CCG performed significantly better than the Comparator Group for the indicators about Improving Access to Psychological Therapies (IAPT) in 2014/15. IAPT aims to encourage improved access to talking therapies for people with common mental health problems such as depression and anxiety disorders. These indicators look at the completion of treatment (2.11a) and improvement following completion of treatment (2.11b).

Windsor, Ascot & Maidenhead CCG's average health-status score for people with long-term conditions decreased in 2016/17, compared to the previous year. This is collected through the GP Patient Survey, where each survey respondent answers a series of questions from which a health status score can be calculated. The measure seeks to assess whether health-related quality of life is increasing over time for the population with long-term conditions, while adjusting for measurable factors that the NHS does not have control over, such as age and sex. The GP Patient Survey also indicated that the CCG had a significantly lower percentage of people with long-term conditions who felt that they were supported to manage their condition, compared to the CCG comparator group. However, this figure has improved on 2015/16's survey results. More information about the GP Patient Survey can be found in the 'GP Patient Survey' section of the Profile (7).

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	2,722	1,303	2,201	2,722		658	2,370	↓
CCG 2.10 Access to psychological therapies services by people from BME groups - number of people per 100,000	2015/16	1,423	1,013	1,312	2,300		472	1,061	↓

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, 550 people from a BME group accessed community mental health services in Windsor, Ascot & Maidenhead CCG. This was a rate of 2,722 people per 100,000, which was the highest rate in the CCG Comparator Group. In 2015/16, 285 people from a BME group accessed psychological therapies in the CCG, which was a rate of 1,423 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	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM 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	95%	93%	90%	89%		95%	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	94%	91%	90%	88%		94%	91%	↑
MH07 % patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the last 12 months	95%	92%	91%	89%		95%	93%	↑
MH08 % women with schizophrenia, bipolar affective disorder and other psychoses whose notes record a cervical screening test in the last 5 years	91%	89%	88%	87%		91%	89%	↔
MH09 % patients on lithium therapy with a record of serum creatinine and TSH in the last 9 months	98%	98%	97%	93%		100%	99%	↔
MH10 % patients on lithium therapy with a record of lithium levels in the therapeutic range in the last 4 months	97%	93%	91%	86%		98%	95%	↔

6.723 Quality and Outcomes Framework – Dementia

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
DEM04	% patients diagnosed with dementia whose care has been reviewed in a face to face review in the last 12 months	88%	85%	84%	81%		88%	85%	↑
DEM05	% patients with new diagnosis of dementia with a record of tests recorded 12 months before or 6 months after entering on to the register	92%	88%	88%	84%		92%	90%	↔

6.724 Quality and Outcomes Framework – Depression

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
DEP03	% patients with new diagnosis of depression in the previous 1-Apr to 31-Mar, who have been reviewed in the specified timescale	89%	86%	84%	83%		89%	84%	↑

6.725 Quality and Outcomes Framework – Risk factors for mental health

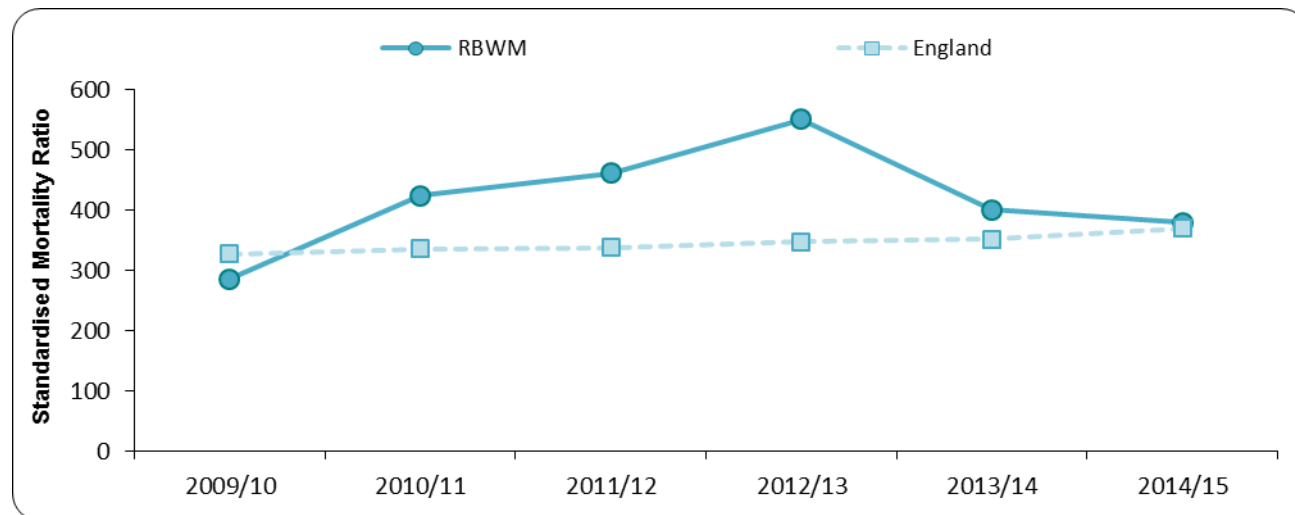
Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
SMOK02	% patients with LTCs whose notes record smoking status in last 12 months	96%	95%	95%	93%		96%	95%	↑
SMOK04	% of patients aged 15+ who are recorded as current smokers who have a record of an offer of support and treatment within the previous 24 months	94%	91%	90%	87%		96%	89%	↑
SMOK05	% of patients with LTCs who are recorded as current smokers who have a record of an offer of support and treatment within the previous 12 months	99%	98%	97%	96%		99%	97%	↑

6.73 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 the Royal Borough of Windsor & Maidenhead.

In 2014/15, the under 75 mortality rate in the Royal Borough was 319 per 100,000 for the whole population, compared with a much higher rate of 1,529 per 100,000 for the adult population with serious mental illness. The excess under 75 mortality rate for people with severe mental illness in the Royal Borough was 379%.

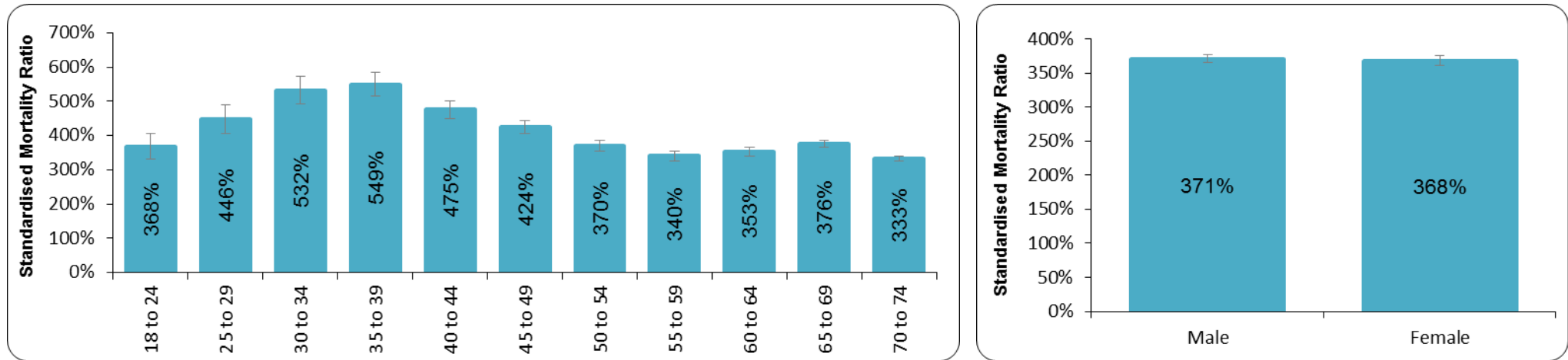
Figure 88: Excess under 75 mortality rate in adults with severe mental illness – standardised mortality ratio (2009/10-2014/15)



Source: NHS Digital (2016)

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.

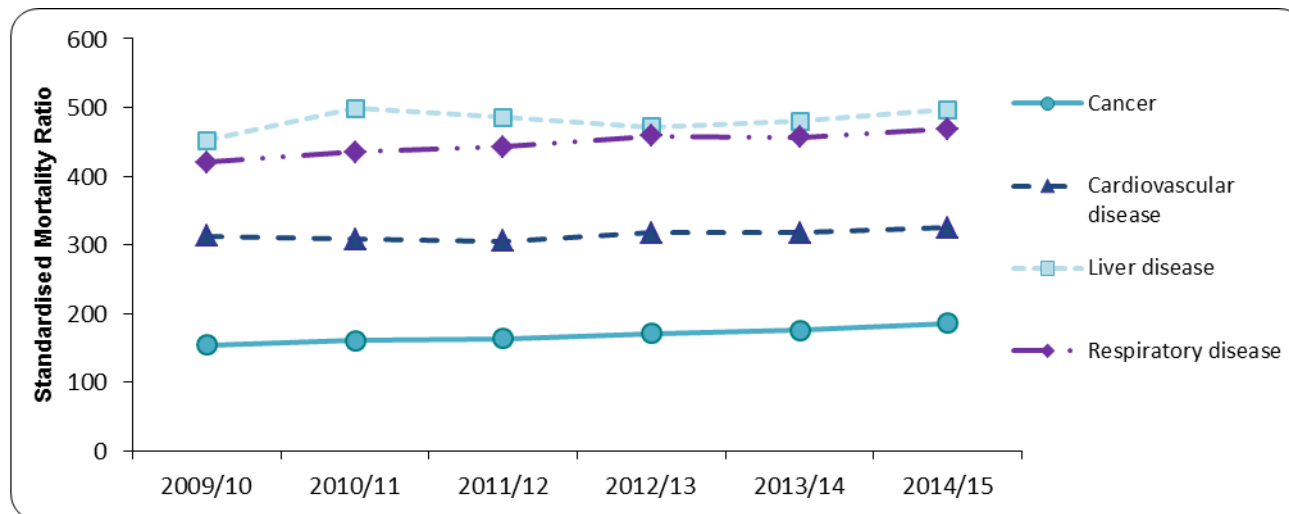
Figure 89: Excess under 75 mortality rate in adults with severe mental illness by age group and gender (England, 2014/15)



Source: NHS Digital (2016)

Figure 90 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 90: Excess under 75 mortality rate in adults with severe mental illness by condition (England, 2014/15)



Source: NHS Digital (2016)

In 2014, there were 181 deaths for people aged 65 and over in Windsor, Ascot & Maidenhead CCG that had a recorded mention of dementia. This was a rate of 671 per 100,000, which was similar to the national rate of 750 per 100,000 population.

6.731 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 2014-16, there were 35 suicides in RBWM at a directly standardised rate of 9.2 per 100,000 population. This was similar to the national rate of 9.9 per 100,000 population.

In contrast to the trends in suicide, the incidence of self-harm has continued to rise in the UK over the past 20 years and, for young people at least, is said to be among the highest in Europe. The Government's Report (2015) [Preventing suicide in England: Two Years on](#) states that suicide risk is raised 49-fold in the year after self harm and this risk increases with age. In 2015/16, there were 215 emergency admissions for intentional self harm in RBWM, at a directly standardised rate of 150.5 per 100,000 population. This is significantly lower than the national rate of 196.5 per 100,000 population. 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 Tuberculosis

The incidence of tuberculosis in England is higher than most other Western European countries. There are significant differences in the geographical and socioeconomic distribution of TB cases in England with much higher rates in large urban centres, such as London, Leicester and Birmingham. Other specific areas have higher incidences of TB with rates (40 or more cases per 100,000 population) and these include Slough and Reading. Almost 75% of TB cases occur in those born abroad and the vast majority of these are among settled migrants who have been in the country for more than 2 years, rather than in new entrants.

Reducing TB incidence is a key ambition of the [Collaborative Tuberculosis Strategy for England: 2015 to 2020](#). To achieve this aim and deliver significant improvements in TB control, the national strategy set out ten key areas for action as shown in Figure 91. Regional TB Control Boards were set up to take the strategy forward and to work closely with TB networks to deliver it locally. The Thames Valley TB Network, which covers Berkshire, Oxfordshire and Buckinghamshire, reports into the South TB Control Board.

A multiagency Berkshire TB Strategy Group was established in 2015 and links into the Thames Valley TB Network. The local Strategy Group used the ten key areas of the national strategy to develop local priorities, which were incorporated into the Berkshire TB Action Plan for 2017-2019. This Action Plan continues to be monitored to identify progress in the reduction of TB locally.

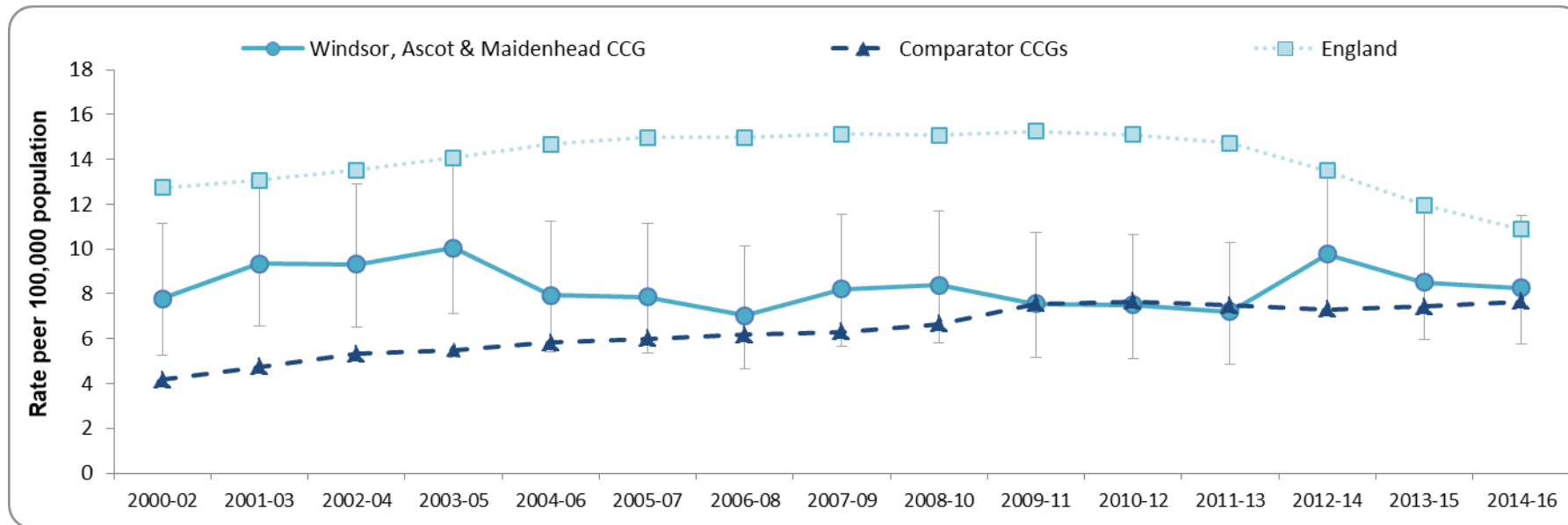
In 2014-16 there were 17,863 new cases of TB notified in England at a rate of 11 per 100,000 population. Windsor, Ascot & Maidenhead CCG's incidence rate was significantly lower at 8.3 per 100,000, with 35 notifiable cases over the 3 year period.

Figure 91: Key actions to eliminate TB



Source: Public Health England (2015); Collaborative Tuberculosis Strategy for England: 2015 to 2020

Figure 92: Tuberculosis incidence per 100,000 population (2000-02 to 2014-16)



Source: Public Health England (2017); TB Strategy Monitoring Indicators

As Windsor, Ascot & Maidenhead CCG’s number of TB cases are lower than 20 per year, local information for other indicators included in the TB Strategy are suppressed to avoid disclosure. The following information is therefore shown at a national level only. More information can be found at Public Health England’s [TB Strategy Monitoring Indicators Profile](#).

Late diagnosis of TB can result in a more advanced and complex disease with greater morbidity, mortality, cost and onward transmission. This can also reinforce pre-existing health and social inequalities, which will affect under-served populations to a greater degree. Reducing the diagnosis delay and the start of treatment for TB is therefore another key indicator in the Collaborative Tuberculosis Strategy. In 2016, 39% of pulmonary TB cases started treatment within 2 months of symptom onset nationally and 69% started within 4 months of onset.

76% of pulmonary TB cases were culture confirmed in England in 2016, which is lower than the 80% target set by the European Centre for Disease Prevention and Control. Timely drug susceptibility testing is crucial to ensure appropriate treatment and reduce the period of infectiousness to protect others.

In 2015, 83% of drug sensitive TB cases completed a full course of treatment within 12 months nationally. Without treatment TB can be fatal, while those who survive without treatment can experience long-term health problems and remain infectious. A high treatment quality standard and treatment completion rate therefore needs to be ensured to avoid the development of drug-resistant TB and to improve TB control.

6.9 General healthcare and hospital activity

6.91 Potential Years of Life Lost

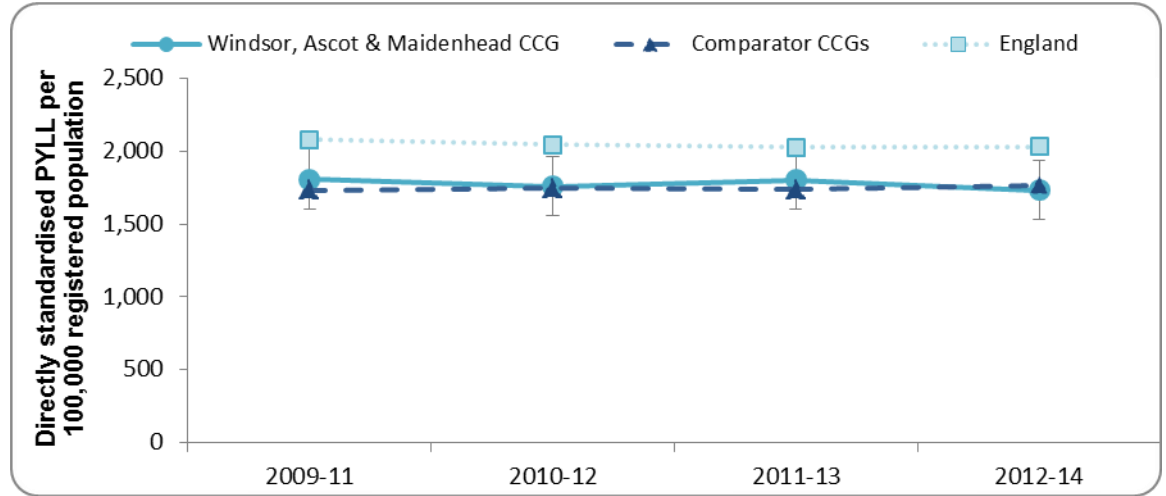
Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare is one of the key outcomes measures included in both the CCG and NHS Outcome Frameworks. This indicator of premature mortality shows the number of years not lived by an individual from birth to 75. A death is considered 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, stroke, treatable cancers, diabetes and TB.

In 2012-14, Windsor, Ascot & Maidenhead CCG had 7,689 PYLL considered amenable to healthcare. This is a rate of 1,730 PYLL per 100,000 registered population, which is significantly lower than the England PYLL of 2,032 per 100,000.

Windsor, Ascot & Maidenhead CCG's PYLL for cerebrovascular disease, ischaemic heart disease, neoplasms and respiratory disease were all lower than the England average.

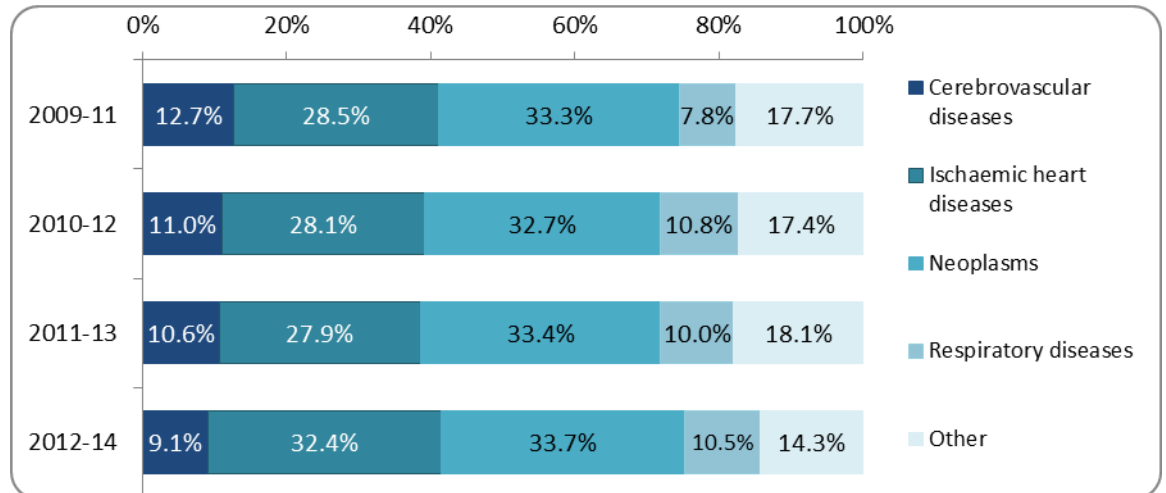
Neoplasms are the main cause of PYLL in Windsor, Ascot & Maidenhead CCG at 33.7% in 2012-14. Ischaemic heart disease is the second main cause at 32.4% on 2012-14.

Figure 93: Potential Years of Life Lost in Windsor, Ascot & Maidenhead CCG (2009-2014)



Source: NHS Digital (2015)

Figure 94: Percentage of Potential Years of Life Lost in Windsor, Ascot & Maidenhead CCG by four main conditions amenable to healthcare (2009-2014)



Source: NHS Digital (2015)

6.92 Mortality and End of Life Care

Public Health England’s National End of Life Care Intelligence Network has developed [End of Life Care Profiles](#), as part of the Fingertips suite of tools. The Profile provides data at a CCG and local authority level to help with the planning and delivery of local services that impact on end of life care.

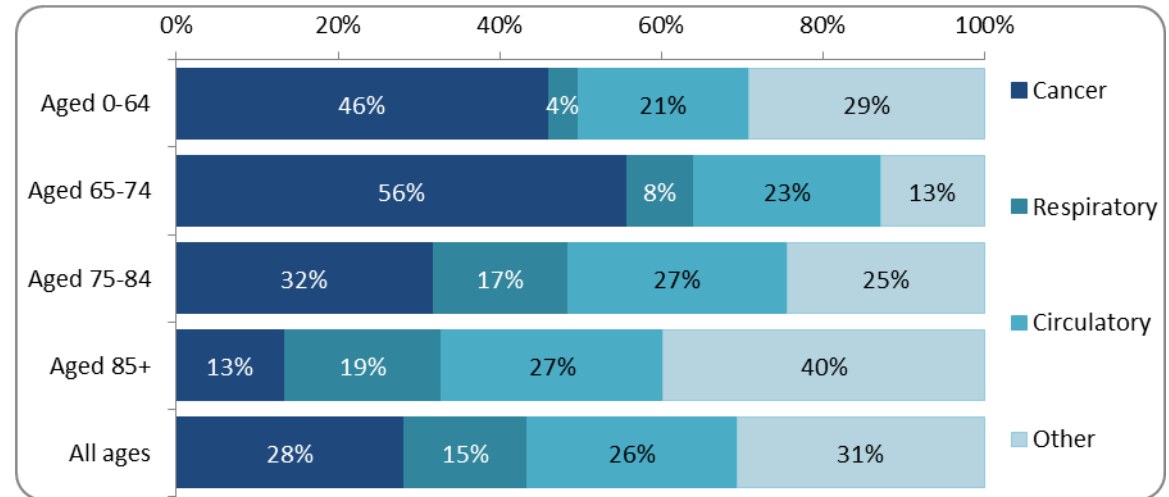
In 2015, 1,117 people died in Windsor, Ascot & Maidenhead CCG at a rate of 849 per 100,000 population. This was significantly lower than the national rate of 1,001 per 100,000 population.

Figure 95 shows the underlying cause of death by age group in Windsor, Ascot & Maidenhead CCG. Cancer was the main cause of death for all age groups, apart from those aged 85 and over.

43% of people died in their Usual Place of Residence in Windsor, Ascot & Maidenhead CCG, such as their own home, care home or religious establishment. This was similar to the national figure of 46%. This did vary according to the underlying cause of death, as 34% of people who died of respiratory disease in Windsor, Ascot & Maidenhead CCG were in their Usual Place of Residence, compared to 67% of deaths from dementia and Alzheimer’s disease.

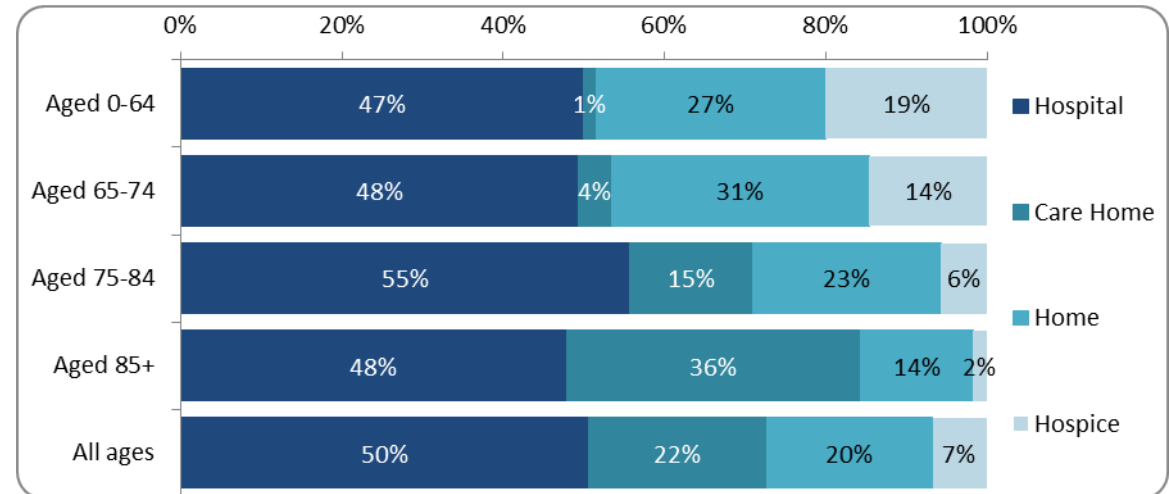
Figure 96 shows the place of death by age group in Windsor, Ascot & Maidenhead CCG. 50% of all people died in hospital and 20% died at home.

Figure 95: Underlying causes of death by age group in Windsor, Ascot & Maidenhead CCG (2015)



Source: Public Health England (2016); End of Life Care Profiles

Figure 96: Place of death by age group in Windsor, Ascot & Maidenhead CCG (2015)



Source: Public Health England (2016); End of Life Care Profiles

6.93 Emergency hospital admissions – CCG Outcomes Indicator Set

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.

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 1.8 Emergency admissions for alcohol-related liver disease	2016/17	26.8	20.7	27.7	37.8		8.9	26.4	↔
CCG 2.6 Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions	2016/17	765.5	721.4	821.2	1028.8		534.4	735.2	↔
CCG 2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s)	2015/16	207.5	260.3	312.3	441.7		191.8	147.5	↓
CCG 3.1 Emergency admissions for acute conditions that should not usually require hospital admission	2016/17	1,444	1,279	1,357	1,742		852	1,259	↓
CCG 3.4 Emergency admissions for children with LRTIs	2016/17	482.2	469.4	459.0	748.2		267.4	417.0	↔

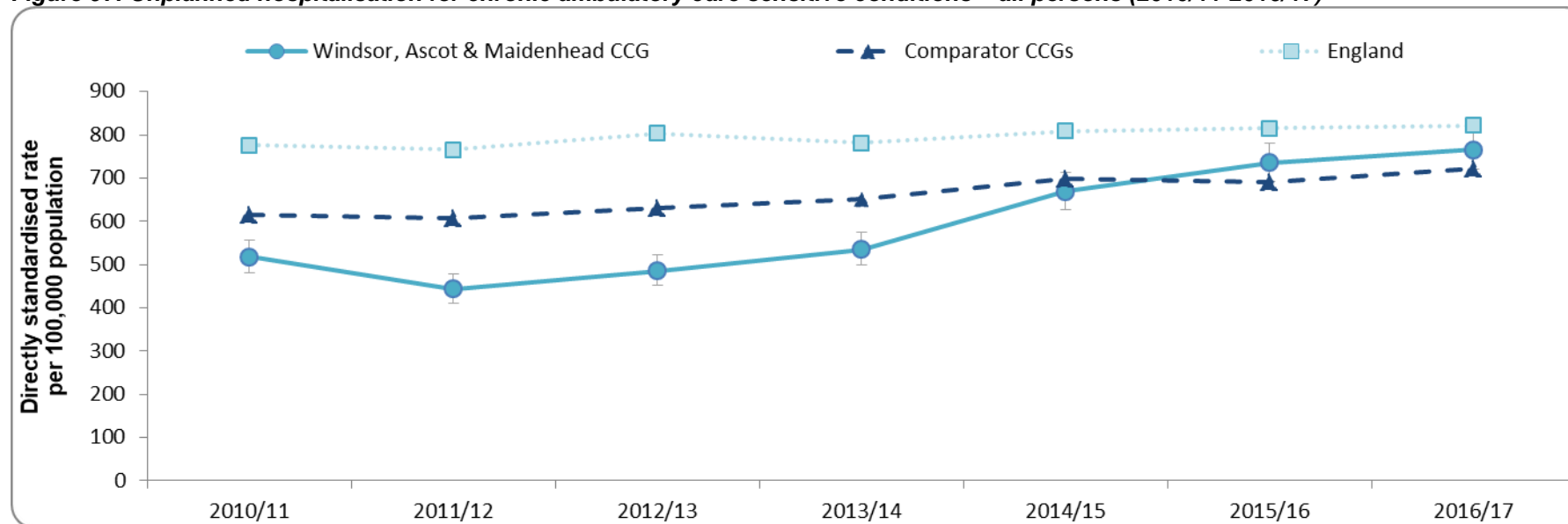
CCG 1.8: Emergency admissions for alcohol-related liver disease

In 2016/17, there were 32 emergency admissions for alcohol-related liver disease in Windsor, Ascot & Maidenhead CCG, which was a rate of 26.8 per 100,000 population. This remains similar to the national rate. A graph for this indicator is included in the Liver Disease section of this Profile (6.63).

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 2016/17, Windsor, Ascot & Maidenhead CCG had 1,131 unplanned admissions for ACSCs. This was 766 admissions per 100,000 population. The rate of admissions in the CCG has continued to increase since 2011/12 and is now similar to the national rate.

Figure 97: Unplanned hospitalisation for chronic ambulatory care sensitive conditions – all persons (2010/11-2016/17)

Source: NHS Digital (2017)

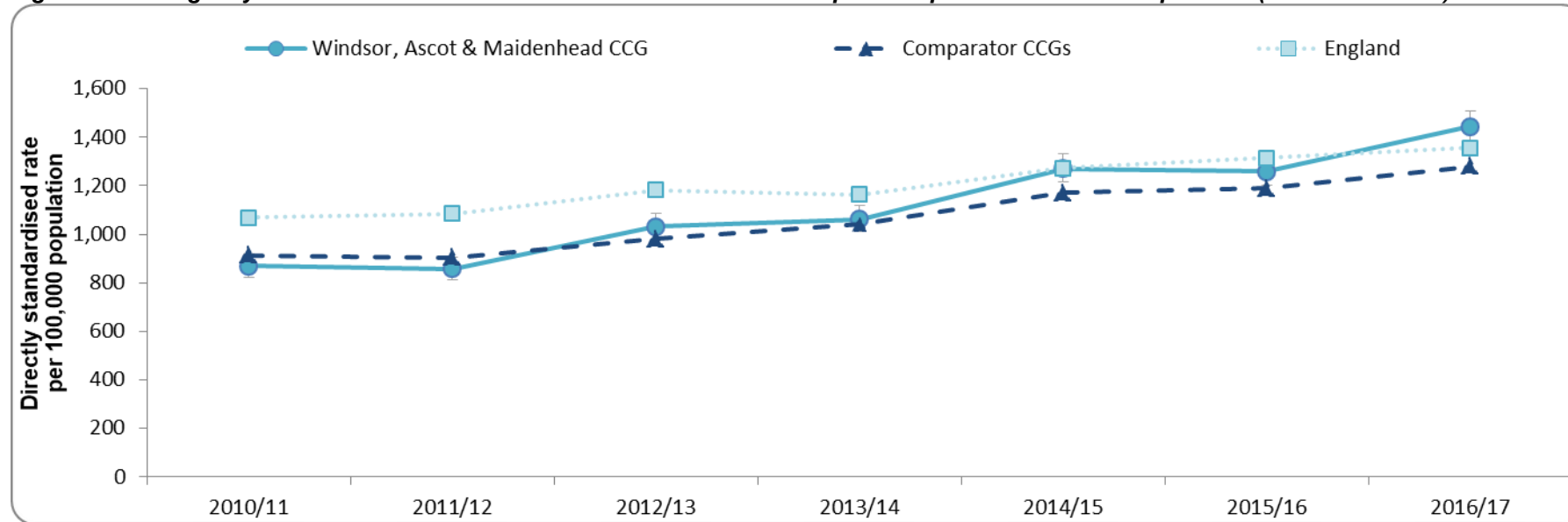
CCG 2.7: Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s)

In 2016/17, Windsor, Ascot & Maidenhead CCG had 71 unplanned admissions for under 19s at a rate of 207.5 per 100,000 population, which remained below the England figure. A graph for this indicator is included in the 'Child and young people with long-term conditions' section of this Profile (5.24).

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 2016/17, Windsor, Ascot & Maidenhead CCG had 2,143 emergency admissions for acute conditions that should not require admission. This was 1,444 admissions per 100,000 population. The rate of admissions in the CCG has continued to increase and is now significantly higher than the comparator CCG group.

Figure 98: Emergency admissions for acute conditions that should not require hospital admission – all persons (2010/11-2016/17)

Source: NHS Digital (2017)

CCG 3.4: Emergency admissions for children with Lower Tract Respiratory Infections (under 19s)

In 2016/17, there were 139 emergency admissions in Windsor, Ascot & Maidenhead CCG, which was a rate of 482 per 100,000 population. The CCG's rate similar to the national and comparator group rates. Additional information for this indicator is included in the 'Child and young people with long-term conditions' section of this Profile (5.212).

6.94 Antimicrobial Resistance (AMR)

Antimicrobial Resistance (AMR) is the resistance of a microorganism to a drug that was originally effective for the treatment of the infections that it caused. Resistant microorganisms, such as bacteria, fungi, viruses and parasites, are able to withstand attack from standard antimicrobial drugs, so treatment becomes ineffective and infections persist. The cost of health care for patients with resistant infections is therefore higher, due to the longer duration of illness, the additional tests required and the use of more expensive, alternative medication. The [World Health Organisation](#) (2016) explains that AMR is an increasingly serious threat to global public health that requires action across all government sectors and society. Without effective antimicrobials for prevention and treatment of infections, medical procedures such as organ transplants, cancer chemotherapy, diabetes management and major surgery become very high risk.

Antibiotic misuse contributes to AMR in a number of ways, such as a patient's failure to complete a course of antibiotics or the inappropriate prescription of antibiotics for non-bacterial infections. A key aim of the Department of Health (2013) [UK Five Year Antimicrobial Resistance Strategy 2013 to 2018](#) is the reduction of antibiotic prescriptions.

From Sep-16 to Sep-17, nearly 91,000 antibiotic items were prescribed in a Windsor, Ascot & Maidenhead CCG primary care setting. Levels of prescribing are influenced by the demographic characteristics of a population, so STAR-PU data is used to compare prescribing for different geographical areas. This is adjusted for both age and sex. Windsor, Ascot & Maidenhead CCG's STAR-PU score has remained similar to England's and has declined over time.

A Berkshire AMR Stewardship Network was established in 2016, with representatives from all the main Trusts in primary and secondary care. The aims of the group are to concentrate and amalgamate efforts to comply with the national SMR strategies, as well as improve the local understanding and awareness of AMR. One example of this is through the Antibiotic Guardian campaign. This campaign is led by Public Health England to encourage improved behaviours and engagement on the prudent use and prescription of antibiotics with members of the public and healthcare professionals. Antibiotic Guardians sign up [online](#) and choose a pledge about how they can personally prevent infections or make better use of antibiotics. In 2016, Windsor, Ascot & Maidenhead CCG had 44 Antibiotic Guardians at 31.1 per 100,000 population. This was higher than the national rate.

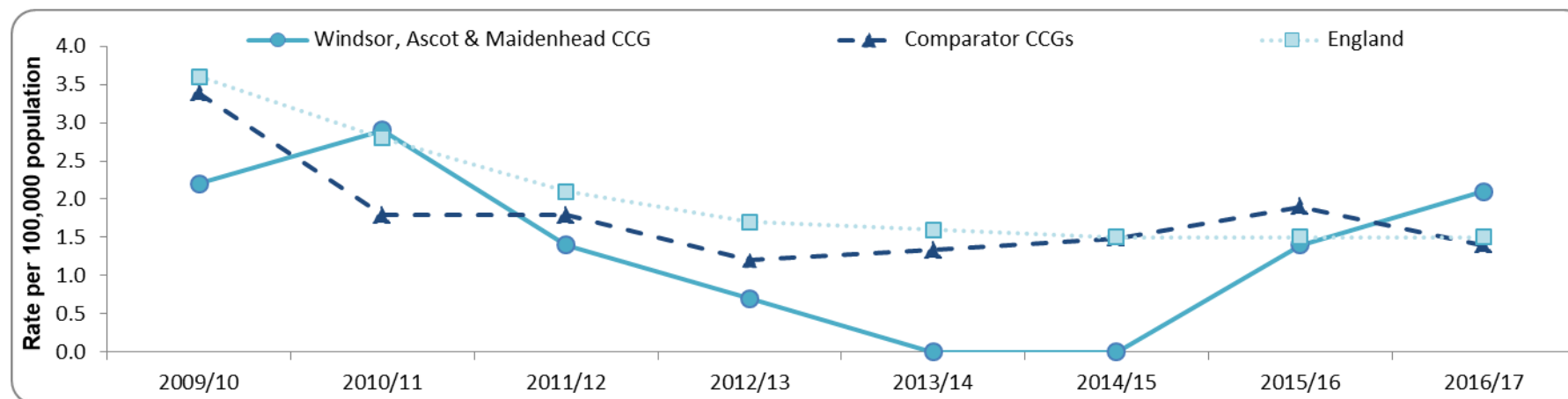
The Berkshire AMR Stewardship Network reviews a selection of indicators on a quarterly basis, which are taken from Public Health England's [AMR Local Indicators Profile](#). Healthcare Associated Infections (HCAI) are one focus area, as these can be used to monitor AMR locally.

6.941 Healthcare Associated Infections (HCAI)

The UK government has a zero-tolerance approach to avoidable healthcare associated infections and national guidance has been issued for the control of Meticillin Resistant Staphylococcus aureus (MRSA) and Clostridium difficile infection (C. difficile). These involve undertaking a root cause analysis review to identify how a case occurred, agree actions by healthcare teams that will prevent a reoccurrence and identify the organisation best places to ensure improvements are made.

In 2016/17, Windsor, Ascot & Maidenhead CCG had 3 cases of MRSA. Figure 98 shows how the number of cases has fluctuated since 2009/10, but it is important to note that these are based on small figures with a peak in 2010/11 of 4 cases of MRSA for the CCG. Also, this indicator includes all cases of MRSA-positive blood cultures reported by the Trust whose laboratory processes the specimen and does not always reflect where the bacteraemia was acquired.

Figure 99: Rate of MRSA bacteraemia per 100,000 population (2009/10 to 2016/17)

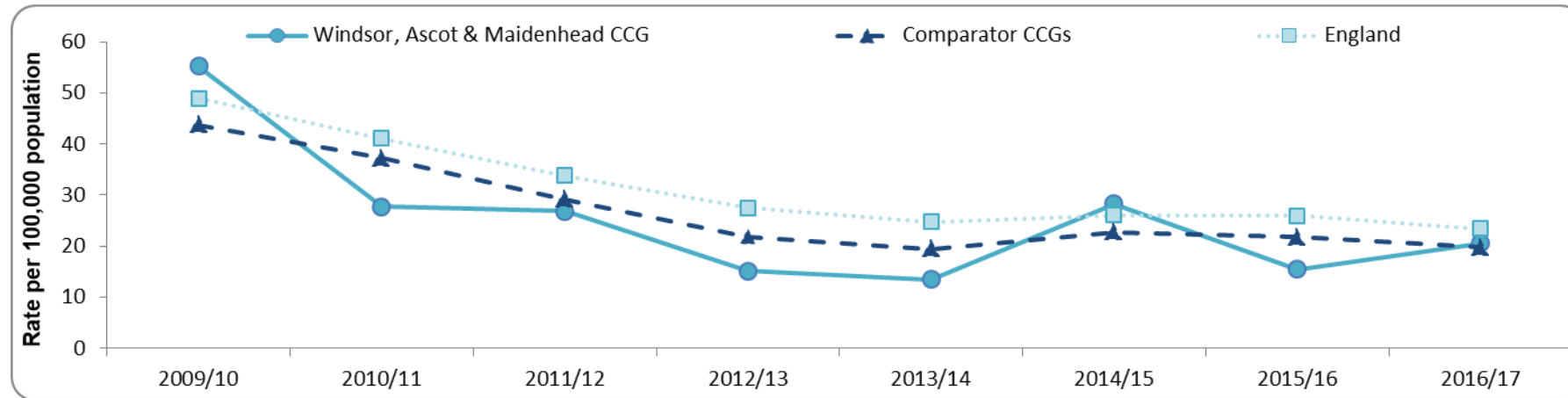


Source: Public Health England (2017); AMR local indicators

In 2016/17, Windsor, Ascot & Maidenhead CCG had 29 cases of C.difficile at 20.5 per 100,000 population. . Figure 100 shows that the CCG's rate has declined and is similar to the national and comparator group rates. As with the MRSA indicator, this measure includes all cases of C.difficile reported by the Trust whose laboratory processes the specimen and does not always reflect where the bacteraemia was acquired.

NHS England has set targets at a CCG-level for C.difficile cases in 2018/19. Windsor, Ascot & Maidenhead CCG merges with the other Berkshire East CCGs on 1st April 2018, so the target has been set for the whole of Berkshire East CCG at 70 cases or less (16.4 per 100,000 population).

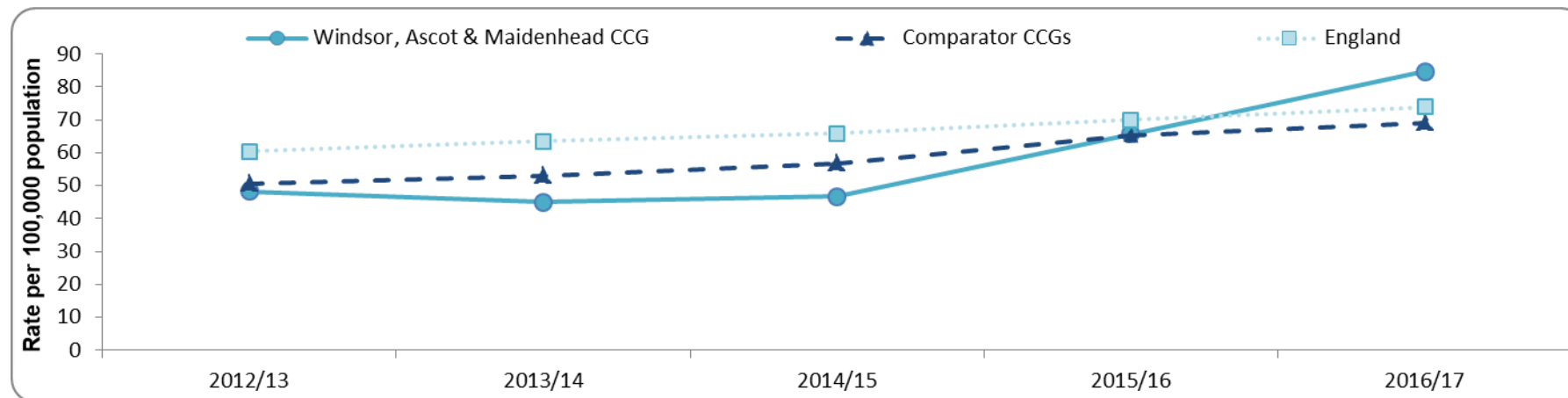
Figure 100: Rate of *C. difficile* infections in patients aged 2 years and above per 100,000 population (2009/10 to 2016/17)



Source: Public Health England (2017); AMR local indicators

In 2016/17, Windsor, Ascot & Maidenhead CCG had 120 cases of *E. coli* bacteraemia at 84.7 per 100,000 population. Figure 100 shows that the CCG's rate has increased over the last 2 years and is now higher than the national and comparator group rates. As with the other HCAI indicators, this measure includes all cases of *E. coli* reported by the Trust whose laboratory processes the specimen and does not always reflect where the bacteraemia was acquired.

Figure 101: Rate of *E. coli* bacteraemia per 100,000 population (2012/13 to 2016/17)



Source: Public Health England (2017); AMR local indicators

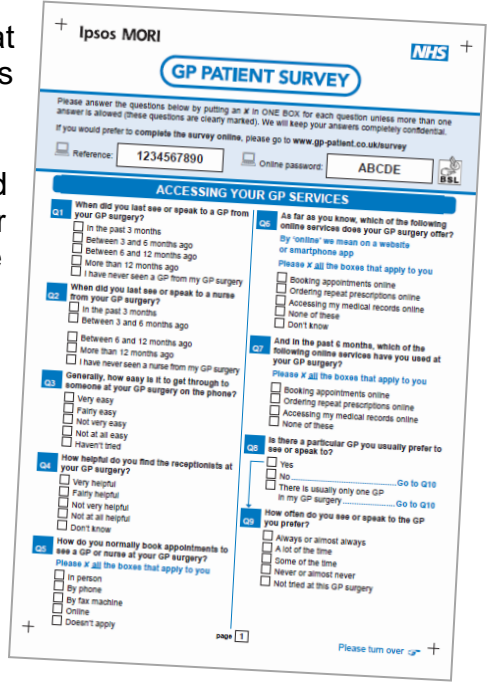
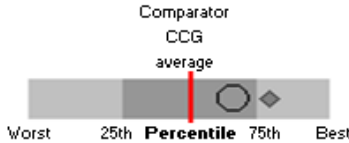
E.coli bacteraemia is included in the Quality Premiums for 2017/18 onwards. The required performance in 2017/18 is a 10% reduction of E.coli bacteraemia cases, based on 2015/16 performance. For Windsor, Ascot & Maidenhead CCG the 2017/18 target is 108 cases or less.

7. GP Patient Survey

The GP Survey is sent out annually 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 2016/17, 1,882 patients from Windsor, Ascot & Maidenhead CCG responded to the survey.

The tables below provide a summary of the 2016/17 GP Survey results for Windsor, Ascot & Maidenhead CCG, which were sent out from January to March 2017. 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 Windsor, Ascot & Maidenhead CCG, as defined in the Commissioning for Value packs. Additional graphs are included for indicators where Windsor, Ascot & Maidenhead 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 2016/17 performance was significantly better, significantly worse or similar to the 2015/16 outturn.

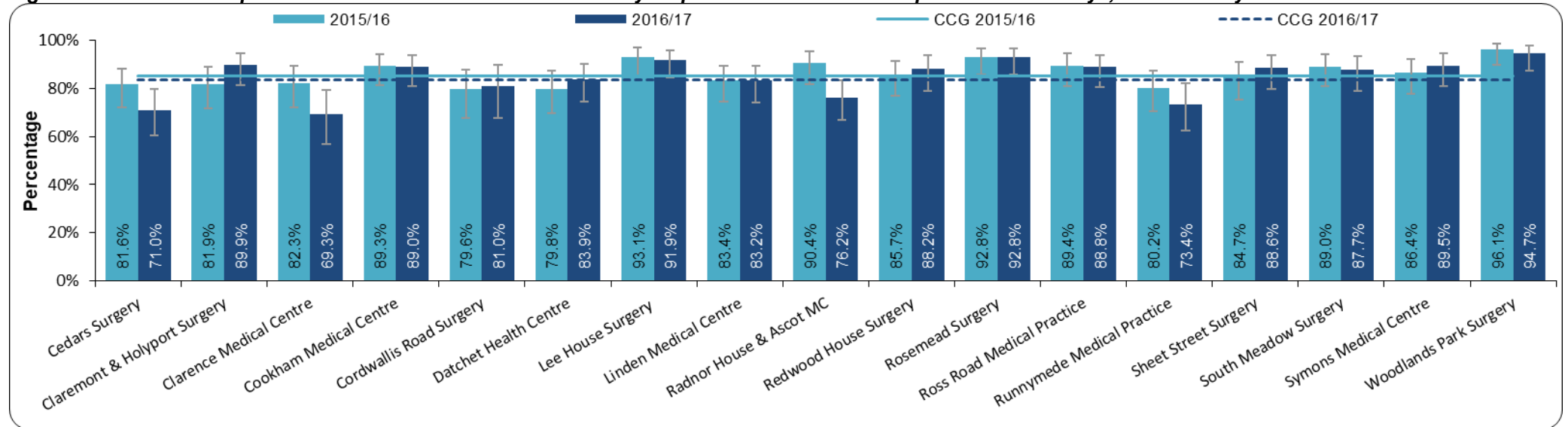
7.1 Accessing GP Services

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
GPS03 Ease of getting through to someone at GP surgery on the phone - Easy (total)	67%	67%	68%	57%		76%	71%	↓
GPS04 Helpfulness of receptionists at GP surgery - Helpful (total)	84%	86%	87%	83%		90%	85%	↔
GPS09 Frequency of seeing preferred GP - always, almost always or a lot of the time (total)	54%	57%	56%	46%		65%	52%	↔

51% of Windsor, Ascot & Maidenhead CCG respondents had seen/spoken to a GP from their surgery in the last 3 months. 16% 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. 86% of patients in the CCG normally book their appointments at the surgery by phone, 29% do so in person and 9% book online. 30% of respondents said that they were aware they could book appointments online, although 47% stated that they did not know what online services were offered by their GP Practice.

Figure 102: GP Practice performance for GPS04 - % of CCG survey respondents who saw their preferred GP always, almost always or a lot of the time



Source: NHS England, GP Patient Survey (2016/17)

7.2 Making an appointment













Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
GPS12	Able to get an appointment to see or speak to someone - Yes (total)	86%	85%	84%	82%		90%	86%	↔
GPS15	Convenience of appointment - Convenient (total)	93%	91%	92%	88%		94%	Change in methodology	
GPS18	Overall experience of making an appointment - Good (total)	83%	81%	81%	76%		86%	71%	↑

93% of patients said that the last GP/Nurse appointment they were offered was convenient for them. 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 (46%).

For the patients that felt the appointment offered was inconvenient

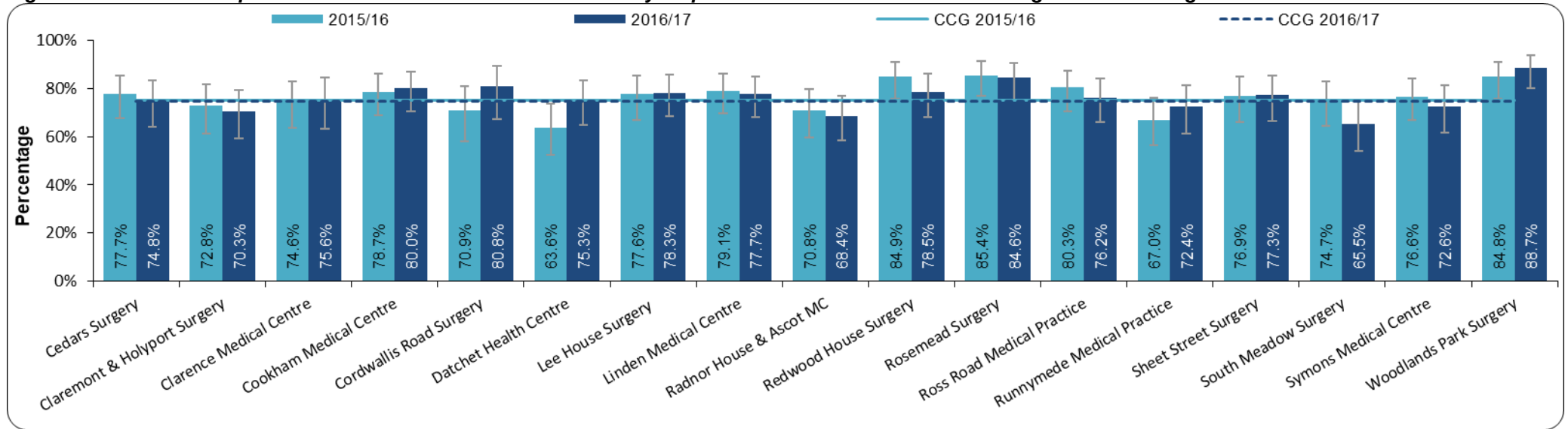
- 44% still took the appointment offered
- 19% got appointment for a different day
- 12% didn't speak to anyone about their concerns
- 10% decided to ring the surgery another time
- 6% used another NHS service
- 6% went to A&E
- 3% had consultation over the phone
- 1% saw pharmacists instead

7.3 Last GP or Nurse appointment

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
GPS21a	Rating of GP giving you enough time - Good (total)	84%	85%	84%	80%		84%	↔
GPS21b	Rating of GP listening to you - Good (total)	88%	88%	87%	83%		88%	↔
GPS21c	Rating of GP explaining tests and treatments - Good (total)	82%	81%	81%	75%		82%	↔
GPS21d	Rating of GP involving you in decisions about your care - Good (total)	74%	73%	74%	67%		73%	↔
GPS21e	Rating of GP treating you with care and concern - Good (total)	84%	83%	83%	77%		83%	↔
GPS22	Confidence and trust in GP - Yes (total)	94%	93%	92%	89%		93%	↔
GPS23a	Rating of nurse giving you enough time - Good (total)	75%	79%	80%	75%		75%	↔
GPS23b	Rating of nurse listening to you - Good (total)	75%	78%	79%	74%		74%	↔
GPS23c	Rating of nurse explaining tests and treatments - Good (total)	73%	75%	76%	71%		72%	↔
GPS23d	Rating of nurse involving you in decisions about your care - Good (total)	62%	63%	66%	59%		61%	↔
GPS23e	Rating of nurse treating you with care and concern - Good (total)	75%	77%	78%	72%		75%	↔
GPS24	Confidence and trust in nurse - Yes (total)	81%	84%	84%	80%		81%	↔

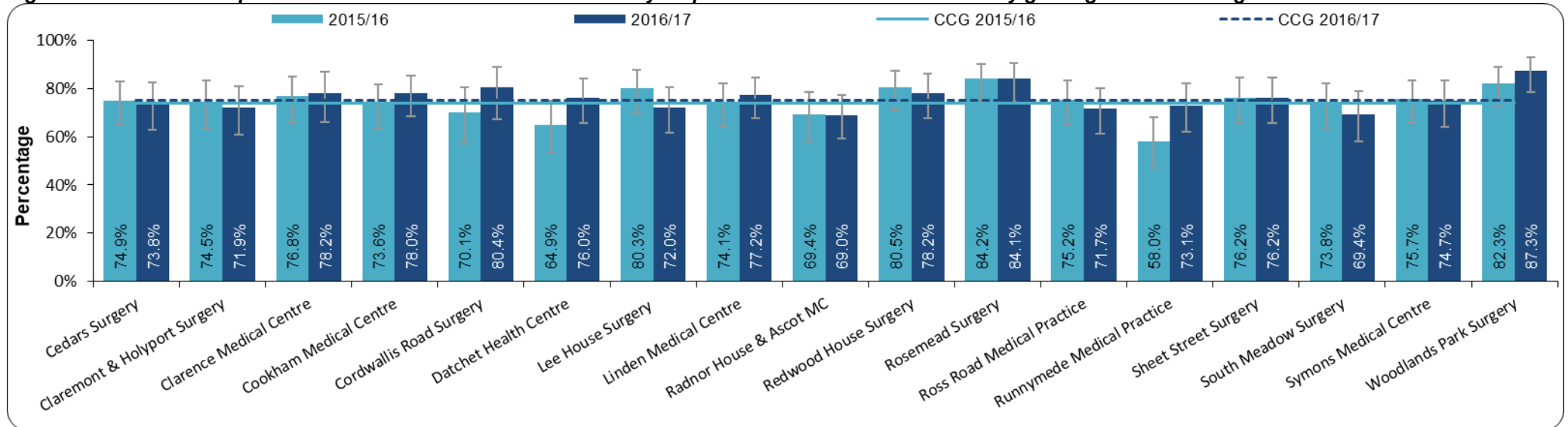
Windsor, Ascot & Maidenhead CCG's survey respondents gave significantly lower ratings than the comparator group for their last nurse appointment, in terms of giving them enough time and being good at listening. The proportion that had confidence in their nurse was also significantly lower than comparator group averages.

Figure 103: GP Practice performance for GPS23a - % of CCG survey respondents who said that their nurse gave them enough time



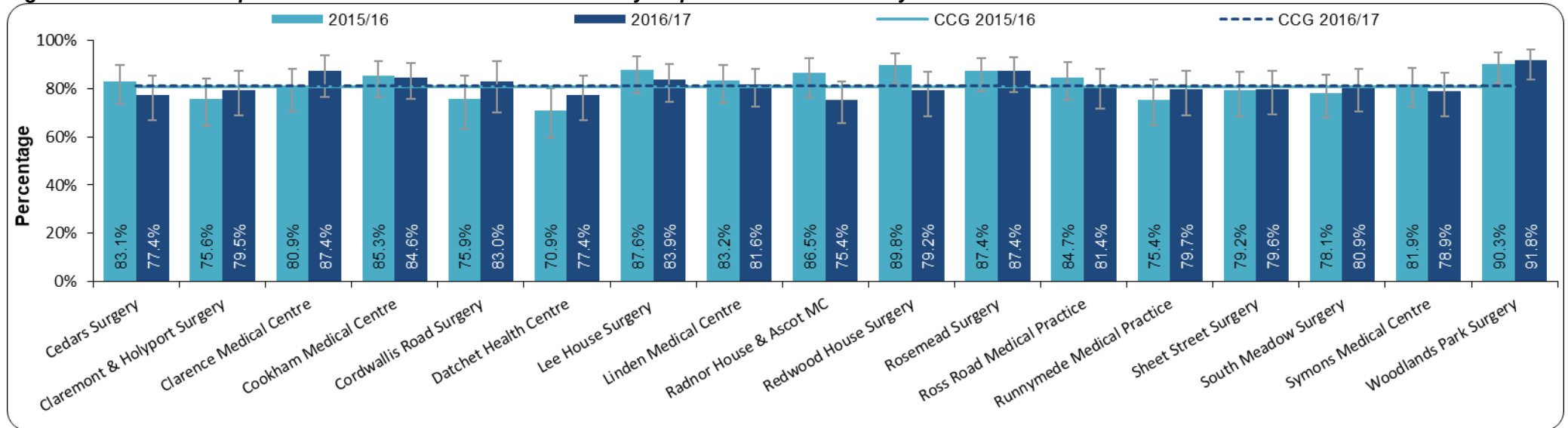
Source: NHS England, GP Patient Survey (2016/17)

Figure 104: GP Practice performance for GPS23b - % of CCG survey respondents who rated nurse as very good/ good at listening to them



Source: NHS England, GP Patient Survey (2016/17)

Figure 105: GP Practice performance for GPS24 - % of CCG survey respondents who said they had confidence and trust in their nurse



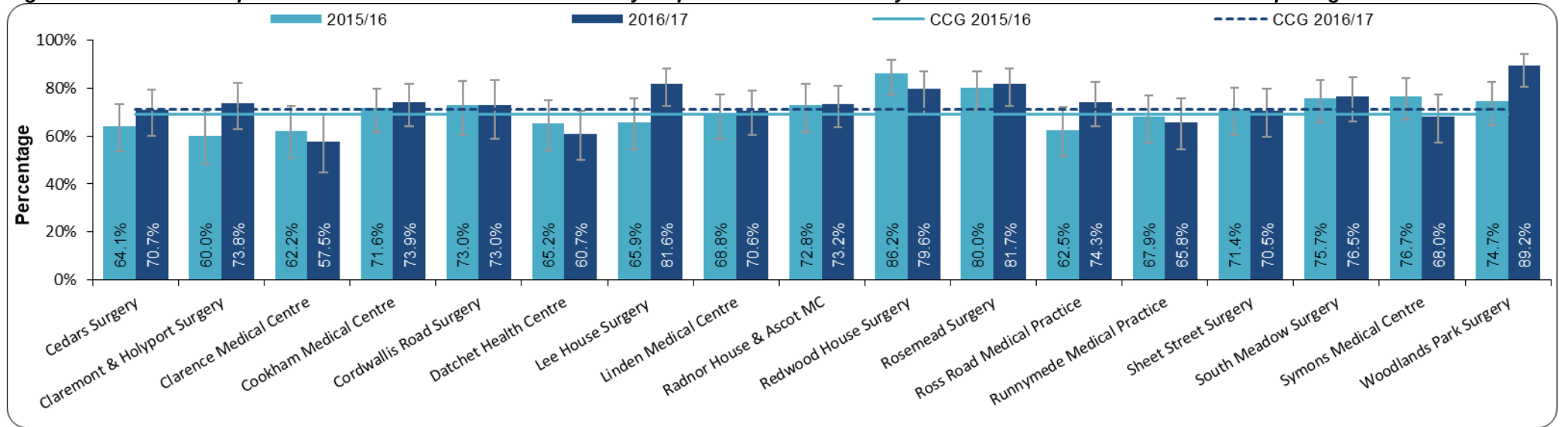
Source: NHS England, GP Patient Survey (2016/17)

7.4 Opening Hours

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comp Group Avg	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG	
GPS25	Satisfaction with opening hours - Satisfied (total)	71%	75%	76%	71%		80%	69%	↔
GPS26	GP Surgery open at times that are convenient - Yes	70%	74%	76%	70%		81%	68%	↔

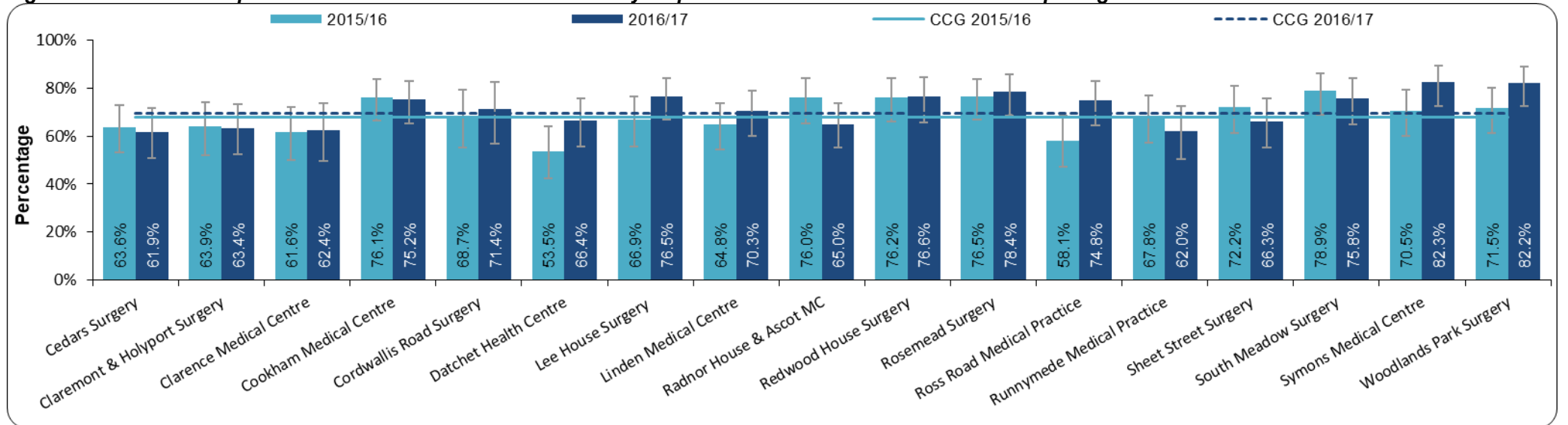
71% of respondents in Windsor, Ascot & Maidenhead CCG were satisfied with their GP opening hours in 2016/17, which was significantly lower than the national and comparator group averages. The majority of patients that did not find their GP Surgery opening hours convenient said that they would find appointments after 6:30pm (78%) or on Saturdays (75%) easier.

Figure 106: GP Practice performance for GPS25 - % of CCG survey respondents who said they were satisfied with their GP Practice opening hours



Source: NHS England, GP Patient Survey (2016/17)

Figure 107: GP Practice performance for GPS26 - % of CCG survey respondents who said their GP Practice opening hours were convenient



Source: NHS England, GP Patient Survey (2016/17)

7.5 Overall Experience

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG	
GPS28	Overall experience of GP surgery - Good (total)	83%	85%	85%	80%		90%	84%	↔
GPS29	Recommending GP surgery to someone who has just moved to the local area - Yes (total)	76%	78%	77%	72%		86%	77%	↔

The percentage of patients who stated that their overall experience of their GP surgery was very good or good in Windsor, Ascot & Maidenhead CCG was similar to the national and comparator group responses. The percentage of patients that would recommend their surgery to someone moving into the local area was also similar.

7.6 Managing your health and state of health today

Indicator	WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG	
GPS32	Last 6 months, enough support from local services/organisations to help manage long-term conditions - Yes (total)	60%	62%	63%	58%		66%	56%	↑
GPS33	Confidence in managing own health - Confident (total)	93%	93%	92%	92%		94%	93%	↔




48% of Windsor, Ascot & Maidenhead 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:

- 19% had mobility problems (from slight problems to inability to walk about)
- 6% had problems washing and dressing (from slight problems to being unable to wash and dress themselves)
- 20% 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)

60% of respondents from Windsor, Ascot & Maidenhead CCG felt supported to manage their long term condition in the last 6 months, which is similar to the national percentage of 63%. This is a measure included in the CCG Outcomes Indicator Set (2.2).

7.7 Out of Hours

Indicator		WAM CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	WAM CCG in 15/16	DOT for WAM CCG
GPS42	Time it took to receive care from the out of hours GP service was about right - Yes (total)	67%	63%	61%	55%		71%	Questions changed for 2017 survey	
GPS43	Confidence and trust in out-of-hours clinician - Yes (total)	88%	83%	61%	60%		92%		
GPS44	Overall experience of out-of-hours GP services - Good (total)	68%	67%	66%	62%		74%		

CCG Outcomes Indicator Set indicator 4.1 measures the overall experience of Out of Hours in GP services. 68% of respondents in Windsor, Ascot & Maidenhead CCG felt that their experience was good, which was similar to the national and comparator group averages.

Additional information and analysis can be found on NHS England's [GP Patient Survey website](#). This includes individual CCG slide packs for the 2016/17 survey results.

References

The information and data sources used in the Windsor, Ascot & Maidenhead 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 CancerStats 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); [Disease Management Information Toolkit](#) (restricted access)

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

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

Institute for Health Metrics and Evaluation (2016); [Global Burden of Disease Data Visualizations – GBD Compare](#)

National Cancer Intelligence Network (2017); [Routes to diagnoses 2006 – 2015 workbook](#)

NHS Digital (2017); [Cervical Screening Programme, England – 2016/17](#)

NHS Digital (2016); [Breast Screening Programme, England – 2014/15](#)

NHS Digital (2017); [National Child Measurement Programme: England, 2016/17](#)

NHS Digital (2017); [National Diabetes Audit Report 1 Care Processes and Treatment Targets 2016-17](#)

NHS Digital (2017); [NHS Indicator Portal](#)

NHS Digital (2017); [Number of Patients Registered at a GP Practice – October 2017](#)

NHS Digital (2016); [Quality and Outcomes Framework 2016/17 results](#)

NHS England (2017); [Child Immunisation 2016/17 GP](#)

NHS England (2017); [GP Patient Survey – GP Practice Results](#)

NHS RightCare (2016); [Commissioning for Value CCG data packs](#)

NHS RightCare (2013); [NHS Atlas of Variation in Healthcare for People with Liver Disease](#)

Office for National Statistics (2017); [Clinical Commissioning Group Mid-Year Population Estimates Mid-2016](#)

Office for National Statistics (2017); [Deaths registered in England and Wales: 2016 – Statistical Bulletin](#)

Office for National Statistics (2017); [NOMIS: Official Labour Market Statistics Local Authority Profile](#)

Office for National Statistics (2016); [Subnational Population Projections for CCGs in England](#)

Office for National Statistics (2011); [2011 Census results](#)

Public Health England (2017); [AMR Local Indicators](#)

Public Health England (2017); [Atlas of Variation in Health and Health Care](#)

Public Health England (2017); [Breastfeeding at 6 to 8 weeks after birth: annual data](#)

Public Health England (2017); [Cancer Services](#)

Public Health England (2017); [Cardiovascular Disease Profiles](#)

Public Health England (2017); [Children and Maternal Health Profile](#)

Public Health England (2017); [Child obesity and excess weight: small area level data](#)

Public Health England (2017); [Diabetes Profiles](#)

Public Health England (2017); [Diabetes prevalence model for local authorities and CCGs](#)

Public Health England (2016); [End of Life Care Profiles](#)

Public Health England (2017); [Health behaviours in young people](#)

Public Health England (2017); [Local Alcohol Profiles for England](#)

Public Health England (2017); [Local Health](#)

Public Health England (2017); [Local Tobacco Control Profiles](#)

Public Health England (2017); [Mental Health, Dementia and Neurology Profiling Tools](#)

Public Health England (2017); [National Chlamydia Screening Programme \(CTAD\) – data tables](#)

Public Health England (2017); [National General Practice Profiles](#)

Public Health England (2017); [Public Health Outcomes Framework Profiles](#)

Public Health England (2017); [Sexual and Reproductive Health Profiles](#)

Public Health England (2017); [Strategic Health Asset Planning and Evaluation \(SHAPE\)](#) (restricted access)

Public Health England (2017); [TB Strategy Monitoring Indicators](#)

Public Health England (2015); [Chronic Kidney Disease Prevalence Estimates](#)

Sport England (2017); [Active Lives Adult Survey](#)