CROYDON PUBLIC HEALTH INTELLIGENCE TEAM
C-PHIT



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General Practice Profiles 2013: Profile for Farley Road Medical Practice

Select a practice from the drop-down list:

H83004 Farley Road Medical Practice

Welcome to your 2013 Practice Profile

Public Health in Croydon has provided annual profiles to practices since 1997, supporting clinicians to access and interpret data regarding their practice, and to make comparisons with other practices in Croydon.

The **main changes** to the profiles this year are:

- Data added from the Croydon Referral Support Service (CReSS) (15 new indicators)
- Indicators added from outcomes frameworks (PHOF and NHSOF) (10 new indicators)
- A more detailed breakdown of secondary care data (11 new indicators)
- Data updated for all indicators in the profile (except some demographic and prevalence indicators where new data could not be obtained)

How to use your profile

1) Use the summary on page 3 as a starting point
2) Use the interactive Excel tool to find out more information and to view data for all practices
3) Use the information together with your local knowledge to identify areas for action

The data for most indicators in this year's profile is for the **2012/13 financial year**.

For information on **how to interpret the profile**, please see Appendix A.

We welcome your feedback on the profiles

Please take a moment to let us know what you think in our online survey at https://www.surveymonkey.com/s/T2YYKXX

The profiles are produced by the Croydon Public Health Intelligence Team (C-PHIT). For **further information** about the profiles, please contact **David Osborne**, Senior Public Health Information Analyst, on 020 8239 4397 or email David.Osborne@croydon.gov.uk.

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Summary for Farley Road Medical Practice

Practice population
Main factors distinguishing your practice population from the Croydon average:

- Higher percentage of people aged over 65
- Higher percentage of patients from White British ethnic backgrounds
- Higher percentage of older people living alone and carers
- Higher prevalence of hypertension, asthma, hypothyroidism, CHD, cancer, stroke, atrial fibrillation and heart failure
- Lower percentage of children aged 0-15
- Lower percentage of patients from Black ethnic backgrounds
- Lower prevalence of smoking, adult obesity, diabetes, depression, severe mental illness, alcohol dependence and autism
- Lower percentage of patients in bad health, better health-related quality of life and higher life expectancy
- The practice is in a much less deprived area

Achievements
Areas where the practice is doing particularly well include:

- Overall experience; Reception; Opening hours
- Booking appointments
- Seeing doctor or nurse
- A&E attendances
- Emergency admissions
- Emergency admissions for ambulatory care conditions and for children
- Smoking
- Sexual health
- Diabetes
- Depression; Severe mental illness
- Primary prevention of cardiovascular disease
- Atrial fibrillation
- Heart failure
- Stroke/TIA
- Peripheral arterial disease
- COPD
- Bowel screening rate
- Chronic kidney disease
- Epilepsy

Challenges
The practice may wish to consider the following challenges:

- Flu vaccine uptake for at-risk groups (red rated)

The practice is **significantly different to the Croydon average** for the following referrals:

Higher than average	Lower than average
General surgery, Orthopaedics / musculoskeletal, Ear, nose & throat, Dermatology, Paediatrics, Two-week wait with suspected skin cancer	Urology, Ophthalmology, Endocrinology, Gastroenterology, Cardiology, Physiotherapy, Podiatry / chiropody

1 Demographic information

1.1 Age and sex

As of 31 March 2013, 11,279 patients were registered with Farley Road Medical Practice. Compared with Croydon as a whole, the practice has a lower proportion of children aged 0-15 and a higher proportion of people aged over 65.

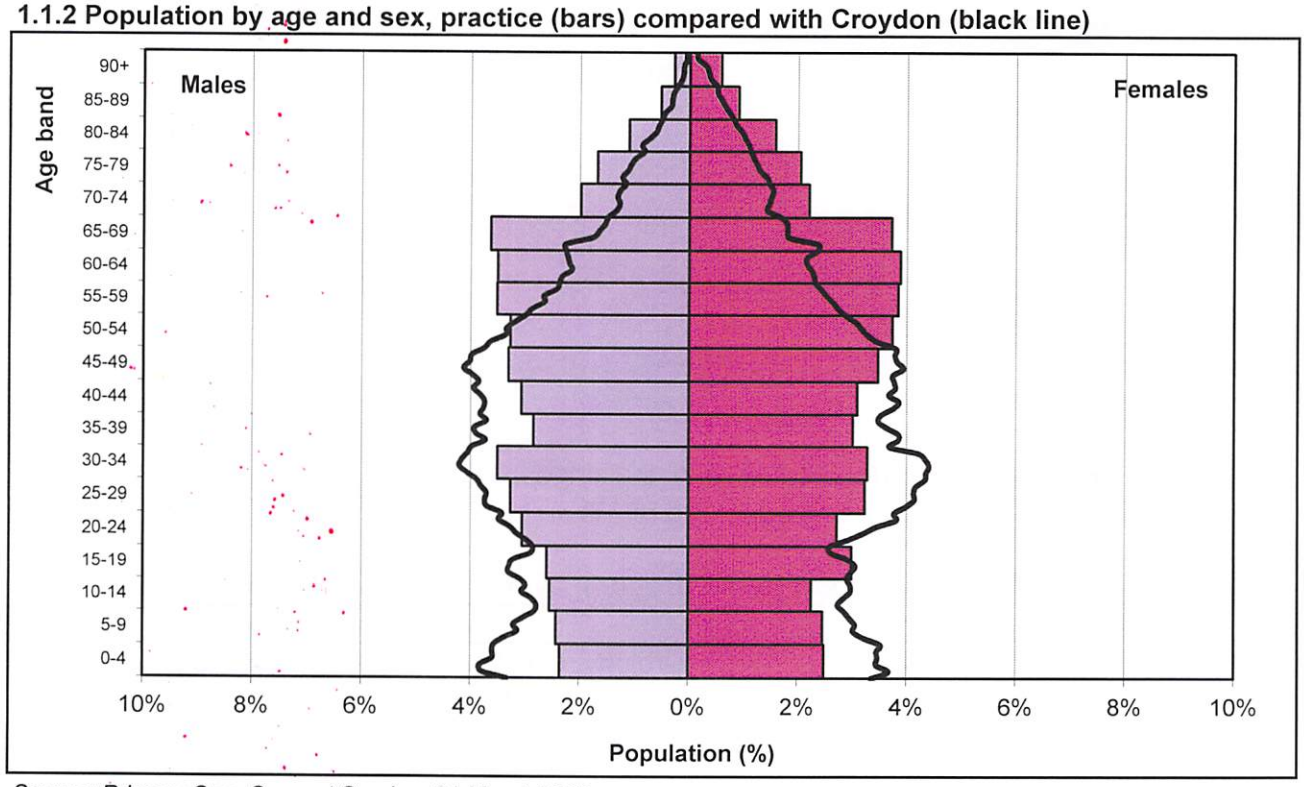
1.1.1 Number of patients registered with the practice by age and sex

Age group	Males	Females	Persons		Croydon
	Number	Number	Number	%	%
0-4	265	281	546	4.8%	7.1%
5-15	622	602	1,224	10.9%	13.4%
16-24	575	576	1,151	10.2%	11.2%
25-34	764	735	1,499	13.3%	16.1%
35-44	667	689	1,356	12.0%	15.1%
45-54	742	813	1,555	13.8%	14.6%
55-64	793	871	1,664	14.8%	9.9%
65-74	634	668	1,302	11.5%	6.8%
75-84	315	409	724	6.4%	4.2%
85+	90	168	258	2.3%	1.6%
Total	5,467	5,812	11,279	100%	100%

Source: Primary Care Support Service, 31 March 2013

The figure below shows the practice population in 5 year age bands (bars) compared with the Croydon population distribution (black line).

1.1.2 Population by age and sex, practice (bars) compared with Croydon (black line)



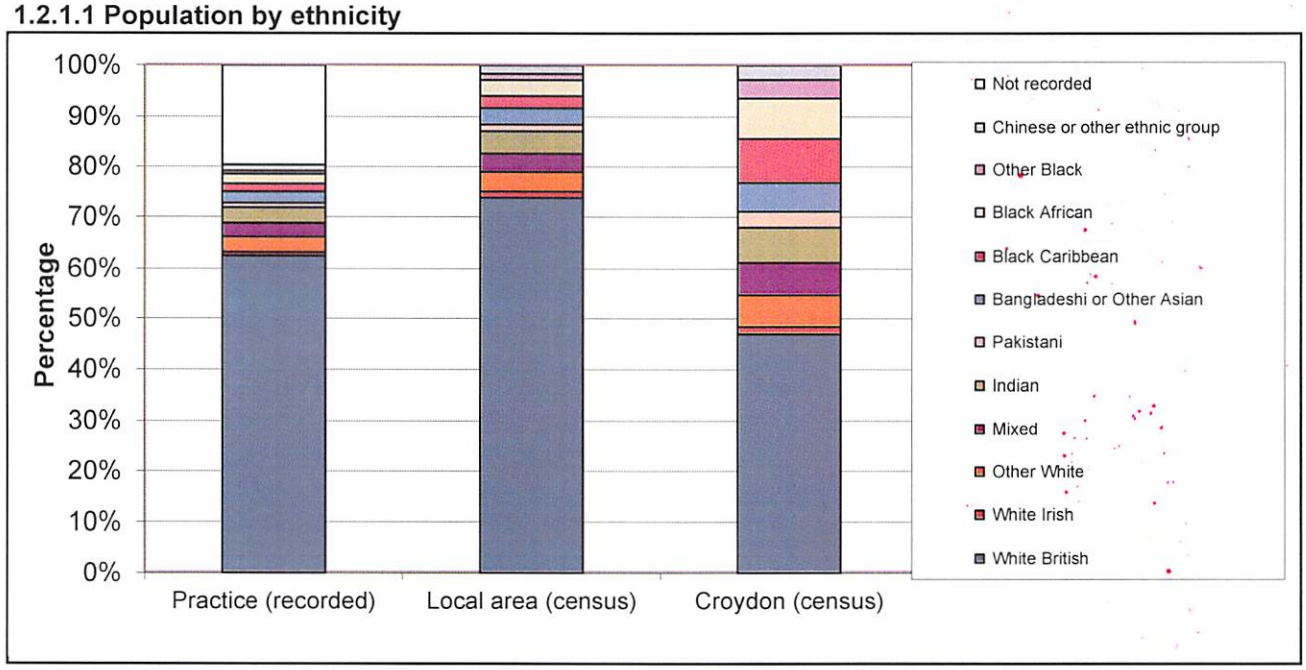
Source: Primary Care Support Service, 31 March 2013

1.2 Ethnicity and main spoken language

1.2.1 Ethnicity

The figure below shows ethnicity data recorded at the practice at March 2012, compared with 2011 Census ethnicity data attributed to the practice by patient postcode and data for Croydon as a whole.

1.2.1.1 Population by ethnicity



Source: Croydon general practices (Apollo) data on 31 March 2012, and 2011 Census data

Practice (recorded): *Data recorded by the practice*

Local area (census): *Estimate for people living in the local area using data from the 2011 Census*

Croydon (census): *Data for the borough of Croydon from the 2011 Census*

The practice has a higher proportion of patients from White British ethnic backgrounds than Croydon as a whole, and a lower proportion of patients from Black ethnic backgrounds.

1.2.2 Main spoken language

1.2.2.1 Proficiency in English

	Practice	Croydon	Comparison
Cannot speak English well (% of people in local area)	0.9%	2.5%	**Lower**

The table below shows the main languages spoken by patients at the practice whose first language is not English, compared with the average for Croydon as a whole. Not all practices routinely record their patients' main spoken language so the data shown for Croydon is incomplete.

1.2.2.2 Top 10 languages spoken at the practice other than English

	Practice		Croydon
	Number	%	%
Polish	19	0.17%	0.57%
French	16	0.14%	0.31%
Urdu	15	0.13%	0.71%
Spanish	12	0.11%	0.16%
Cantonese	10	0.09%	0.06%
Russian	9	0.08%	0.08%
Gujerati	9	0.08%	0.54%
Mandarin	9	0.08%	0.07%
Romanian	9	0.08%	0.05%
Tamil	8	0.07%	0.86%

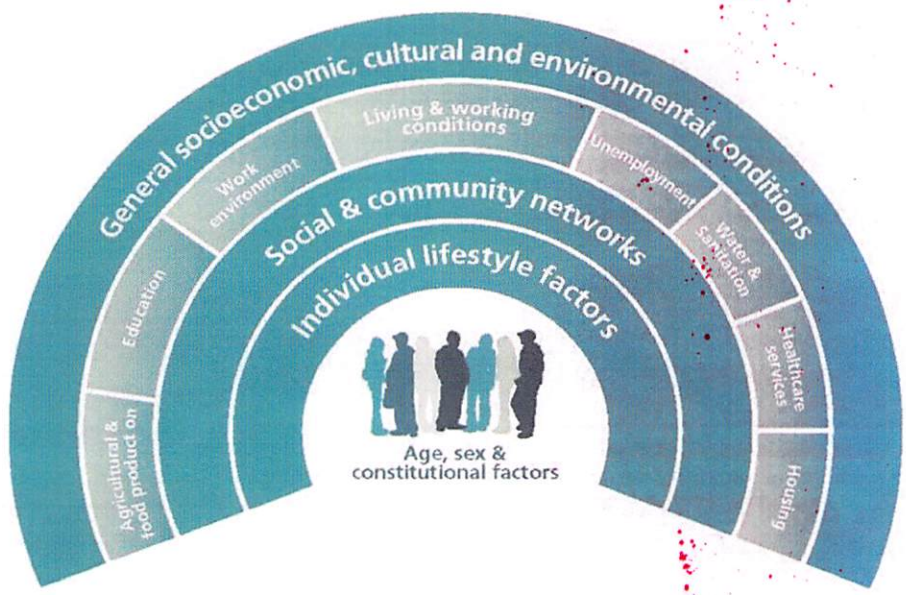
Source: Croydon general practices (Apollo) data on 31 March 2012

Languages spoken by less than 5 patients are not shown.

1.3 Determinants of health

The 'determinants of health' are those broader factors in society which influence our health and can result in health inequalities. They include aspects of individuals' and families' lifestyles (such as smoking) and personal circumstances (such as housing or employment) as well as the overall economic climate.

The rainbow model developed by Dahlgren and Whitehead shows the range of factors that influence health and the relationships between them.



Source: A Social Model of Health (Dahlgren & Whitehead, 1991)

When commissioning services, it is important to understand the nature of the local population. One way of doing this is to consider how key determinants of health (such as education and housing) compare between Croydon practices.

Most of the indicators in this section are estimates based on the postcodes in which patients who are registered with the practice live. Therefore, data describes the areas that patients come from rather than the patients themselves.

1.3.1 Deprivation

1.3.1.1 Index of Multiple Deprivation

The Index of Multiple Deprivation is published by the Department for Communities and Local Government. The index is created from 38 indicators that are weighted and grouped into 7 domains that measure different kinds of deprivation.

Rank 2013	Indicator	Value 2013
8	Index of Multiple Deprivation (score)	12.0

The 7 domains that make up the Index of Multiple Deprivation, with their weightings, are: Income (22.5%), Employment (22.5%), Health and disability (13.5%), Education, skills and training (13.5%), Barriers to housing and services (9.3%), Crime (9.3%), and Living environment (9.3%). Some of the indicators included in the Index of Multiple Deprivation are shown in the following sections, together with other indicators that influence health.

Overall, the practice is in a much less deprived area than the Croydon average.

Rank 2013	Indicator	Value 2013
1.3.2 Income		
10	Children living in income deprived households	13.2%
8	Older people living in income deprived households	9.4%
1.3.3 Employment		
7	Unemployment rate (% of working age population)	3.4%
8	Job Seekers Allowance claimants aged 16-64	2.4%
10	Working age people on out-of-work benefits	7.2%
1.3.4 Education, skills and training		
1.3.4.1 School attainment		
10	Children achieving good level of development at age 5	68.5%
13	GCSE achieved (5 A*-C incl Eng & Maths)	68.5%
15	Secondary school absence	5.6%
1.3.4.2 Higher education		
23	Young people not entering higher education	46.0%
44	Adults with no or low qualifications	9.8%
1.3.5 Housing and services		
1.3.5.1 Housing		
8	Social rented housing (% of households)	5.8%
10	Overcrowded housing (% of households)	5.1%
1.3.5.2 Barriers to services		
11	Car availability (cars/vans per household)	1.41
85	Road distance to local services (miles)	0.74
1.3.6 Crime		
11	Violence (offences per 1,000 population)	8.7
46	Burglary (offences per 1,000 population)	11.7
31	Theft (offences per 1,000 population)	21.7
26	Criminal damage (offences per 1,000 population)	6.8
1.3.7 Living environment		
1.3.7.1 Air quality		
20	Air quality (score)	0.98
1.3.7.2 Road traffic accidents		
8	Road traffic accidents (score)	0.71

1.4 Health status

Increasing healthy life expectancy and reducing differences in life expectancy between communities are strategic goals set out in the Croydon Joint Health and Wellbeing Strategy. This section shows data on health status from several sources.

Rank 2013	Indicator	Value 2013

1.4.1 Health and disability status

These indicators show data for people living locally to the practice taken from the 2011 Census. The rates are not age standardised, so may reflect worse health due to old age where the practice has an older population than the Croydon average.

7	Self-reported bad or very bad health (all ages)	3.7%
48	Self-reported limiting long-term illness (all ages)	14.4%

1.4.2 Health-related quality of life

These indicators show data from the GP Patient Survey run by the Department of Health in 2011/12 and 2012/13. Patients were asked to rate their state of health in five areas. The rates are age standardised, which means they take into account the differences in age between practices.

0	Mobility (self-reported score)	1.15
7	Self-care (self-reported score)	1.04
0	Usual activities (self-reported score)	1.20
3	Pain/discomfort (self-reported score)	1.50
8	Anxiety/depression (self-reported score)	1.30

1.4.3 Life expectancy

These indicators are derived from mortality data.

5	Life expectancy at birth (men) (years)	82.7
2	Life expectancy at birth (women) (years)	86.0

The practice has a lower proportion of patients in bad health, better health-related quality of life and higher life expectancy than the Croydon average.

1.5 Vulnerable groups

Vulnerable groups are groups of patients who are likely to have additional needs and experience poorer outcomes if those needs are not met.

Rank 2013	Indicator	Value 2013
1.5.1 Lone parent families		
8	Lone parent families (% of households in local area)	5.7%
1.5.2 Mental health conditions, learning disability or special needs		
26	Learning disability diagnosed (ages 18+)	0.36%
15	Autism diagnosed (all ages) (age std)	0.19%
3	Severe mental illness diagnosed (all ages)	0.45%
1.5.3 Care home residents		
38	Nursing home residents (% of list)	0.03%
48	Residential home residents (% of list)	0.04%
1.5.4 Older people living alone		
93	Older people living alone (% of households)	11.9%
1.5.5 Carers		
93	Unpaid carers (% of people in local area)	11.2%

The practice has a higher proportion of older people living alone and carers than the Croydon average.

2 Patient experience

Feedback from patients provides important additional information with which practices can assess performance. This is particularly the case when response rates are high, but even when response rates are low, results may still be seen as a good indicator of performance if the results are consistent over time.

2.1 Results from the GP Patient Survey 2012/2013

The GP Patient Survey is run by the Department of Health. Every quarter, a different sample of adult patients registered with a GP receive a questionnaire by post. Patients are able to complete the survey on paper, online or by phone. Results are published on a rolling quarterly basis.

The results shown below are for questionnaires sent out between April 2012 and March 2013. More detailed results are available at http://www.gp-patient.co.uk/results/.

2.1.1 Responses

The practice received 110 responses to the 2012/2013 GP Patient Survey, compared with an overall average of 125 responses for practices in Croydon.

	Practice	Croydon	Comparison
Response rate (% of questionnaires returned)	40.1%	30.0%	Higher

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
2.1.2 Overall experience				
5	Overall experience of GP surgery (% good)	95.9%	n/a	n/a
11	Would recommend to someone new to local area (%)	88.2%	n/a	n/a
2.1.3 Access				
2.1.3.1 Reception				
31	Helpfulness of receptionist (% helpful)	93.0%	n/a	n/a
3	Overheard at reception and not happy about it (%)	7.8%	n/a	n/a
2.1.3.2 Opening hours				
5	Satisfaction with opening hours (% satisfied)	92.1%	n/a	n/a
7	Opening hours are convenient (%)	89.9%	n/a	n/a
2.1.3.3 Out of hours				
10	Know how to contact an out-of-hours GP service (%)	61.0%	n/a	n/a

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
2.1.3.4 Phoning the surgery				
16	Ease of getting through on the phone (% easy)	92.7%	n/a	n/a
2.1.3.5 Booking appointments				
18	Overall experience making an appointment (% good)	85.1%	n/a	n/a
20	Able to get an appointment (%)	93.3%	n/a	n/a
2	Appointment time was convenient (%)	99.1%	n/a	n/a
32	Saw/spoke to GP/nurse same or next day (%)	49.6%	n/a	n/a
2.1.3.6 Waiting time				
54	Normally wait less than 15 minutes to be seen (%)	64.4%	n/a	n/a
25	Impression of waiting time (% not too long)	67.1%	n/a	n/a
2.1.3.7 Seeing a doctor or nurse				
5	Seen/spoken to doctor in last 6 months (%)	82.8%	n/a	n/a
7	Seen/spoken to a nurse in last 6 months (%)	58.8%	n/a	n/a
14	Seeing preferred GP (% always/a lot of the time)	78.7%	n/a	n/a
2.1.4 Care provided by doctors				
34	Giving patient enough time (% good)	87.7%	n/a	n/a
38	Listening to patient (% good)	88.7%	n/a	n/a
52	Explaining tests and treatments (% good)	83.4%	n/a	n/a
34	Involving patient in decisions about care (% good)	82.5%	n/a	n/a
23	Treating patient with care and concern (% good)	88.8%	n/a	n/a
33	Have confidence and trust in doctor (%)	95.8%	n/a	n/a
2.1.5 Care provided by nurses				
33	Giving patient enough time (% good)	93.2%	n/a	n/a
43	Listening to patient (% good)	91.4%	n/a	n/a
28	Explaining tests and treatments (% good)	91.1%	n/a	n/a
49	Involving patient in decisions about care (% good)	84.9%	n/a	n/a
38	Treating patient with care and concern (% good)	91.0%	n/a	n/a
41	Have confidence and trust in nurse (%)	97.3%	n/a	n/a

3 Activity

3.1 Prescribing

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
3.1.1 Prescribing quality				
84	Antibiotics volume (items per STAR-PU)	1.22	82	1.24
80	Cephalosporins/quinolones (% of items)	5.8%	41	4.1%
36	Generic prescribing (% of all items)	88.1%	64	86.7%
66	PPIs volume (ADQ per STAR-PU)	8.0	n/a	n/a
11	NSAIDs volume (ADQ per STAR-PU)	1.4	8	1.5
3.1.2 Prescribing costs				
10	Total prescribing cost (NIC per ASTRO-PU)	£16.91	13	£18.11
56	Enteral sip feeds cost (NIC per PU)	£0.93	56	£1.06
44	Wound care products cost (NIC per item)	£31	n/a	n/a

3.2 Urgent care

Rates in this section are standardised for age and sex, and are rates per 1,000 practice population per year, except where '%' is shown.

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
3.2.1 A&E attendances				
3.2.1.1 Total attendances				
23	Total attendances (per 1,000)	322.3	18	298.3
44	Admission rate (% of all attendances)	20.3%	18	21.6%
3.2.1.2 GP referrals				
31	GP referrals to A&E (per 1,000)	23.7	39	18.1
77	Admission rate (% of GP referrals to A&E)	28.4%	11	37.2%
3.2.1.3 Attendances by hour of day				
30	Attendances (Mon-Fri 9am-6pm) (per 1,000)	142.4	n/a	n/a
10	Attendances (6pm-9am or weekend) (per 1,000)	171.5	n/a	n/a
3.2.1.4 Attendances by type of provider				
7	Attendances (A&E department) (per 1,000)	185.2	n/a	n/a
49	Attendances (MIU or WIC) (per 1,000)	138.1	n/a	n/a
3.2.2 Emergency admissions				
3.2.2.1 Total emergency admissions				
8	Total emergency admissions (per 1,000)	67.0	n/a	n/a
3.2.2.2 Emergency admissions for ambulatory care sensitive conditions				
26	Chronic conditions (per 1,000)	5.4	n/a	n/a
3	Acute conditions (per 1,000)	4.8	n/a	n/a
3.2.2.3 Emergency admissions by specialty				
23	General surgery (per 1,000)	7.4	n/a	n/a
33	Trauma & orthopaedics (per 1,000)	3.9	66	4.1
18	Specialty 'A&E' (per 1,000)	12.7	26	11.2
5	General medicine (per 1,000)	25.3	n/a	n/a
7	Paediatrics (per 1,000)	5.0	n/a	n/a
10	Gynaecology (per 1,000)	1.8	3	1.1
3.2.3 Readmissions				
34	Emergency readmissions within 30 days of discharge	14.0%	n/a	n/a

3.3 Seasonal flu vaccination

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
G	Flu vaccine uptake for over 65s	80.3%	G	82.3%
R	Flu vaccine uptake for at-risk groups aged under 65	54.5%	G	60.5%
G	Flu vaccine uptake for patients with diabetes (DM18)	91.8%	G	94.0%
G	Flu vaccine uptake for patients with CHD (CHD12)	94.1%	G	96.7%
G	Flu vaccine uptake for patients with stroke (STR10)	91.6%	G	92.6%
G	Flu vaccine uptake for patients with COPD (COPD8)	94.9%	G	95.9%

3.4 Child health

3.4.1 Birth rate

	Practice	Croydon	Comparison
Births (rate per 1,000 women aged 15-44 per year)	53.7	64.8	Lower

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
3.4.2 Breastfeeding				
34	Breastfeeding initiation within 48 hours of birth	88.7%	43	87.2%
70	Any breastfeeding at 6-8 weeks	61.2%	78	57.6%
50	Exclusive breastfeeding at 6-8 weeks	35.7%	53	35.0%
3.4.3 Childhood immunisations				
G	Primary immunisations uptake at 1 year	97.1%	G	94.8%
G	MMR1 uptake at 2 years	90.6%	G	94.9%
A	Meningitis C/Hib uptake at 2 years	90.6%	G	96.0%
A	Pneumococcal vaccine uptake at 2 years	91.5%	A	94.9%
G	Pre-school booster uptake at 5 years	90.7%	A	82.7%
A	MMR2 uptake at 5 years	88.8%	A	80.8%

3.4.4 Secondary care use

Rates in this section are standardised for age and sex, and are per 1,000 practice population.

39	Elective admissions for under 19s	38.0	n/a	n/a
49	A&E attendances for under 19s	419.4	n/a	n/a
5	Emergency admissions for under 19s	37.5	n/a	n/a
30	Admissions for asthma/diabetes/epilepsy (under 19s)	2.6	n/a	n/a
74	Admissions for lower respiratory tract infection (<19s)	3.7	n/a	n/a

3.5 Older people

3.5.1 Secondary care use

Rates in this section are standardised for age and sex, and are per 1,000 practice population.

36	Elective admissions for over 65s	286.9	77	338.2
18	A&E attendances for over 65s	419.0	n/a	n/a
16	Emergency admissions for over 65s	197.9	18	205.2
31	Emergency admissions for falls in over 65s	17.7	n/a	n/a

3.6 GP referral rates

The data in this section is from **Croydon Referral Support Service (CReSS)** for **April to December 2013**. For more detail including individual GP session data, see the **CReSS GP education packs**.

CReSS data includes referrals to secondary care and referrals to community services. For certain specialties, some referrals may not go via CReSS. For example, most two-week wait referrals are not included in CReSS data.

The rates in the practice profiles are **standardised for age and sex**, and are **rates per 1,000 practice population per year**. Only those rates which are significantly different to the Croydon average have been highlighted. The rates shown in the CReSS GP education packs are not age standardised, so may be different from the practice profiles.

We would expect some difference in referral rates due to variations in factors such as disease prevalence and deprivation. However, where referrals are significantly above or below the Croydon average, it may be useful to consider whether the difference is appropriate.

3.6.1 Overall referrals

The practice's overall referral rate is similar to the Croydon average.

	Practice	Croydon
Overall referrals	194.5	190.7

3.6.2 Referrals by specialty

The practice's referral rates are **significantly above average** for the following specialties:

	Practice	Croydon
Orthopaedics/musculoskeletal	43.3	33.4
Dermatology	26.9	15.4
Ear, nose & throat	22.4	18.4
Paediatrics	17.8	10.6
General surgery	14.6	10.3

The practice's referral rates are **significantly below average** for the following specialties:

	Practice	Croydon
Physiotherapy	27.6	37.8
Gastroenterology	5.7	8.4
Ophthalmology	5.3	8.5
Urology	3.4	5.8
Cardiology	3.4	4.9
Endocrinology	2.9	5.7
Podiatry/chiropody	0.2	5.7

All other referral rates are similar to the Croydon average. This includes the following specialties:

- Gynaecology
- Neurology

4 Encouraging healthy lifestyles

4.1 Smoking

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
4.1.1 Prevalence				
23	Smoking (% of ages 16+) (age std)	17.2%	n/a	n/a
18	Smoking during pregnancy (% of new mothers)	4.4%	15	4.7%
4.1.2 Quit rates				
39	Four week quitters (provided service) (rate per 1,000)	0.7	39	1.0
57	Four week quitters (registered patients) (rate per 1,000)	4.3	74	2.0
4.1.3 Quality of care and outcomes				
G	Smoking status recorded (on disease registers) (SM5)	98.0%	G	97.7%
G	Offered support in last 15 months (registers) (SM6)	95.0%	G	96.3%
G	Smoking status recorded (ages 15+) (SM7)	90.0%	n/a	n/a
G	Offered support in last 27 months (ages 15+) (SM8)	95.4%	n/a	n/a
20	Exception reporting for QOF smoking indicators	0.27%	n/a	n/a

4.2 Alcohol and drugs

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
4.2.1 Prevalence				
75	Binge drinking (% of adults)	12.9%	n/a	n/a
25	Alcohol dependence diagnosed (ages 18+) (age std)	0.48%	n/a	n/a
17	Chronic liver disease diagnosed (all ages) (age std)	0.10%	n/a	n/a
50	Drug dependence diagnosed (ages 18+) (age std)	0.29%	n/a	n/a
25	Drug offences (per 1,000 population)	3.3	n/a	n/a
31	Admissions for alcohol-attributable conditions (ASR)	13.6	n/a	n/a

4.3 Obesity, physical activity and diet

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
4.3.1 Prevalence				
30	Obese children (aged 4-5)	9.8%	n/a	n/a
18	Obese children (aged 10-11)	17.8%	n/a	n/a
25	Adult obesity diagnosed (recorded in last 15 months)	7.7%	n/a	n/a
82	Estimated undiagnosed adult obesity	66.9%	69	62.9%
33	Healthy eating (5 or more fruit or veg per day)	35.7%	n/a	n/a

4.4 Sexual health

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
4.4.1 Prevalence				
16	NHS abortions (rate per 1,000 women aged 15-44)	15.5	n/a	n/a
52	Repeat abortions (% of abortions)	49.2%	34	45.5%
15	Under 18 conceptions (per 1,000 women aged 15-17)	17.4	25	26.3
4.4.2 Quality of care and outcomes				
G	Advice about LARC (oral/patch last 15 months) (SH2)	94.0%	G	95.2%
G	Advice about LARC (EHC in last 12 months) (SH3)	96.9%	G	100.0%

5 Specific diseases

5.1 Disease prevalence

Prevalence measures the existing cases of a disease in a population at a point in time.

Indicators in this year's profile are **not age standardised unless stated**. Where indicators are age standardised, the rate takes into account differences in age and sex structure between practices.

Prevalence for the practice is **significantly above average** for the following diseases:

	Practice	Croydon
Hypertension diagnosed (all ages)	14.4%	12.2%
Asthma treated in last 12 months (all ages)	5.4%	4.9%
Hypothyroidism treated in last 6 months (all ages)	4.8%	3.6%
CHD diagnosed (all ages)	3.2%	2.3%
Cancer diagnosed (since 1st April 2003) (all ages)	2.7%	1.5%
Stroke diagnosed	1.6%	1.2%
Atrial fibrillation diagnosed (all ages)	1.30%	0.92%
Heart failure diagnosed (all ages)	0.70%	0.44%

Prevalence for the practice is **significantly below average** for the following diseases:

	Practice	Croydon
Smoking (% of ages 16+) (age std)	17.2%	20.4%
Adult obesity diagnosed (recorded in last 15 months)	7.7%	10.2%
Diabetes diagnosed (ages 17+)	5.4%	6.4%
Depression diagnosed (patients on disease registers)	2.3%	4.1%
Alcohol dependence diagnosed (ages 18+) (age std)	0.48%	0.76%
Severe mental illness diagnosed (all ages)	0.4%	1.0%
Autism diagnosed (all ages) (age std)	0.19%	0.32%

5.2 Diabetes

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
5.2.1 Prevalence				
28	Diabetes diagnosed (ages 17+)	5.4%	n/a	n/a
80	Estimated undiagnosed diabetes	42.4%	82	42.7%
5.2.2 Quality of care and outcomes				
G	Body mass index recorded in last 15 months (DM2)	95.9%	G	95.9%
G	BP ≤ 150/90 in last 15 months (DM30)	91.4%	G	93.1%
G	BP ≤ 140/80 in last 15 months (DM31)	79.2%	G	81.9%
G	Cholesterol ≤ 5mmol/l in last 15 months (DM17)	82.9%	G	84.2%
G	HbA1c ≤ 7.5 in last 15 months (DM26)	70.5%	G	67.9%
G	HbA1c ≤ 8.0 in last 15 months (DM27)	80.0%	G	78.5%
G	HbA1c ≤ 9.0 in last 15 months (DM28)	92.5%	G	90.1%
G	Retinal screening in last 15 months (DM21)	94.5%	G	92.6%
G	Foot exam and risk class in last 15 months (DM29)	91.9%	G	93.4%
G	Neuropathy checked in last 15 months (DM10)	91.5%	G	92.9%
G	Micro-albuminuria testing in last 15 months (DM13)	93.0%	G	95.1%
G	Serum creatinine checked in last 15 months (DM22)	98.2%	G	98.4%
16	Hypoglycaemic agents (% of items)	92.4%	23	92.6%
30	Glucose blood testing strips (NIC per 1,000 patients)	£2,340	51	£2,472
41	Exception reporting for QOF diabetes indicators	5.7%	13	3.4%
38	Emergency admission for diabetes (AS rate per 1,000)	0.55	18	0.32
30	Emergency admission for complications of diabetes	0.97	n/a	n/a

5.3 Mental health

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
5.3.1 Depression				
5.3.1.1 Prevalence				
20	Depression diagnosed (patients on disease registers)	2.3%	n/a	n/a
5.3.1.2 Quality of care and outcomes				
G	Case finding in last 15 mth (diabetes/CHD) (DEP1)	92.7%	n/a	n/a
G	New diagnoses assessed for severity (DEP6)	90.9%	n/a	n/a
G	Second assessment for severity (DEP7)	88.9%	G	100.0%
18	Exception reporting for QOF depression indicators	1.8%	n/a	n/a
21	Antidepressants (first choice % of items)	71.2%	21	69.7%
5.3.2 Severe mental illness				
5.3.2.1 Prevalence				
3	Severe mental illness diagnosed (all ages)	0.45%	n/a	n/a
5.3.2.2 Quality of care and outcomes				
G	Comprehensive care plan agreed (MH10)	97.4%	G	90.7%
G	Alcohol consumption recorded, last 15 months (MH11)	97.3%	G	97.4%
G	Body mass index recorded in last 15 months (MH12)	94.3%	G	97.4%
G	BP recorded in last 15 months (MH13)	94.6%	G	92.9%
G	Cholesterol/HDL recorded in last 15 months (MH19)	85.7%	n/a	n/a
G	Blood glucose recorded in last 15 months (MH20)	91.7%	G	96.6%
G	Cervical screening in last 5 years (MH16)	100.0%	n/a	n/a
16	Benzodiazepines volume (ADQ per STAR-PU)	2.0	10	1.8
92	Exception reporting for QOF mental health indicators	23.2%	n/a	n/a
5.3.3 Dementia				
5.3.3.1 Prevalence				
52	Dementia diagnosed (all ages)	0.40%	n/a	n/a
74	Estimated undiagnosed dementia	68.1%	67	68.7%
5.3.3.2 Quality of care and outcomes				
G	Reviewed in last 15 months (DEM2)	88.1%	G	70.5%

5.4 Circulatory diseases

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
5.4.1 Primary prevention of cardiovascular disease				
5.4.1.1 Quality of care and outcomes				
G	BP recorded in last 5 years (ages 45+) (RECORD11)	90.3%	G	89.3%
G	CVD risk recorded (new hypertension patients) (PP1)	93.3%	G	95.2%
G	Lifestyle advice in last 15 months (PP2)	98.1%	G	82.2%
52	Exception reporting for QOF PP indicators	6.1%	49	7.3%
5.4.2 Hypertension				
5.4.2.1 Prevalence				
79	Hypertension diagnosed (all ages)	14.4%	n/a	n/a
51	Estimated undiagnosed hypertension	45.0%	44	44.9%
5.4.2.2 Quality of care and outcomes				
G	BP ≤ 150/90 in last 9 months (BP5)	84.8%	G	84.5%
25	Exception reporting for QOF hypertension indicators	1.1%	13	0.9%
5.4.3 Coronary heart disease				
5.4.3.1 Prevalence				
90	CHD diagnosed (all ages)	3.2%	n/a	n/a
31	Estimated undiagnosed CHD	29.0%	20	27.8%
5.4.3.2 Quality of care and outcomes				
G	BP ≤ 150/90 in last 15 months (CHD6)	93.0%	G	92.0%
G	Cholesterol ≤ 5mmol/l in last 15 months (CHD8)	80.1%	G	83.7%
G	Anti-platelet/anti-coagulant in last 6 months (CHD9)	93.5%	G	93.0%
G	Beta blocker in last 6 months (CHD10)	75.0%	G	72.3%
75	Lipid modifying drugs: ezetimibe (% of items)	2.44%	n/a	n/a
16	Exception reporting for QOF CHD indicators	5.5%	n/a	n/a
80	Emergency admissions for CHD (AS rate per 1,000)	3.2	n/a	n/a

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
5.4.4 Atrial fibrillation				
5.4.4.1 Prevalence				
82	Atrial fibrillation diagnosed (all ages)	1.30%	n/a	n/a
43	Estimated undiagnosed atrial fibrillation	15.0%	28	2.8%
5.4.4.2 Quality of care and outcomes				
G	CHADS2 recorded in last 15 months (AF5)	95.9%	n/a	n/a
G	Anti-coagulant/anti-platelet (with CHADS2 = 1) (AF6)	100.0%	n/a	n/a
G	Anti-coagulant (patients with CHADS2 > 1) (AF7)	94.7%	n/a	n/a
38	Exception reporting for QOF AF indicators	5.6%	n/a	n/a
5.4.5 Heart failure				
5.4.5.1 Prevalence				
89	Heart failure diagnosed (all ages)	0.70%	n/a	n/a
51	Estimated undiagnosed heart failure	59.7%	48	59.0%
5.4.5.2 Quality of care and outcomes				
G	Diagnosis confirmed by echocardiogram (HF2)	97.3%	G	97.4%
G	ACE inhibitor in last 6 months (HF3)	98.2%	G	96.6%
5.4.6 Stroke or TIA				
5.4.6.1 Prevalence				
87	Stroke diagnosed	1.57%	n/a	n/a
41	Estimated undiagnosed stroke/TIA	25.9%	33	20.5%
5.4.6.2 Quality of care and outcomes				
G	BP ≤ 150/90 in last 15 months (STR6)	89.7%	G	92.0%
G	Cholesterol ≤ 5mmol/l in last 15 months (STR8)	78.3%	G	76.5%
G	Anti-platelet/anti-coagulant in last 15 mth (STR12)	90.8%	G	90.5%
10	Exception reporting for QOF stroke/TIA indicators	3.2%	5	2.6%
36	Emergency admissions for stroke (ASR per 1,000)	1.19	25	0.92
5.4.7 Peripheral arterial disease				
5.4.7.1 Prevalence				
66	Peripheral arterial disease diagnosed (all ages)	0.44%	n/a	n/a
5.4.7.2 Quality of care and outcomes				
G	Aspirin/anti-platelet in last 15 months (PAD2)	100.0%	n/a	n/a
G	BP ≤ 150/90 in last 15 months (PAD3)	97.8%	n/a	n/a
G	Cholesterol ≤ 5mmol/l in last 15 months (PAD4)	94.4%	n/a	n/a
87	Exception reporting for QOF PAD indicators	17.7%	n/a	n/a

5.5 Respiratory diseases

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
5.5.1 COPD				
5.5.1.1 Prevalence				
46	COPD diagnosed (all ages)	0.93%	n/a	n/a
62	Estimated undiagnosed COPD	72.2%	56	72.3%
5.5.1.2 Quality of care and outcomes				
G	Confirmed post-bronchodilator spirometry (COPD15)	100.0%	G	90.0%
G	Reviewed in last 15 months incl MRC (COPD13)	96.7%	G	93.0%
G	FEV1 checked in last 15 months (COPD10)	92.6%	G	96.1%
31	Exception reporting for QOF COPD indicators	8.1%	5	3.8%
16	Emergency admissions for COPD (AS rate per 1,000)	1.1	n/a	n/a
5.5.2 Asthma				
5.5.2.1 Prevalence				
72	Asthma treated in last 12 months (all ages)	5.4%	n/a	n/a
30	Estimated undiagnosed asthma	41.7%	25	40.6%
5.5.2.2 Quality of care and outcomes				
G	Confirmed by spirometry/peak flow (ASTHMA8)	85.0%	G	87.0%
G	Smoking recorded for ages 14-19 (ASTHMA10)	88.4%	n/a	n/a
G	Reviewed in last 15 months (ASTHMA9)	78.3%	G	72.5%
74	Inhaled corticosteroids cost (NIC per ADQ)	£0.39	n/a	n/a
67	Exception reporting for QOF asthma indicators	3.4%	n/a	n/a
10	Emergency admissions for asthma (ASR per 1,000)	0.60	10	0.48

5.6 Cancer

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
5.6.1 Prevalence and incidence				
97	Cancer diagnosed (since 1st April 2003) (all ages)	2.70%	n/a	n/a
91	New cancer cases (incidence per 1,000)	6.1	n/a	n/a
5.6.2 Screening				
A	Cervical screening coverage (last 5 yrs) (ages 25-64)	79.3%	G	80.1%
A	Breast screening coverage (last 3 years) (age 50-70)	76.7%	A	70.6%
7	Bowel screening coverage (last 2.5 years) (age 60-69)	63.2%	n/a	n/a

5.6.3 Two-week wait referrals

Overall, the practice's rate for two-week wait referrals is similar to the Croydon average.

The practice's rates are **significantly above average** for the following indicators:

	Practice	Croydon
Two-week wait referrals with suspected skin cancer	6.1	3.4

All other indicators are similar to the Croydon average. This includes the following indicators:

- Total two-week wait referrals (AS rate per 1,000)
- Two-week wait referrals with suspected lower GI cancer
- Two-week wait referrals with suspected breast cancer

5.6.4 Diagnostic procedures

The practice's rates are **significantly above average** for the following indicators:

	Practice	Croydon
Colonoscopy procedures (rate per 1,000)	12.1	9.0

All other procedure rates are similar to the Croydon average. This includes the following indicators:

- Upper GI endoscopy procedures (rate per 1,000)
- Sigmoidoscopy procedures (rate per 1,000)

5.6.5 Quality of care and outcomes				
68	Conversion rate (% of TWW referrals with cancer)	11.9%	n/a	n/a
G	Reviewed within 6 months of diagnosis (CANCER3)	100.0%	G	97.4%
23	Emergency admissions for cancer (AS rate per 1,000)	1.8	n/a	n/a

5.7 Chronic kidney disease

Rank 2013	Indicator	Value 2013	Rank 2012	Value 2012
5.7.1 Prevalence				
70	CKD stage 3-5 diagnosed (ages 18+)	3.8%	n/a	n/a
59	Estimated undiagnosed CKD	62.2%	52	59.9%
5.7.2 Quality of care and outcomes				
G	BP ≤ 140/85 in last 15 months (CKD3)	79.7%	G	82.0%
G	ACE inhibitor in last 6 months (CKD5)	87.2%	G	84.0%
G	Urine albumin:creatinine ratio in last 15 mth (CKD6)	88.9%	G	87.0%
20	Exception reporting for QOF CKD indicators	1.1%	26	1.2%

5.8 Epilepsy

5.8.1 Prevalence				
62	Epilepsy treated in last 6 months (ages 18+)	0.68%	n/a	n/a
38	Estimated undiagnosed epilepsy	30.1%	34	26.2%
5.8.2 Quality of care and outcomes				
G	Seizure frequency recorded in last 15 mth (EPIL6)	95.2%	G	96.9%
G	Seizure-free for last 12 months (EPIL8)	77.8%	G	71.4%
21	Emergency admissions for epilepsy (ASR per 1,000)	0.4	n/a	n/a
49	Exception reporting for QOF epilepsy indicators	10.4%	51	10.7%

5.9 Hypothyroidism

5.9.1 Prevalence				
85	Hypothyroidism treated in last 6 months (all ages)	4.8%	n/a	n/a
5.9.2 Quality of care and outcomes				
G	Thyroid function tests in last 15 months (THYROID2)	98.0%	G	99.0%

5.10 Osteoporosis

5.10.1 Prevalence				
49	Osteoporosis with fragility fracture (ages 50+)	0.11%	n/a	n/a
5.10.2 Quality of care and outcomes				
67	Emergency admissions for hip fracture (ages 65+)	5.8	n/a	n/a

Further information

The Croydon General Practice Profiles consist of four key products:

- **Practice Profiles**: individual to each practice
- **GP Network Comparison**: data for the 6 GP networks in a single report
- **Interactive Excel Tool**: with indicator definitions, data for all practices, charts and maps
- **Trend data for Croydon**: data for Croydon overall compared with 1 and 3 years ago

The profiles are produced by the Croydon Public Health Intelligence Team (C-PHIT). For **further information** about the profiles, please contact **David Osborne**, Senior Public Health Information Analyst, on 020 8239 4397 or email David.Osborne@croydon.gov.uk.

There are also several **national tools** available that you can use to compare data for your practice to other practices across England. The data in the Croydon profiles may be different from the national tools as different definitions, data sources, prevalence models or time periods may have been used. The Croydon profiles include more indicators than the national tools, together with a summary page with key messages. The national tools are:

- National General Practice Profiles
- Primary Care Web Tool
- NHS Comparators

C-PHIT is the Croydon Public Health Intelligence Team within Public Health Croydon, Croydon Council. We are a team of experts in data analysis (statistics, data), knowledge management (evidence-based information, research) and research into practice (NICE and other best practice guidelines, clinical pathways). C-PHIT comprises:

CROYDON PUBLIC HEALTH INTELLIGENCE TEAM
C-PHIT

Data Analysis: David Osborne, Lisa Colledge, Bethan McDonald
Knowledge Management: Anita Brako
Research into Practice: Tracy Steadman
Consultant in Public Health Intelligence: Jenny Hacker

Make sure you're receiving 'What's New in Primary Care', a bi-weekly round-up of news, reports and articles about primary care brought to you by the Croydon Public Health Intelligence Team (C-PHIT). Contact Anita.Brako@croydon.gov.uk to subscribe.

Appendix A: How to interpret the profile

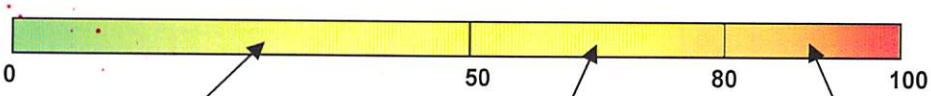
What do the traffic light colours mean?

Where an indicator has a target associated with it, a RAG (red, amber, green) rating has been used.

G	means your practice has met the target for the indicator.
A	means your practice is below the target for the indicator.
R	means your practice is well below the target for the indicator.

To find out more about the targets used, hover the mouse pointer over the name of the indicator.

Where an indicator does not have a target associated with it, a 'percentile rank' from 0 to 100 is used to show how the practice compares with all other practices in Croydon for the indicator. There are no firm thresholds and you will need to make a judgement about whether your practice's performance for the indicator is as you would expect. Percentile ranks from 0 to 50 are coloured shades of green, 50 to 80 are coloured yellow, and 80 to 100 are coloured shades of red.



If the percentile rank is less than 50, your practice is performing **better than average** compared to other Croydon practices and you probably do not need to be concerned.

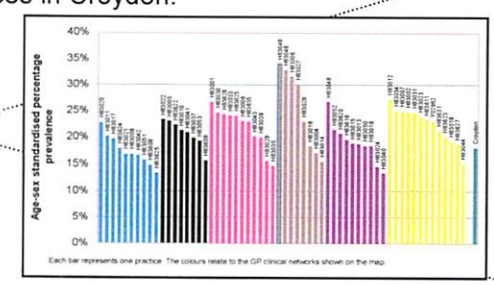
If the percentile rank is greater than 50, your practice is **below average** for the indicator, so you may wish to think about whether this is what you would expect or whether you need to focus on improving your practice's performance for the indicator.

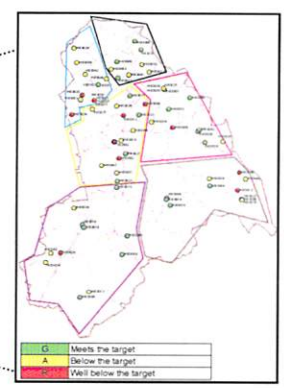
If the percentile rank is above 80, your practice is in the **bottom 20% of practices** for the indicator and you may wish to consider whether you can improve your practice's performance for the indicator.

How does my practice compare to others in Croydon?

Click on any indicator to display a chart and a map showing your practice's performance in relation to other practices in Croydon.

Smoking (% of ages 16+) (age std)





How can I find out more information about a particular indicator?

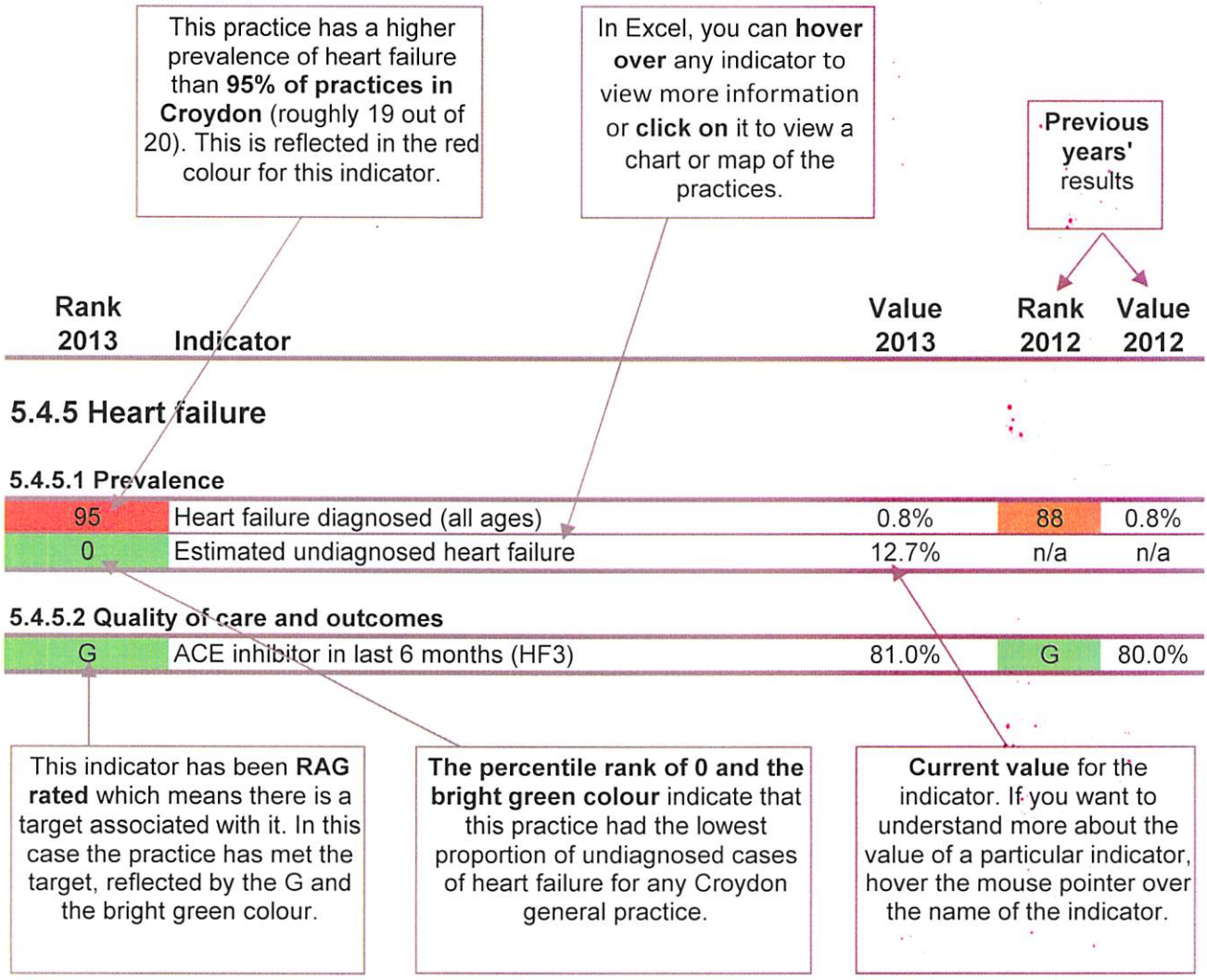
Hover the mouse pointer over the name of an indicator to show more information about the data used.

Smoking (% of ages 16+) (age std)

Smokers as a percentage of patients aged 16 and over with smoking status ever recorded, based on last recorded smoking status.....

An example of how to interpret the data within a practice profile

The data shown in this example is for a fictitious **practice**.



Abbreviations used in the profile

n/a means the data is **not available**, either because data was not available for the practice, or because the indicator wasn't included in previous years.

n/c means the data is **not comparable** because the indicator definition has changed from previous years.