CROYDON PUBLIC HEALTH INTELLIGENCE TEAM
C-PHIT

NHS
South West London

General Practice Profiles 2012: Profile for Farley Road Medical Practice

Select a practice or network from the drop-down list:

H83004 Farley Road Medical Practice

Welcome to your 2012 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.

Last year, for the first time, the profile was made available as an interactive Excel tool, and we consulted on improvements to the profiles through an online evaluation survey. A number of changes have been made to this year's profile as a result of the survey.

The main changes for this year are:

- practices can now **view data for other practices** using the interactive Excel tool, as well as their own. This reflects the data sharing agreement made between practices within Croydon CCG.
- a **map** has been added to the Excel tool, displaying the geographical distribution of practice data.
- the Excel tool shows practice data grouped by the new **GP clinical networks** within the interactive bar chart and map.
- new data from the **2011 Census** has been added to the demographic section.
- **37** new indicators have been added to the profiles and **21** indicators have revised definitions.

All indicators have been updated and the data for most indicators in this year's profile is for the **2011/12 financial year**.

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

We are continuing to consult on improvements to the profiles
Once you have viewed your profile, please take a moment to let us know what you think in our online survey at https://www.surveymonkey.com/s/croydonpracticeprofiles2012 by 19th April 2013.

The profiles are produced by the Croydon Public Health Intelligence Team (C-PHIT). Much of the work for this year's profiles was done by Nerissa Almeida Santimano, Public Health Information Analyst. For **further information** about the profiles, please contact **David Osborne**, Senior Public Health Information Analyst on 020 8274 6117 or email David.Osborne@croydonpct.nhs.uk / David.Osborne@nhs.net.

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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 45
- higher percentage of patients from White British ethnic backgrounds
- higher percentage of older people living alone and carers
- higher prevalence of cancer
- lower percentage of children aged 0-15
- lower percentage of patients from Black ethnic backgrounds
- lower prevalence of type 2 diabetes, hypertension, stroke, COPD and CKD
- lower percentage of patients in bad or very bad health
- the practice is in a much less deprived area

Achievements
Areas where the practice is doing particularly well include:

- Standardised mortality ratios
- Overall experience
- Reception
- Phoning the surgery
- Booking appointments
- Waiting time
- Care provided by doctors and nurses
- NSAIDS volume
- A&E attendances
- Emergency admissions to gynaecology
- Seasonal flu vaccination
- Sexual health
- Smoking prevalence for patients with diabetes
- Depression
- NHS Health Check
- Primary prevention of cardiovascular disease
- Hypertension and Heart failure
- Exception reporting for QOF stroke/TIA indicators
- COPD
- Bowel screening rate
- Chronic kidney disease
- Epilepsy

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

Higher than average	Lower than average
Cancer two-week wait referrals, Colonoscopy procedures	Breast surgery, Ear, nose & throat, Ophthalmology, General medicine, Cardiology, Respiratory medicine, Gynaecology

1 Demographic information

1.1 Age and sex

As of 31 March 2012, 11,174 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 45.

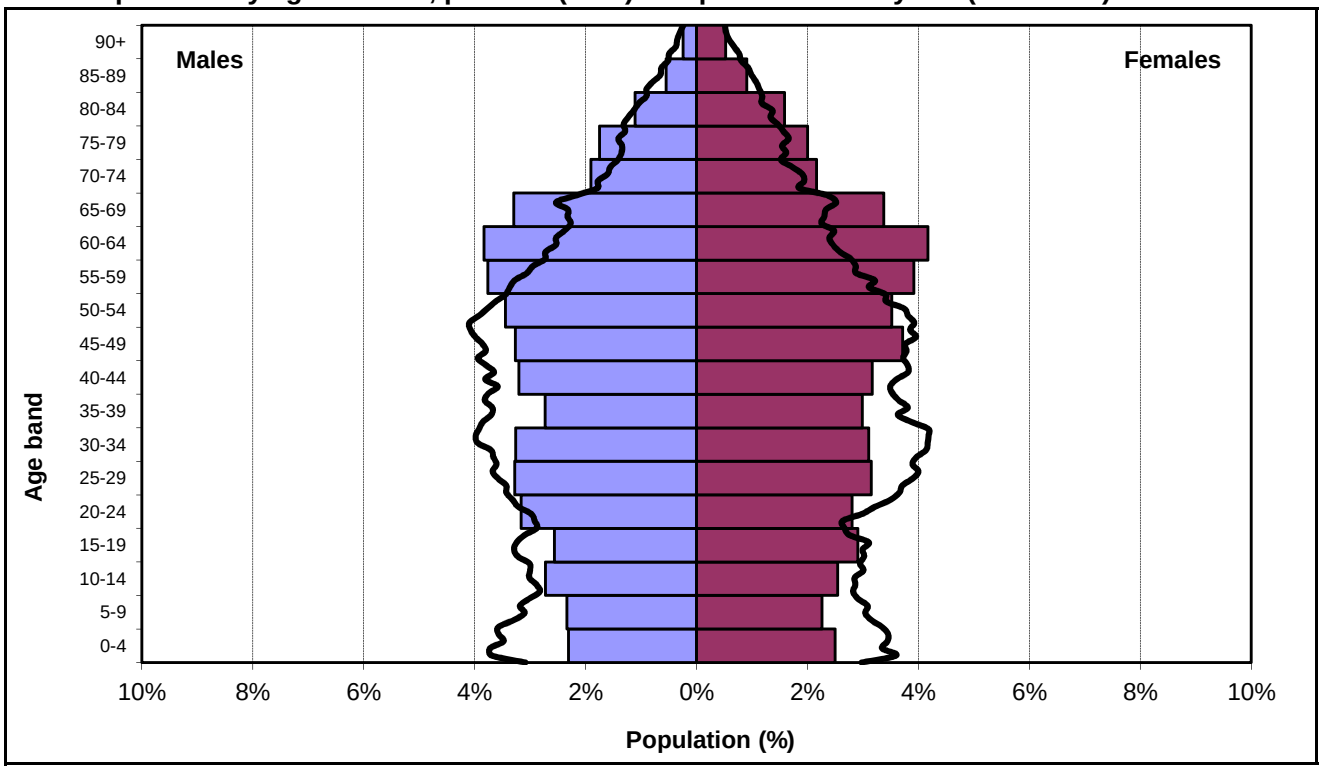
1.1.1 Number of patients registered with the practice by age and sex

Age group	Males	Females	Persons		Croydon
	Number	Number	Number	%	%
0-4	258	279	537	4.8%	7.2%
5-15	616	619	1,235	11.1%	13.4%
16-24	588	556	1,144	10.2%	11.2%
25-34	730	699	1,429	12.8%	15.9%
35-44	663	688	1,351	12.1%	15.3%
45-54	750	808	1,558	13.9%	14.6%
55-64	848	904	1,752	15.7%	10.0%
65-74	581	619	1,200	10.7%	6.7%
75-84	319	401	720	6.4%	4.2%
85+	88	160	248	2.2%	1.6%
Total	5,441	5,733	11,174	100%	100%

Source: Exeter system, Primary Care Support Service, 31 March 2012

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)



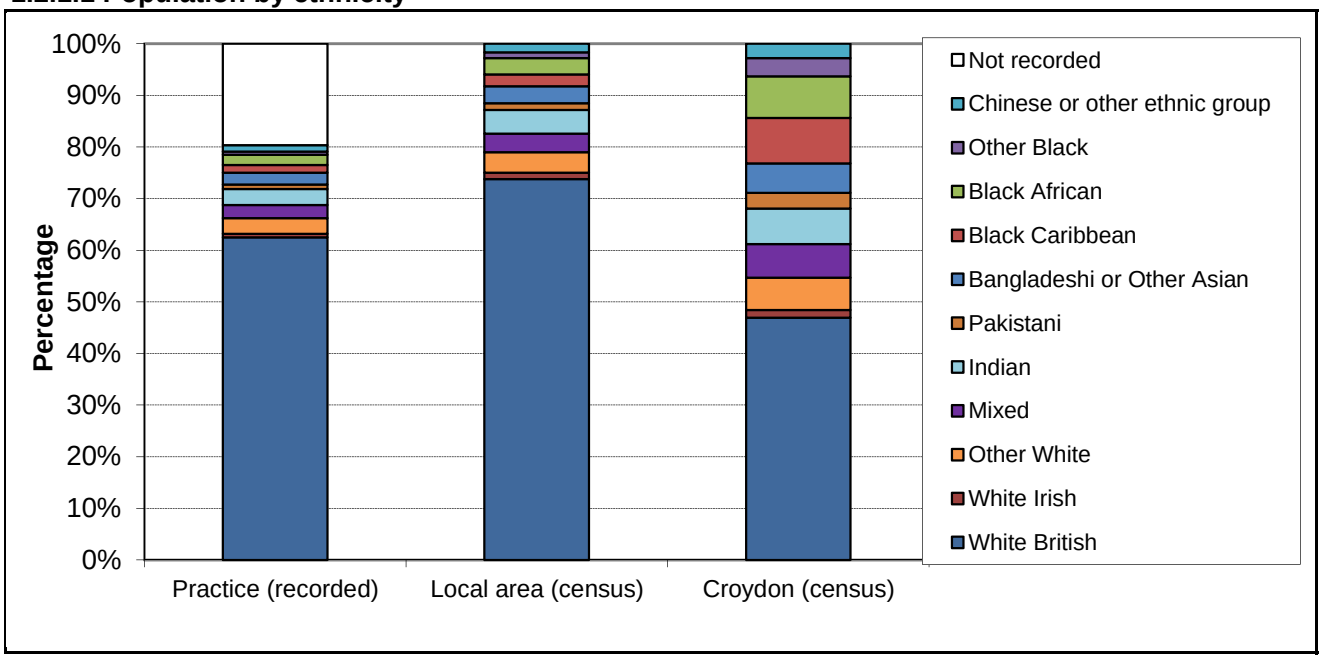
Source: Exeter system, Primary Care Support Service, 31 March 2012

1.2 Ethnicity and religion

1.2.1 Ethnicity

The figure below shows ethnicity data recorded at the practice 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: data from Croydon general practices (Apollo) as at 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*

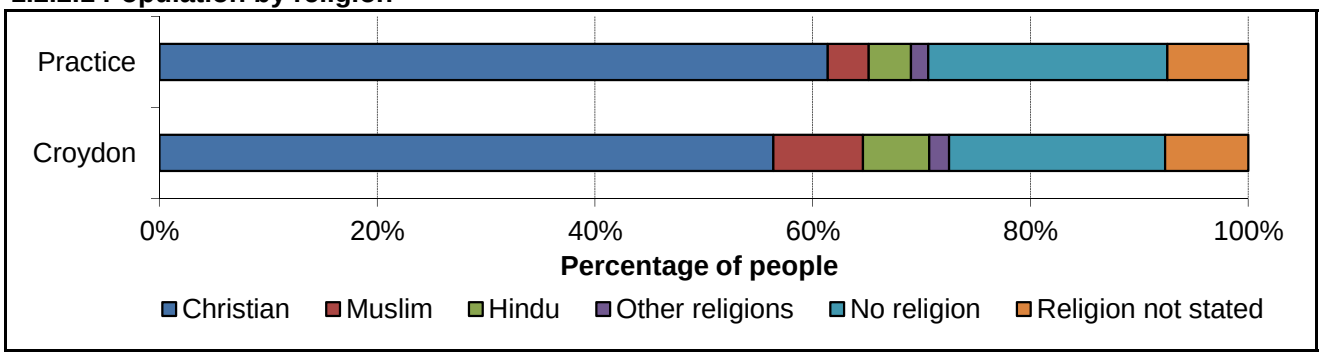
Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
1.2.1.2 Recording of ethnicity				
48	Ethnicity recorded (all patients)	80.3%	48	77.1%

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 Religion

The figure below shows self-reported religious beliefs for the practice compared with Croydon as a whole. The data are estimated from the 2011 Census based on the postcodes where patients who are registered with the practice live. Therefore, this describes the areas that patients come from rather than the patients themselves.

1.2.2.1 Population by religion



Source: 2011 Census data, attributed to practices by patient postcode

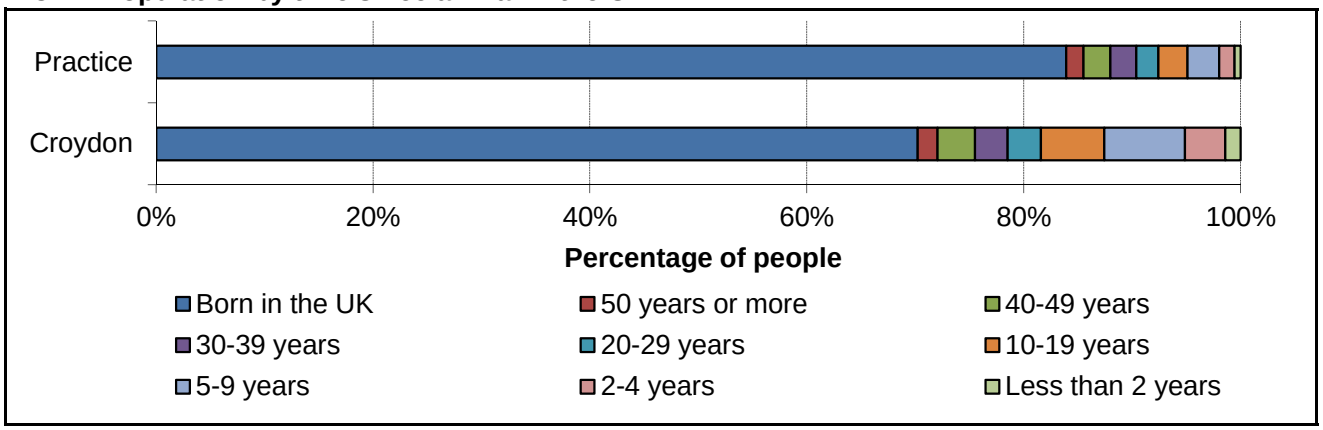
1.3 People born outside the UK and main spoken language

1.3.1 People born outside the UK

	Practice	Croydon	Comparison
Born outside the UK (% of people in local area)	16.1%	29.8%	**Lower**

The figure below shows time since arrival in the UK for the practice compared with Croydon as a whole. The data are estimated from the 2011 Census based on the postcodes where patients who are registered with the practice live. Therefore, this describes the areas that patients come from rather than the patients themselves.

1.3.1.1 Population by time since arrival in the UK*



Source: 2011 Census data, attributed to practices by patient postcode

** Time since arrival is based on the date that a person last arrived to live in the UK. Short visits away from the UK are not counted in determining the date that a person last arrived. People born in the UK who have emigrated and since returned are included in the category 'Born in the UK'.*

1.3.2 Main spoken language

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011

1.3.2.1 Recording of main spoken language

23	Main spoken language recorded (all patients)	63.1%	23	61.3%

1.3.2.2 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.

1.3.2.3 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%

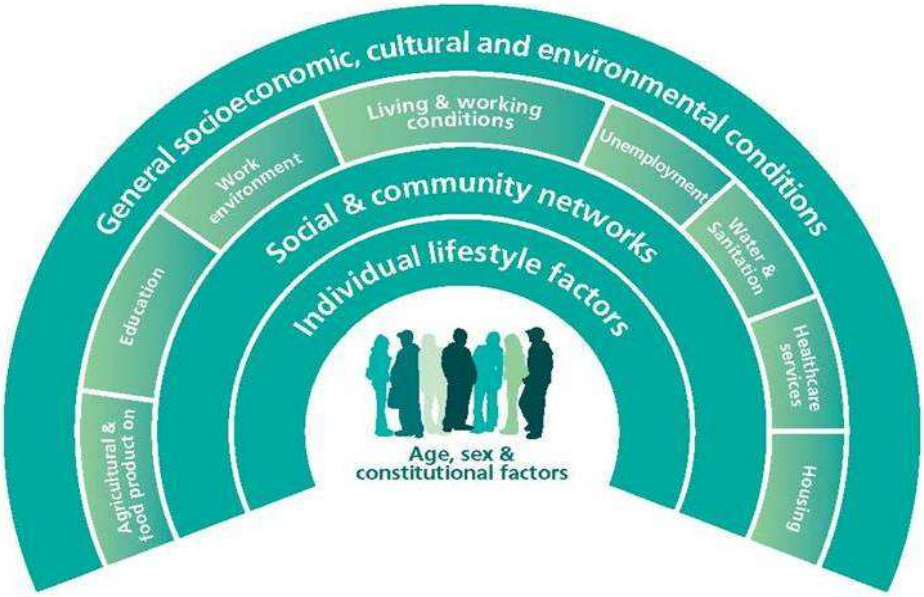
Source: data from Croydon general practices (Apollo), 31 March 2012

Languages spoken by less than 5 patients are not shown.

1.4 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)

As GPs begin to commission services for local populations, it is important for practices to understand the nature of these populations. One way of doing this is to consider how key determinants of health (such as education and housing) compare with others in Croydon.

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

1.4.1 Deprivation

1.4.1.1 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 2012	Indicator	Value 2012	Rank 2011	Value 2011
8	Index of Multiple Deprivation (score)	12.0	8	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.

1.4.1.2 Census deprivation score

The 2011 Census provides an alternative measure of deprivation based on 4 indicators from the census data. The Index of Multiple Deprivation is usually used because it takes into account a wider range of measures, but the census data is more recent.

The 4 indicators are: (1) Employment: a member of the household is unemployed or long-term sick (2) Education: no person in the household has at least level 2 education (3) Housing: the household is either overcrowded, is a shared dwelling or has no central heating (4) Health and disability: any person in the household who has a health status of 'bad' or 'very bad' or has a long-term health problem.

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
11	Census deprivation score (households in local area)	0.67	n/a	n/a

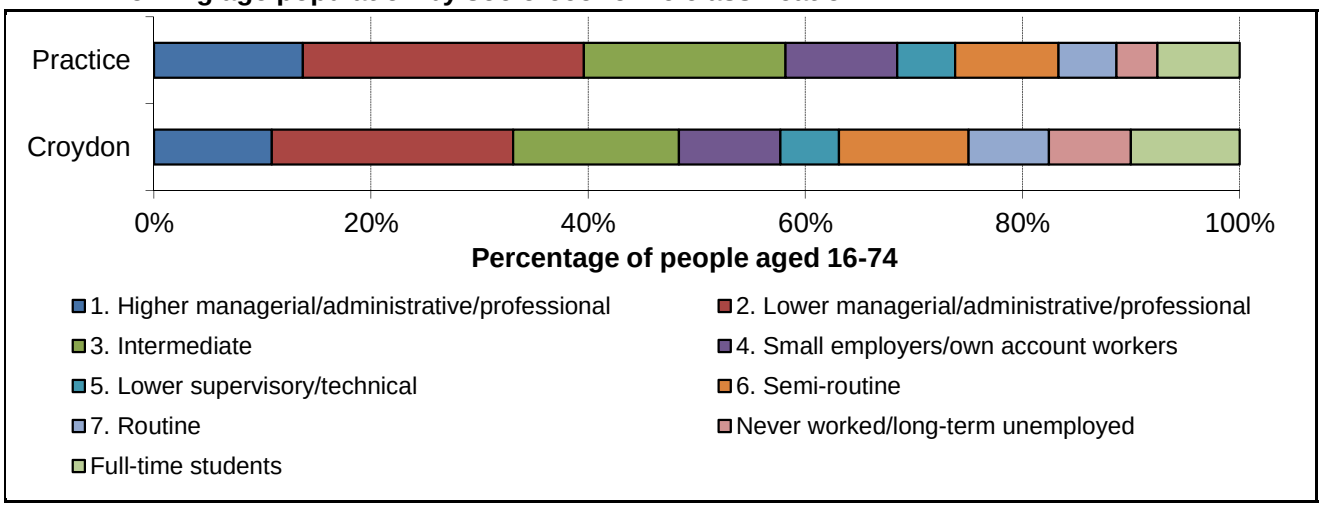
1.4.2 Income

1.4.2.1 Income deprived households

10	Children living in income deprived households (%)	13.2%	10	13.7%
8	Older people living in income deprived households	9.4%	8	9.4%

The figure below provides an indication of socio-economic position based on occupation for the practice population compared with Croydon as a whole. The data are estimated from the 2011 Census based on the postcodes of where patients who are registered with the practice live. Categories 1 to 7 are approximately in order of social class.

1.4.2.2 Working age population by socio-economic classification



Source: 2011 Census data, attributed to practices by patient postcode

1.4.3 Employment

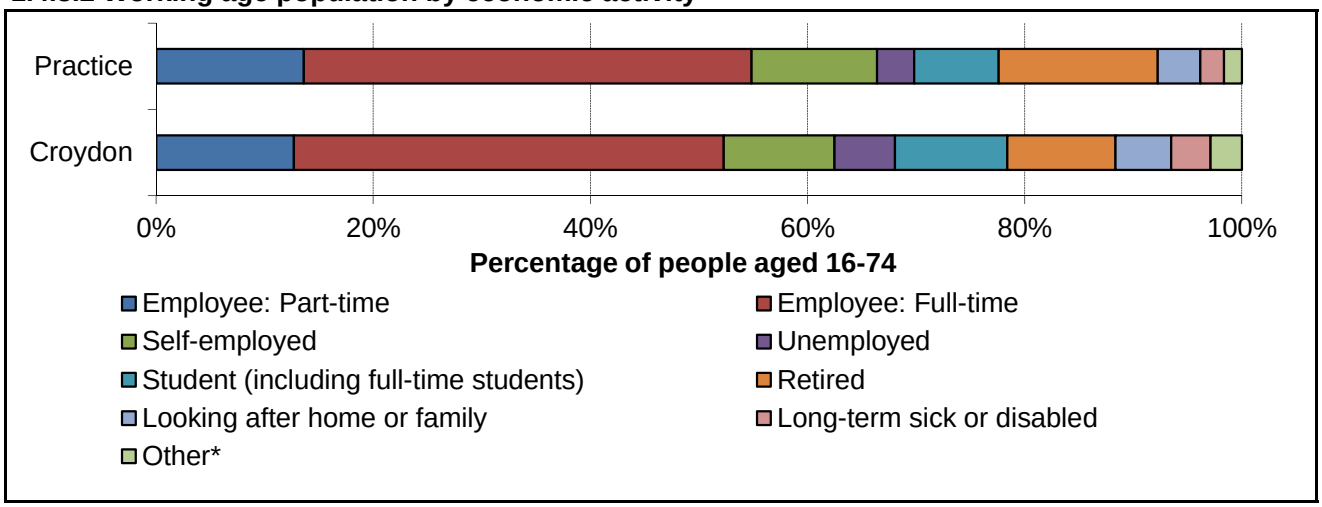
Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011

1.4.3.1 Out-of-work benefits

8	Job seekers allowance claimants aged 16-64	2.4%	5	2.1%
10	Working age people on out-of-work benefits	7.2%	10	6.6%

The figure below shows the economic activity of the practice population compared with Croydon as a whole in the week prior to the 2011 Census. The data are estimated based on the postcodes of where patients who are registered with the practice live. Economic activity provides a measure of whether or not a person was an active participant in the labour market.

1.4.3.2 Working age population by economic activity



Source: 2011 Census data, attributed to practices by patient postcode

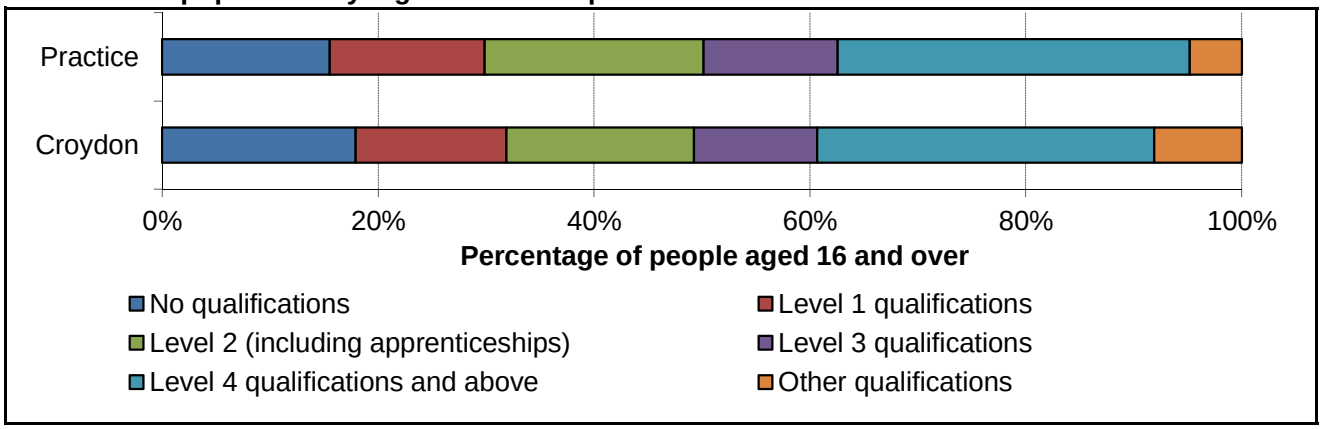
** 'Other' includes people who were not in employment and did not meet the criteria to be classified as unemployed for reasons other than being retired, a student, looking after home or family or being permanently sick or disabled.*

1.4.4 Education, skills and training

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
1.4.4.1 School attainment				
10	Children achieving good level of development at age 5	68.5%	2	71.1%
13	GCSE achieved (5 A*-C incl Eng & Maths)	68.5%	18	63.5%
15	Secondary school absence	5.6%	52	6.5%
1.4.4.2 Higher education				
23	Young people not entering higher education	46.0%	27	46.1%
44	Adults with no or low qualifications	9.8%	43	9.9%

The figure below shows the highest level of qualification held by adults in the practice population compared with Croydon as a whole. The data are estimated from the 2011 Census based on the postcodes of where patients who are registered with the practice live.

1.4.4.3 Adult population by highest level of qualifications



Source: 2011 Census data, attributed to practices by patient postcode

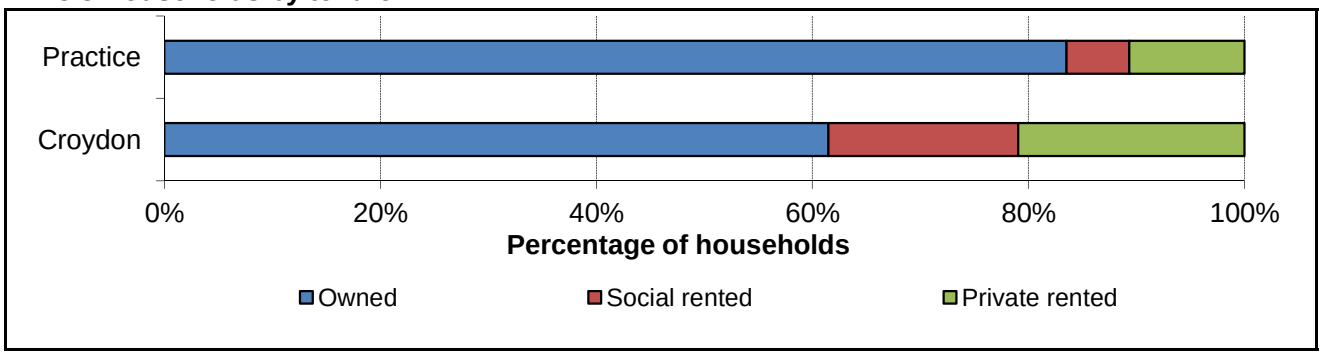
No qualifications:	*No academic or professional qualifications*
Level 1 qualifications:	*Equivalent to 1-4 CSE/GCSEs (any grades)*
Level 2 (including apprenticeships):	*Equivalent to 5+ GCSEs (Grades A*-C)*
Level 3 qualifications:	*Equivalent to 2+ A Levels*
Level 4 qualifications and above:	*Equivalent to degree or postgraduate qualification*
Other qualifications:	*Vocational, work-related or foreign qualifications*

1.4.5 Housing and services

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
1.4.5.1 Overcrowded housing				
10	Overcrowded housing (% of households)	5.1%	n/c	n/c
1.4.5.2 Barriers to services				
11	Car availability (cars/vans per household)	1.41	n/c	n/c
85	Road distance to local services (miles)	0.74	83	0.74

The figure below shows the tenure of households for the practice population compared with Croydon as a whole. The data are estimated from the 2011 Census based on the postcodes of where patients who are registered with the practice live.

1.4.5.3 Households by tenure



Source: 2011 Census data, attributed to practices by patient postcode

Owned: *Accommodation that is either owned outright or owned with a mortgage or loan*

Social rented: *Accommodation that is rented from a council, registered social landlord or housing association*

Private rented: *Accommodation that is rented from a private landlord or letting agency, relative or friend*

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011

1.4.6 Crime

1.4.6.1 Criminal offences				
11	Violence (offences per 1,000 population)	8.7	15	9.9
46	Burglary (offences per 1,000 population)	11.7	30	9.3
31	Theft (offences per 1,000 population)	21.7	28	22.4
26	Criminal damage (offences per 1,000 population)	6.8	10	6.7

1.4.7 Living environment

1.4.7.1 Air quality				
20	Air quality (score)	1.0	20	1.0
1.4.7.2 Road traffic accidents				
8	Road traffic accidents (score)	0.7	8	0.7

1.5 Health status

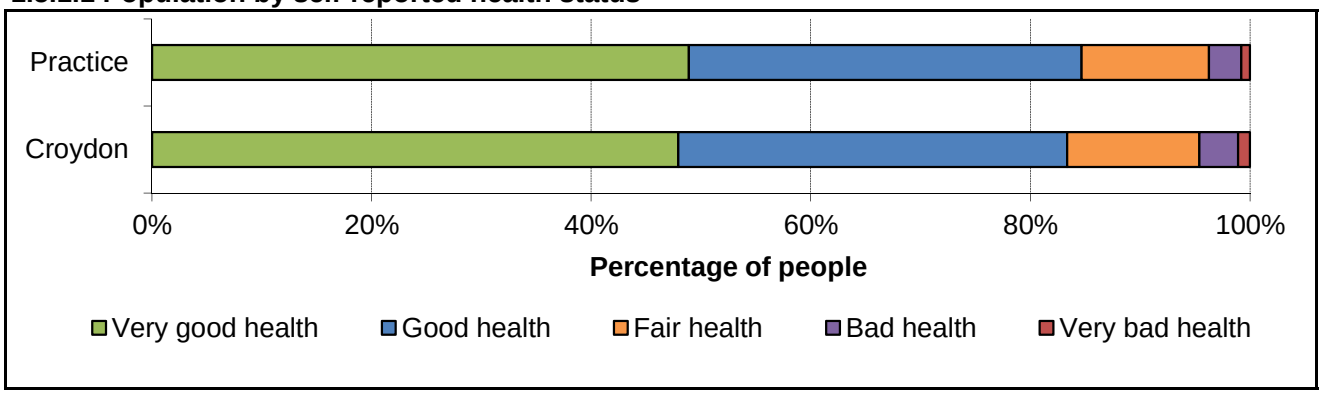
This section shows data for the questions on health and disability from the 2011 Census. The data in this section are not standardised for age or gender, so may reflect worse health due to old age where the practice has an older population than the Croydon average. The data are estimated based on the postcodes of where patients who are registered with the practice live. Therefore, this describes the areas that patients come from rather than the patients themselves.

1.5.1 Overall health status

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
7	Bad or very bad health (%)	3.7%	n/c	n/c

The figure below shows responses to the 2011 Census question, 'How good is your health generally?'

1.5.1.1 Population by self-reported health status



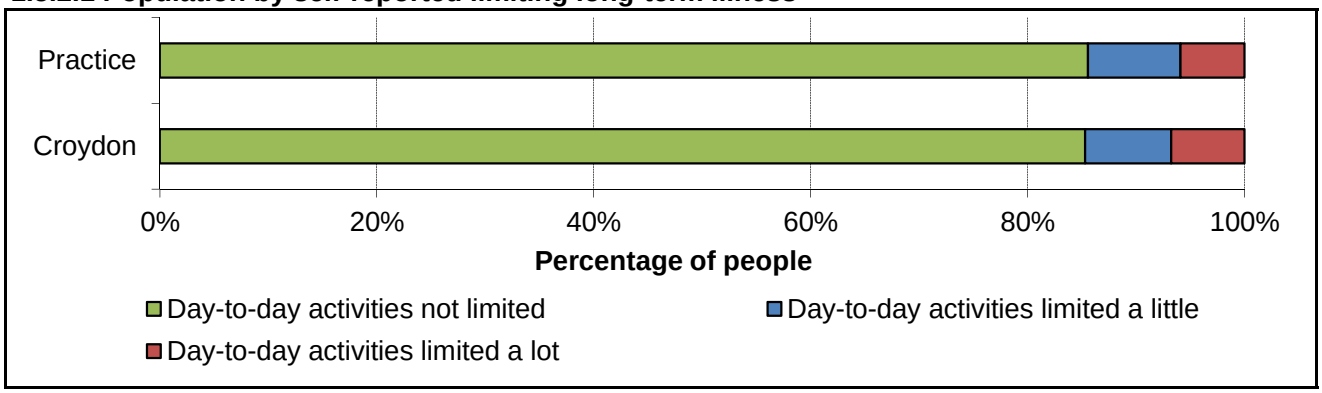
Source: 2011 Census data, attributed to practices by patient postcode

1.5.2 Disability

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
48	Limiting long-term illness (%)	14.4%	n/c	n/c

The figure below shows the proportion of people who responded that they had a long-term health problem or disability that limits their day-to-day activities, and has lasted, or is expected to last, at least 12 months. This includes problems that are related to old age.

1.5.2.1 Population by self-reported limiting long-term illness



Source: 2011 Census data, attributed to practices by patient postcode

The practice has a lower proportion of patients in bad or very bad health than the Croydon average.

1.6 Vulnerable groups

As well as looking at data on the determinants of health for their local populations, GPs commissioning services will wish to consider information regarding the prevalence of vulnerable groups in their local populations. Vulnerable groups are groups of patients who are likely to have additional needs and experience poorer outcomes if those needs are not met.

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
1.6.1 Lone parent families				
8	Lone parent families (% of households in local area)	5.7%	n/c	n/c
1.6.2 Patients with mental health conditions, learning disability or special needs				
43	Prevalence of learning disability (ages 18+)	0.44%	35	0.36%
15	Prevalence of autism (all ages)	0.19%	12	0.17%
0	Prevalence of severe mental illness (all ages)	0.4%	5	0.5%
1.6.3 Care home residents				
38	Nursing home residents (% of list)	0.03%	n/c	n/c
48	Residential home residents (% of list)	0.04%	n/c	n/c
1.6.4 Older people living alone				
93	Older people living alone (% of households)	11.9%	n/c	n/c
1.6.5 Carers				
93	Unpaid carers (% of people in local area)	11.2%	n/c	n/c

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

1.7 Mortality

A standardised mortality ratio (SMR) compares the number of the observed deaths at the practice with the number of expected deaths if the practice were to have the same age-specific death rates as Croydon as a whole. It is expressed as a ratio of observed to expected deaths, multiplied by 100.

An SMR equal to 100 implies that the practice mortality rate is the same as Croydon as a whole. A number higher than 100 implies an excess mortality rate whereas a number below 100 implies mortality is below the Croydon average.

Some practices have a large number of patients at care homes for whom mortality will be higher than in the rest of the population so SMRs are shown including and excluding care home deaths.

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
1.7.1 Standardised mortality ratios				
15	SMR (all deaths)	68	5	68
31	SMR (excluding deaths at care homes)	89	18	87
1.7.2 Deaths at home				
13	Proportion of deaths at own home	23.9%	13	25.2%
43	Proportion of deaths at own home or care home	23.9%	55	26.2%

Mortality rates at the practice are below the Croydon average. A higher proportion of deaths occur at the patient's own home than the Croydon average.

2 Patient experience

Feedback from patients provides important additional information for practices to 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 2011/2012

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 2011 and March 2012. More detailed results are available at http://www.gp-patient.co.uk/results/.

2.1.1 Responses

The practice received 132 reponses to the 2011/2012 GP Patient Survey, compared with an average of 125 responses for practices in Croydon.

	Practice	Croydon	Comparison
Response rate (% of questionnaires returned)	49.3%	32.1%	**Higher**

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
2.1.2 Overall experience				
2	Overall experience of GP surgery (%)	99.2%	n/c	n/c
8	Would recommend to someone new to local area (score)	89.3	13	90.1
2.1.3 Access				
2.1.3.1 Reception				
46	Helpfulness of receptionist (score)	83.0	33	86.2
5	Overheard at reception and not happy about it (%)	11.6%	5	8.0%
2.1.3.2 Opening hours				
46	Satisfaction with opening hours (score)	79.0	12	82.2
70	Convenience of opening hours (%)	80.6%	n/a	n/a
2.1.3.3 Phoning the surgery				
18	Ease of getting through on the phone (% easy)	94.7%	15	94.1%

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
2.1.3.4 Booking appointments				
11	Overall experience of making an appointment (%)	91.1%	n/a	n/a
13	Able to get an appointment (%)	95.1%	n/a	n/a
36	Convenience of appointment time (score)	81.6	n/a	n/a
18	Frequency of seeing preferred GP (Score)	75.7	n/a	n/a
38	Seen or spoken to doctor in last 6 months (%)	79.8%	85	74.8%
49	Seen or spoken to a nurse in last 6 months (%)	55.4%	n/a	n/a
2.1.3.5 Waiting time				
25	Normally wait less than 15 minutes to be seen (%)	79.3%	n/c	n/c
20	Impression of waiting time (score)	84.1	23	83.4
2.1.4 Care provided by doctors				
18	Giving patient enough time (score)	87.0	n/c	n/c
7	Listening to patient (score)	90.9	n/c	n/c
25	Explaining test and treatments (score)	86.0	n/c	n/c
15	Involving patient in decisions about their care (score)	84.5	n/c	n/c
15	Treating patient with care and concern (score)	86.3	n/c	n/c
10	Confidence and trust in doctor (score)	89.3	n/c	n/c
2.1.5 Care provided by nurses				
3	Giving patient enough time (score)	92.6	n/c	n/c
3	Listening to patient (score)	91.8	n/c	n/c
7	Explaining test and treatments (score)	90.7	n/c	n/c
7	Involving patient in decisions about their care (score)	87.8	n/c	n/c
8	Treating patient with care and concern (score)	90.2	n/c	n/c
3	Confidence and trust in nurse (Score)	94.1	n/a	n/a

3 Activity

3.1 Prescribing

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
3.1.1 Prescribing quality				
82	Antibiotics volume (items per STAR-PU)	1.24	58	1.10
41	Cephalosporins/quinolones (% of items)	4.1%	n/c	6.9%
64	Generic prescribing (% of all items)	86.7%	22	88.0%
8	NSAIDS volume (ADQ per STAR-PU)	1.5	8	1.8
3.1.2 Prescribing costs				
13	Total prescribing cost (NIC per ASTRO-PU)	£18.11	18	£18.76
56	Enteral sip feeds cost (NIC per PU)	£1.06	30	£0.90
80	Wound care products cost (NIC per item)	£39.57	n/a	n/a
39	PPIs (cost per 1,000 ASTRO-PU)	£309	n/a	n/a

3.2 Urgent care

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
3.2.1 A&E attendances				
18	Attendances (all hours) (AS rate per 1,000)	298.3	27	294.6
39	GP referrals to A&E (AS rate per 1,000)	18.1	8	15.3
11	Admission rate (% of GP referrals to A&E)	37.2%	2	46.7%
18	Admission rate (% of all attendances)	21.6%	62	19.6%
3.2.2 Emergency admissions				
54	General surgery (AS rate per 1,000)	10.5	35	9.5
66	Trauma & orthopaedics (AS rate per 1,000)	4.1	62	4.0
26	Specialty 'A&E' (AS rate per 1,000)	11.2	8	10.3
21	General medicine (AS rate per 1,000)	24.6	13	19.2
16	Paediatric medicine (AS rate per 1,000)	4.4	47	7.7
3	Gynaecology (AS rate per 1,000)	1.1	20	2.3
51	Elderly care (AS rate per 1,000)	7.4	22	5.3

3.3 Seasonal flu vaccination

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
G	Flu vaccine uptake for over 65s	82.3%	G	79.4%
G	Flu vaccine uptake for at risk groups aged under 65	60.5%	n/a	n/a
G	Flu vaccine uptake for patients with diabetes (DM18)	94.0%	G	91.6%
G	Flu vaccine uptake for patients with CHD (CHD12)	96.7%	G	93.1%
G	Flu vaccine uptake for patients with stroke (STR10)	92.6%	G	87.0%
G	Flu vaccine uptake for patients with COPD (COPD8)	95.9%	G	93.8%

3.4 Child health

3.4.1 Birth rate

	Practice	Croydon	Comparison
Births (rate per 1,000 women aged 11-49 per year)	42.4	48.6	Similar

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011

3.4.2 Breastfeeding

43	Breastfeeding initiation within 48 hours of birth	87.2%	65	84.2%
66	Breastfeeding at new birth visit	75.7%	75	72.5%
78	Any breastfeeding at 6-8 weeks	57.6%	82	55.9%
53	Total breastfeeding at 6-8 weeks	35.0%	68	31.4%

3.4.3 Childhood immunisations

G	Primary immunisations uptake at 1 year	94.8%	G	96.2%
G	MMR uptake at 2 years	94.9%	A	89.2%
G	Meningitis C/Hib uptake at 2 years	96.0%	n/c	90.1%
A	Pneumococcal vaccine uptake at 2 years	94.9%	n/c	89.2%
A	Pre-school booster uptake at 5 years	82.7%	A	80.6%
A	MMR uptake at 5 years	80.8%	A	80.6%

3.5 Older people

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011

3.5.1 Admissions

77	Elective admissions for over 65s (AS rate per 1,000)	338.2	28	238.9
18	Emergency admissions for over 65s (ASR per 1,000)	205.2	13	175.6

3.6 GP referral rates

The data in this section is for referrals by GPs where patients were seen by a consultant. All rates are standardised for age and sex. Only those rates which are significantly different to the Croydon average have been highlighted.

We would expect some variation 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 between the practice rate and Croydon is appropriate.

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

	Practice	Croydon
Cancer two-week wait referrals (rate per 1,000)	23.7	16.1

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

	Practice	Croydon
General medicine OPD referrals per 1,000 patients	19.6	23.3
Gynaecology OPD referrals per 1,000 patients	13.0	19.6
Ear, nose & throat OPD referrals per 1,000 patients	10.5	14.9
Ophthalmology OPD referrals per 1,000 patients	9.2	14.6
Cardiology OPD referrals per 1,000 patients	8.6	10.7
Breast surgery OPD referrals per 1,000 patients	7.1	9.1
Respiratory medicine OPD referrals per 1,000 pts	2.4	4.4

All other referral rates were similar to the Croydon average. This includes the following indicators:

- Trauma & orthopaedics OPD referrals per 1,000 pts
- Memory service, accepted referrals per 1,000 patients
- Community MH services for older adults, referrals
- CAMHS accepted referrals per 1,000 patients
- Community MH services for adults, referrals per 1,000
- General surgery OPD referrals per 1,000 patients
- Dermatology OPD referrals per 1,000 patients
- Urology OPD referrals per 1,000 patients
- Colorectal surgery OPD referrals per 1,000 patients
- Acute/A&E liaison services accepted referrals per 1,000
- Gastroenterology OPD referrals per 1,000 patients
- Paediatric medicine OPD referrals per 1,000 patients
- Neurology OPD referrals per 1,000 patients
- Rheumatology OPD referrals per 1,000 patients

4 Encouraging healthy lifestyles

4.1 Smoking

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
4.1.1 Prevalence				
23	Prevalence of smoking (ages 16+)	17.2%	23	17.6%
15	Smoking during pregnancy (% of new mothers)	4.7%	53	8.8%
4.1.2 Quit rates				
38	4 week quitters (provided service) (rate per 1,000)	0.8	43	0.5
69	4 week quitters (registered patients) (rate per 1,000)	1.7	53	4.5
20	Smokers at practice quitting in last 12 mth (ages 16+)	8.9%	29	7.7%
4.1.3 Quality of care and outcomes				
A	Smoking status recorded in last 27 months (REC23)	87.7%	A	84.7%
G	Smoking status recorded (on disease registers)	97.7%	G	95.8%
G	Smoking advice in last 15 months (disease registers)	96.3%	G	99.2%
80	Exception reporting for QOF smoking indicators	0.9%	13	0.3%

4.2 Alcohol and drugs

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
4.2.1 Prevalence				
25	Prevalence of alcohol dependence (ages 18+)	0.5%	27	0.5%
17	Prevalence of chronic liver disease	0.1%	10	0.1%
50	Prevalence of drug dependence (ages 18+)	0.3%	47	0.3%
25	Drug offences (offences per 1,000 population)	3.3	22	2.9
4.2.2 Quality of care and outcomes				
75	Alcohol consumption recorded in last 15 mths (18+)	10.9%	80	10.4%

4.3 Obesity, physical activity and diet

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
4.3.1 Prevalence				
30	Prevalence of obesity (children aged 4-5)	9.8%	25	9.6%
18	Prevalence of obesity (children aged 10-11)	17.8%	18	18.0%
43	Prevalence of obesity (adult men)	20.1%	46	19.7%
16	Prevalence of obesity (adult women)	20.7%	17	20.2%
69	Estimated adult obesity undiagnosed (%)	62.9%	42	48.0%
4.3.2 Quality of care and outcomes				
44	BMI recorded in last 15 months (ages 16+)	35.5%	18	53.3%
85	Exercise status recorded in last 15 months (age 16+)	0.7%	90	0.8%

4.4 Sexual health

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
10	NHS abortions (rate per 1,000 women aged 11-49)	12.2	17	13.4
34	Repeat abortions (% of abortions)	45.5%	30	45.2%
25	Under 18 conceptions (per 1,000 women aged 15-17)	26.3	10	22.9
G	Advice about LARC (oral or patch last 15 months) (SH02)	95.2%	G	96.3%
G	Advice about LARC (EHC in last 12 months) (SH03)	100.0%	n/a	n/a

5 Specific diseases

5.1 Disease prevalence

Prevalence measures the existing cases of a disease in a population at a point in time. All prevalence rates in the profiles are age-sex standardised to the Croydon average, which means they take into account the differences in age/sex structure between practices.

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

	Practice	Croydon
Asthma ever diagnosed	8.1%	7.2%
Cancer (diag since 1st April 2003)	1.9%	1.4%

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

	Practice	Croydon
Obesity (adult women)	20.7%	25.4%
Smoking (ages 16+)	17.2%	20.4%
Hypertension	10.0%	12.1%
Diagnosed depression (ages 18+)	4.1%	7.4%
Type 2 diabetes (ages 17+)	3.4%	5.7%
CKD stage 3 (ages 18+)	2.6%	3.1%
COPD	0.61%	0.98%
Alcohol dependence (ages 18+)	0.48%	0.76%
Severe mental illness (all ages)	0.4%	1.0%
Stroke	0.30%	0.57%
Autism (all ages)	0.19%	0.32%
COPD with MRC score 3-5	0.17%	0.38%
CKD stage 4-5 (ages 18+)	0.13%	0.27%
Bipolar affective disorder	0.09%	0.20%
Other psychoses (on MH register)	0.08%	0.36%
Schizophrenia	0.07%	0.41%

5.2 Diabetes

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
5.2.1 Prevalence				
62	Prevalence of type 1 diabetes (ages 17+)	0.49%	68	0.53%
7	Prevalence of type 2 diabetes (ages 17+)	3.4%	10	3.3%
82	Estimated diabetes undiagnosed (%)	42.7%	78	42.8%
5.2.2 Risk factors and related diseases				
3	Smoking prevalence for patients with diabetes	7.7%	5	7.4%
49	Obesity (BMI>30) prevalence for diabetes	42.9%	47	41.2%
10	Depression prevalence for patients with diabetes	1.9%	12	2.6%
80	CKD prevalence for patients with diabetes	17.2%	85	18.9%
90	CHD prevalence for patients with diabetes	17.4%	87	17.6%
5.2.3 Quality of care and outcomes				
18	Reviewed in last 12 months (patients with diabetes)	92.8%	7	94.8%
G	Body mass index recorded in last 15 months (DM2)	95.9%	G	97.1%
G	BP <= 150/90 in last 15 months (DM30)	93.1%	n/a	n/a
G	BP <= 140/80 in last 15 months (DM31)	81.9%	n/a	n/a
G	Cholesterol <= 5mmol/l in last 15 months (DM17)	84.2%	G	81.1%
G	HbA1c <= 7.5 in last 15 months (DM26)	67.9%	n/a	n/a
G	HbA1c <= 8.0 in last 15 months (DM27)	78.5%	G	80.2%
G	HbA1c <= 9.0 in last 15 months (DM28)	90.1%	G	90.9%
G	Retinal screening in last 15 months (DM21)	92.6%	A	89.3%
G	Foot exam and risk class in last 15 months (DM29)	93.4%	G	93.8%
G	Neuropathy checked in last 15 months (DM10)	92.9%	G	93.1%
G	Micro-albuminuria testing in last 15 months (DM13)	95.1%	G	90.9%
G	Serum creatinine checked in last 15 months (DM22)	98.4%	G	98.8%
23	Hypoglycaemic agents (% of items)	92.6%	n/c	91.6%
51	Glucose blood testing strips (NIC per 1,000 patients)	£2,472	n/c	n/c
13	Exception reporting for QOF diabetes indicators	3.4%	30	3.8%
18	Emergency adm for diabetes (AS rate per 1,000)	0.32	20	0.24

5.3 Mental health

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011

5.3.1 Depression

5.3.1.1 Prevalence

22	Prevalence of diagnosed depression (ages 18+)	4.1%	25	4.1%

5.3.1.2 Quality of care and outcomes

G	Case finding in last 15 mth (diabetes/CHD) (DEP1)	92.1%	G	92.8%
G	New diagnoses assessed for severity (DEP4)	100.0%	G	100.0%
G	Second assessment for severity (DEP5)	100.0%	G	90.9%
11	Exception reporting for QOF depression indicators	1.8%	48	3.2%
21	Antidepressants (first choice % of items)	69.7%	n/a	n/a

5.3.2 Severe mental illness

5.3.2.1 Prevalence

3	Prevalence of schizophrenia	0.07%	0	0.09%
15	Prevalence of bipolar affective disorder	0.09%	12	0.09%
5	Prevalence of other psychoses (on MH register)	0.08%	5	0.09%

5.3.2.2 Quality of care and outcomes

G	Comprehensive care plan agreed (MH10)	90.7%	G	93.0%
G	Alcohol consumption recorded in last 15 months (MH11)	97.4%	R	51.5%
G	Body mass index recorded in last 15 months (MH12)	97.4%	R	72.1%
G	BP recorded in last 15 months (MH13)	92.9%	R	55.9%
G	Cholesterol/HDL recorded in last 15 months (MH14)	90.0%	n/a	n/a
G	Blood glucose recorded in last 15 months (MH15)	96.6%	R	39.7%
G	Cervical screening in last 5 years (MH16)	92.9%	n/c	n/c
10	Benzodiazepines volume (ADQ per STAR-PU)	1.8	13	2.1
82	Exception reporting for QOF mental health indicators	12.6%	93	21.2%
16	Admissions to SLAM (rate per 1,000)	0.98	n/a	n/a

5.3.3 Dementia

5.3.3.1 Prevalence

35	Prevalence of dementia	0.3%	38	0.2%
67	Estimated dementia undiagnosed (%)	68.7%	67	70.9%

5.3.3.2 Quality of care and outcomes

G	Reviewed in last 15 months (DEM2)	70.5%	G	60.0%

5.4 Circulatory diseases

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
5.4.1 Primary prevention of cardiovascular disease				
5.4.1.1 NHS health checks				
8	NHS Health Check Programme (% uptake)	19.2%	n/a	n/a
5.4.1.2 Quality of care and outcomes				
G	BP recorded in last 5 years (ages 45+) (RECORD11)	89.3%	G	87.7%
33	CVD risk recorded in last 5 years (ages 40-74)	24.2%	n/c	n/c
G	CVD risk recorded (new hypertension patients) (PP1)	95.2%	G	92.7%
G	Lifestyle advice in last 15 months (PP2)	82.2%	G	79.5%
49	Exception reporting for QOF PP indicators	7.3%	17	5.6%
5.4.2 Hypertension				
5.4.2.1 Prevalence				
13	Prevalence of hypertension	10.0%	12	9.8%
44	Estimated hypertension undiagnosed (%)	44.9%	38	44.0%
5.4.2.2 Risk factors				
7	Smoking prevalence for patients with hypertension	7.6%	8	7.6%
5.4.2.3 Quality of care and outcomes				
G	BP <= 150/90 in last 9 months (BP5)	84.5%	G	82.4%
13	Exception reporting for QOF hypertension indicators	0.9%	8	0.9%
5.4.3 Coronary heart disease				
5.4.3.1 Prevalence				
45	Prevalence of CHD	2.2%	45	2.2%
42	Prevalence of angina	0.9%	42	1.0%
20	Estimated CHD undiagnosed (%)	27.8%	15	22.6%
5.4.3.2 Risk factors				
11	Smoking prevalence for patients with CHD	7.3%	8	7.0%
15	Depression prevalence for patients with CHD	1.5%	15	1.8%
5.4.3.3 Quality of care and outcomes				
49	Reviewed in last 12 months (patients with CHD)	94.0%	28	96.5%
G	BP <= 150/90 in last 15 months (CHD6)	92.0%	G	92.8%
G	Cholesterol <= 5mmol/l in last 15 months (CHD8)	83.7%	G	86.8%
G	Anti-platelet/anti-coagulant in last 6 months (CHD9)	93.0%	G	93.9%
G	Beta blocker in last 6 months (CHD10)	72.3%	G	74.4%
46	Total statins and ezetembe (cost per 1,000 STAR-PU)	£847	n/a	n/a
11	Exception reporting for QOF CHD indicators	4.9%	13	4.1%
75	Emergency admissions for CHD (AS rate per 1,000)	1.9	52	1.5

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011

5.4.4 Atrial fibrillation

5.4.4.1 Prevalence

65	Prevalence of atrial fibrillation	1.0%	82	1.0%
28	Estimated atrial fibrillation undiagnosed (%)	2.8%	0	0.0%

5.4.4.2 Quality of care and outcomes

G	Anti-coagulant or anti-platelet last 15 months (AF3)	92.7%	G	92.0%
25	Exception reporting for QOF AF indicators	1.3%	40	2.6%

5.4.5 Heart failure

5.4.5.1 Prevalence

53	Prevalence of heart failure	0.47%	63	0.51%
48	Estimated heart failure undiagnosed (%)	59.0%	40	53.3%

5.4.5.2 Quality of care and outcomes

G	Diagnosis confirmed by echocardiogram (HF2)	97.4%	n/a	n/a
G	ACE inhibitor in last 6 months (HF3)	96.6%	G	96.6%

5.4.6 Stroke or TIA

5.4.6.1 Prevalence

5	Prevalence of stroke	0.30%	3	0.30%
77	Prevalence of TIA	0.61%	82	0.64%
33	Estimated stroke/TIA undiagnosed (%)	20.5%	17	10.5%

5.4.6.2 Risk factors

33	Smoking prevalence for stroke/TIA patients	9.7%	30	9.3%

5.4.6.3 Quality of care and outcomes

G	BP <= 150/90 in last 15 months (STR6)	92.0%	G	88.3%
G	Cholesterol <= 5mmol/l in last 15 months (STR8)	76.5%	G	79.3%
G	Anti-platelet/anti-coagulant in last 15 mth (STR12)	90.5%	G	94.6%
5	Exception reporting for QOF stroke/TIA indicators	2.6%	15	3.9%
25	Emergency admissions for stroke (AS rate per 1,000)	0.9	18	0.8

5.5 Respiratory diseases

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
5.5.1 COPD				
5.5.1.1 Prevalence				
18	Prevalence of COPD	0.61%	12	0.52%
10	Prevalence of COPD with MRC score 3-5	0.17%	12	0.16%
56	Estimated COPD undiagnosed (%)	72.3%	68	75.1%
5.5.1.2 Risk factors				
10	Smoking prevalence for patients with COPD	24.1%	10	21.0%
5.5.1.3 Quality of care and outcomes				
G	Confirmed post bronchodilator spirometry (COPD15)	93.0%	G	95.5%
G	Reviewed in last 15 months incl MRC (COPD13)	90.0%	G	94.7%
G	FeV1 checked in last 15 months (COPD10)	96.1%	G	98.7%
5	Exception reporting for QOF COPD indicators	3.8%	53	12.0%
20	Emergency admissions for COPD (AS rate per 1,000)	0.9	18	0.9
5.5.2 Asthma				
5.5.2.1 Prevalence				
65	Prevalence of asthma ever diagnosed	8.1%	68	8.3%
63	Prevalence of asthma treated in last 12 months	5.2%	63	5.1%
25	Estimated asthma undiagnosed (%)	40.6%	30	41.8%
5.5.2.2 Risk factors				
11	Smoking prevalence for patients with asthma	10.7%	13	12.6%
5.5.2.3 Quality of care and outcomes				
G	Confirmed by spirometry/peak flow (ASTHMA8)	87.0%	G	100.0%
G	Smoking recorded for ages 14-19 (ASTHMA3)	88.5%	G	86.5%
G	Reviewed in last 15 months (ASTHMA6)	72.5%	G	77.4%
49	Inhaled corticosteroids (cost per 1,000 STAR-PU)	£1,110	n/a	n/a
61	Exception reporting for QOF asthma indicators	2.7%	87	10.9%
10	Emergency admissions for asthma (ASR per 1,000)	47.8%	17	60.1%

5.6 Cancer

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
5.6.1 Prevalence				
95	Prevalence of cancer (diag since 1st April 2003)	1.9%	97	1.7%
5.6.2 Screening				
G	Cervical screening coverage (last 5 yrs) (ages 25-64)	80.1%	A	78.4%
A	Breast screening coverage (last 3 years) (age 50-70)	70.6%	A	73.4%
5	Bowel screening (% screened of those invited)	60.3%	7	58.8%

5.6.3 Diagnostic procedures

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

	Practice	Croydon
Colonoscopy procedures (rate per 1,000)	13.3	9.1

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

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

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
5.6.4 Quality of care and outcomes				
G	Reviewed within 6 months of diagnosis (CANCER3)	97.4%	G	93.9%

5.7 Chronic kidney disease

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
5.7.1 Prevalence				
45	Prevalence of CKD stage 3 (ages 18+)	2.6%	52	2.7%
20	Prevalence of CKD stage 4-5 (ages 18+)	0.13%	40	0.19%
52	Estimated CKD undiagnosed (%)	59.9%	43	56.4%
5.7.2 Quality of care and outcomes				
G	BP <= 140/85 in last 15 months (CKD3)	82.0%	G	81.8%
G	ACE inhibitor in last 6 months (CKD5)	84.0%	G	92.0%
G	Urine albumin : creatinine ratio in last 15 mth (CKD6)	87.0%	G	87.9%
26	Exception reporting for QOF CKD indicators	1.2%	58	2.1%

5.8 Epilepsy

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
5.8.1 Prevalence				
60	Prevalence of epilepsy treated in last 6 months (18+)	0.65%	55	0.63%
34	Estimated epilepsy undiagnosed (%)	26.2%	40	29.7%
5.8.2 Quality of care and outcomes				
G	Seizure frequency recorded in last 15 mth (EPIL6)	96.9%	G	98.4%
G	Seizure free during last 12 months (EPIL8)	71.4%	G	76.4%
51	Exception reporting for QOF epilepsy indicators	10.7%	35	4.7%

5.9 Hypothyroidism

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
5.9.1 Prevalence				
38	Prevalence of hypothyroidism treated in last 6 months	3.5%	43	3.3%
5.9.2 Quality of care and outcomes				
G	Thyroid function tests in last 15 months (THYROID2)	99.0%	G	97.6%

5.10 Osteoporosis

Rank 2012	Indicator	Value 2012	Rank 2011	Value 2011
5.10.1 Prevalence				
70	Prevalence of osteoporosis	0.90%	70	0.89%
5.10.2 Quality of care and outcomes				
80	Emergency admissions for fractured neck of femur	0.90	77	0.87

Further information

The Association of Public Health Observatories (APHO) have also produced **National General Practice Profiles** that you can use to compare your practice to other practices across England. You can access at http://www.apho.org.uk/PracProf/.

The data in the Croydon profiles may be different from the APHO profiles as different definitions, data sources, prevalence models or time periods may have been used for indicators.

The profiles are produced by the Croydon Public Health Intelligence Team (C-PHIT). Much of the work for this year's profiles was done by Nerissa Almeida Santimano, Public Health Information Analyst. For **further information** about the profiles, please contact **David Osborne**, Senior Public Health Information Analyst on 020 8274 6117 or email David.Osborne@croydonpct.nhs.uk / David.Osborne@nhs.net.

C-PHIT is the Health Intelligence Team of Croydon Borough Team's Public Health Department. We are a team of experts in health intelligence (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
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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 80 to 100 are coloured shades of red, 50 to 80 are coloured yellow and 0 to 50 are coloured shades of green.

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.

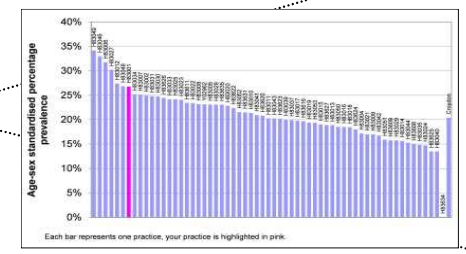
If the percentile rank is greater than 50, your practice is **below average** for the indicator, so you may wish to think about if this is what you would expect or if you need to focus on improving your practice's performance for the indicator.

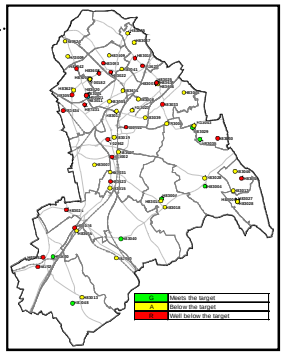
If the percentile rank is above 80, your practice is in the **bottom 20% of practices** for the indicator and you may wish to consider to whether you can improve your practice's performance for the indicator.

How does my practice compare to others in Croydon?

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

Prevalence of smoking (ages 16+)





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

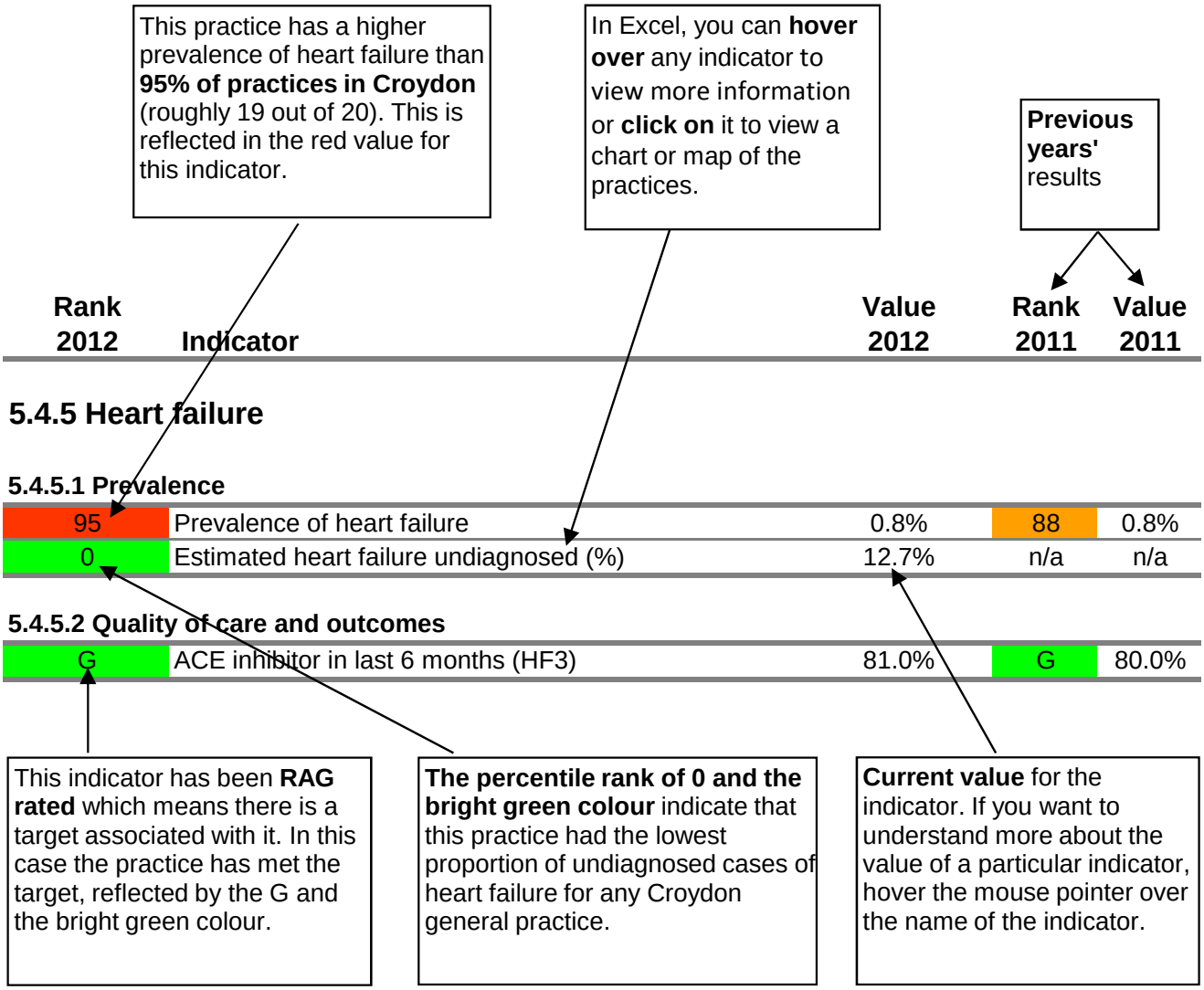
Hover the mouse pointer over the name of an indicator to show more information about the data used.

Prevalence of smoking (ages 16+)

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 in the 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.