

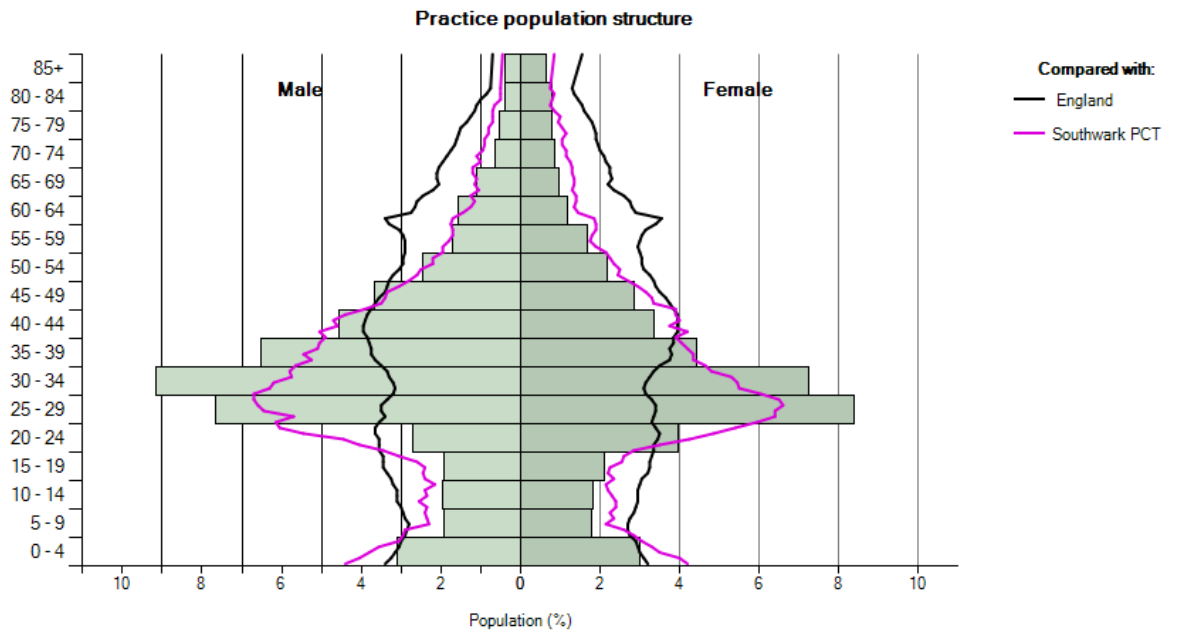
ASGP Profile

Geography

Bermondsey & Rotherhithe locality is in the north-east of the borough. ASGP is one of 10 practices.

- Albion Street Health Centre

Demographics



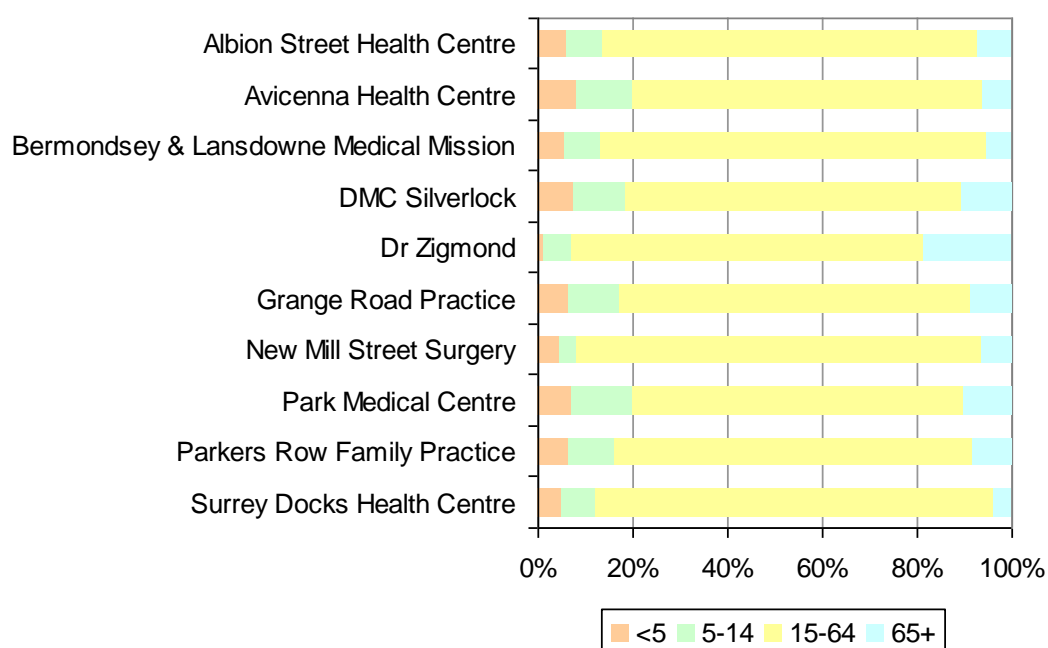
Registered population (people registered with the 10 practices)

- The registered population of Bermondsey and Rotherhithe is 68,222¹ and is the smallest of the localities in Southwark according to registered population size.
- ASGP has about 11,500 patients at 31/3/2012

Figure 2 shows that the proportion of patients registered with a practice under the age of five years varies from 1.1% (Dr Zigmond) to 8.2% (Avicenna Health Centre); and variation in the 65 and over population is 3.6% (Surrey Docks Health Centre) to 18.6% (Dr Zigmond).

¹ Exeter, Full list count, December 2009

Figure 2: Age breakdown of practice registered populations



Source: Exeter, main list count, December 2009

Ethnicity

The largest non-white ethnic group registered with B&R practices are those of Black African origin varying from 7.3 to 19.1% of the practice population (Figure 3). The total Black population varies from 10 to 25.6%. This has implications in terms of the risk for condition such as hypertension, diabetes, kidney disease and stroke which tend to be higher in the Black population.

Figure 3: Ethnicity by practice

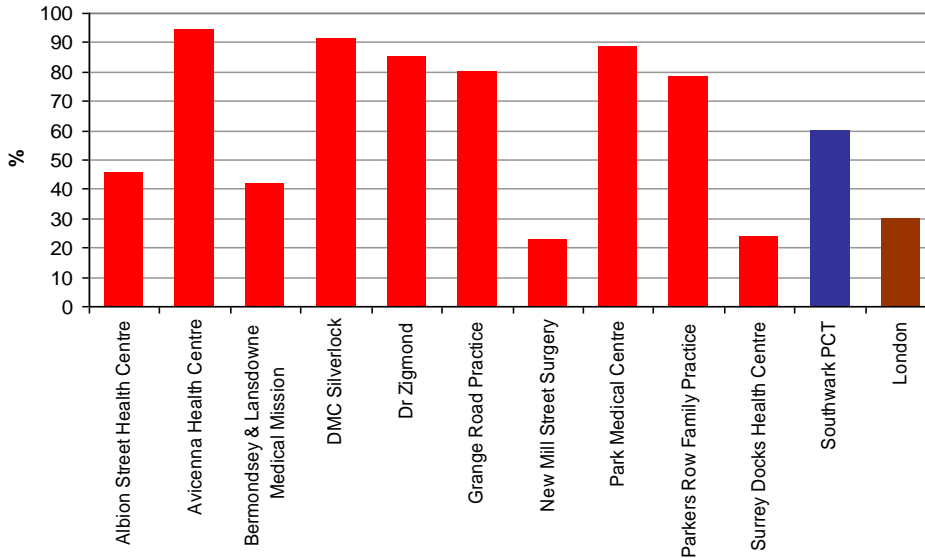
Practice	White British	White Irish	White Other	Mixed	Asian	Black Caribbean	Black African	Other Black	Other group	Total
Albion Street Health Centre	62.8	2.7	9.7	3.5	4.0	2.4	10.0	0.8	4.3	100
Avicenna Health Centre	53.6	2.4	6.1	4.4	3.5	6.4	17.4	1.8	4.4	100
Bermondsey & Lansdowne Medical Mission	49.9	3.5	8.6	4.5	5.6	4.3	18.0	1.6	3.9	100
DMC Silverlock	54.0	2.3	6.4	3.6	2.8	4.8	19.1	1.7	5.1	100
Dr Zigmond	64.5	3.5	6.7	3.1	2.8	3.0	12.1	1.0	3.2	100
Grange Road Practice	61.6	3.0	6.2	3.8	2.8	3.3	14.1	1.1	4.0	100
New Mill Street Surgery	57.8	3.3	15.6	3.4	4.0	1.6	9.2	0.7	4.5	100
Park Medical Centre	58.5	2.6	6.2	3.3	2.7	3.9	16.8	1.5	4.5	100
Parkers Row Family Practice	62.6	3.4	8.3	3.2	2.9	2.5	12.7	1.0	3.3	100
Surrey Docks Health Centre	64.0	2.5	10.6	3.6	4.1	2.1	7.3	0.6	5.1	100
Southwark PCT	49.2	3.1	7.4	4.5	4.6	7.9	17.1	2.1	4.2	100
London	55.6	2.9	7.9	3.9	13.6	5.0	6.3	1.0	3.7	100

Source: LHO practice profiles (data April 2008) imputed data on ethnicity rather than from practice records

Deprivation

Figure 4 shows the percentage of patients registered with each practice who live in the bottom fifth for deprivation as assessed using the Index of Multiple Deprivation (IMD) 2007. Deprivation has an important effect on health and practices with high proportions of patients in the bottom quintile are likely to have higher need populations.

Figure 4. Percentage of registered patients living in bottom quintile (IMD 2007) by practice



Source: LHO Practice profiles

Mortality

Figure 5 shows standardised mortality ratios (SMRs) by ward for males and females aged under-75. The standardised mortality ratio is a comparison of the number of the observed deaths in a population with the number of expected deaths if the age-specific death rates were the same as a standard population. It is expressed as a ratio of observed to expected deaths, multiplied by 100. The standard population is usually the population of England. An SMR of 100 means that mortality rates are similar to that of the standard population. An SMR above 100 indicates that mortality is higher than that of the standard population and an SMR below 100 implies that mortality is below that of the standard population. Mortality in the under 75 population is often used as an indicator of premature mortality.

Figures 5,6 and 7 show SMRs for all causes, cardiovascular disease and cancer in the under 75 population. In men all cause mortality rates are higher than the England average in Rotherhithe, Livesey and Grange wards and lower than the national average in Riverside and Surrey Docks thus reflecting patterns of deprivation and affluence in the locality. In general the catchment areas of the majority of practices with 80% or more of patients living in the bottom quintile for deprivation include Rotherhithe and Livesey wards. Premature CVD (Fig 6) and cancer mortality (Fig 7) are also higher in Livesey and Rotherhithe wards.

Figure 5: All cause under 75 years mortality by ward, 2003-2007²
Males **Females**

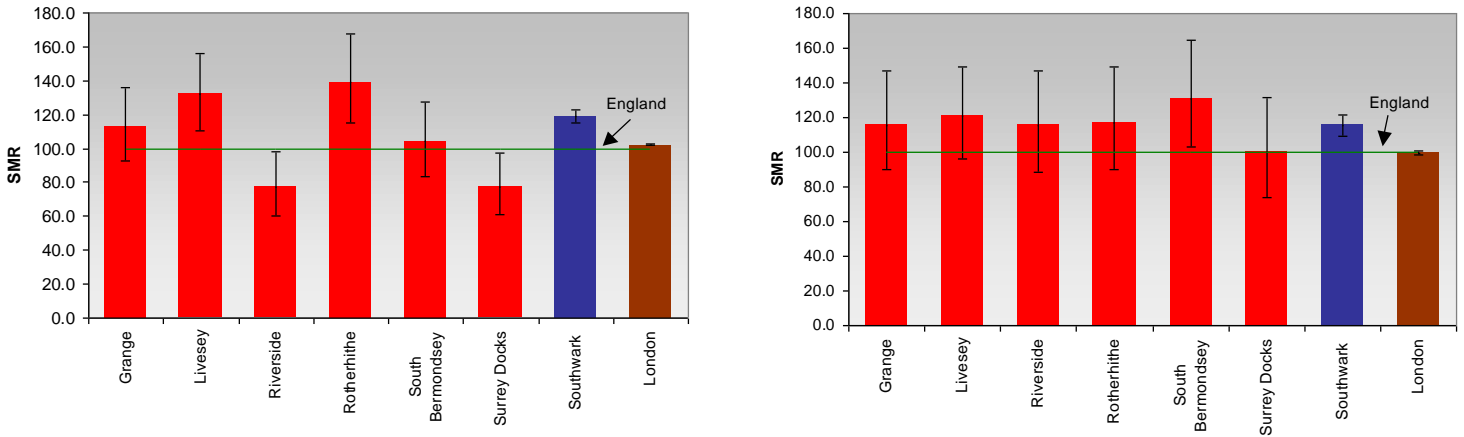
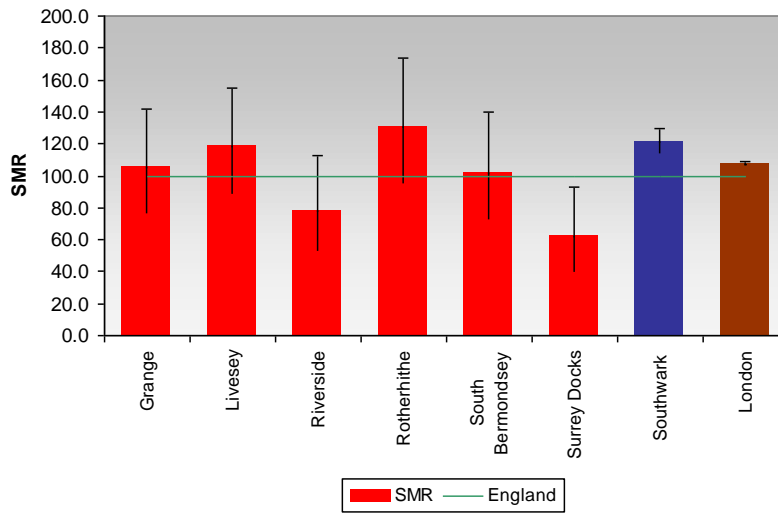
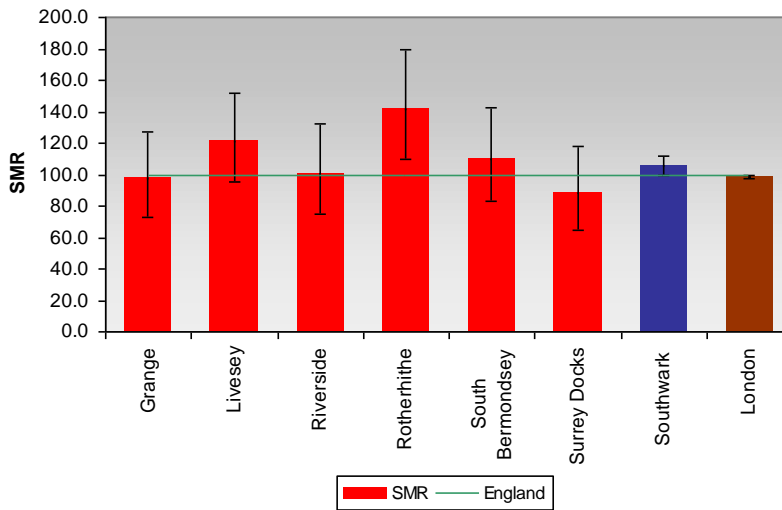


Figure 6: Cardiovascular disease mortality under 75 years by ward, 2003-2007, persons



Source: LHO

Figure 7: Cancer mortality under 75 years by ward, 2003-2007, persons



Source: LHO

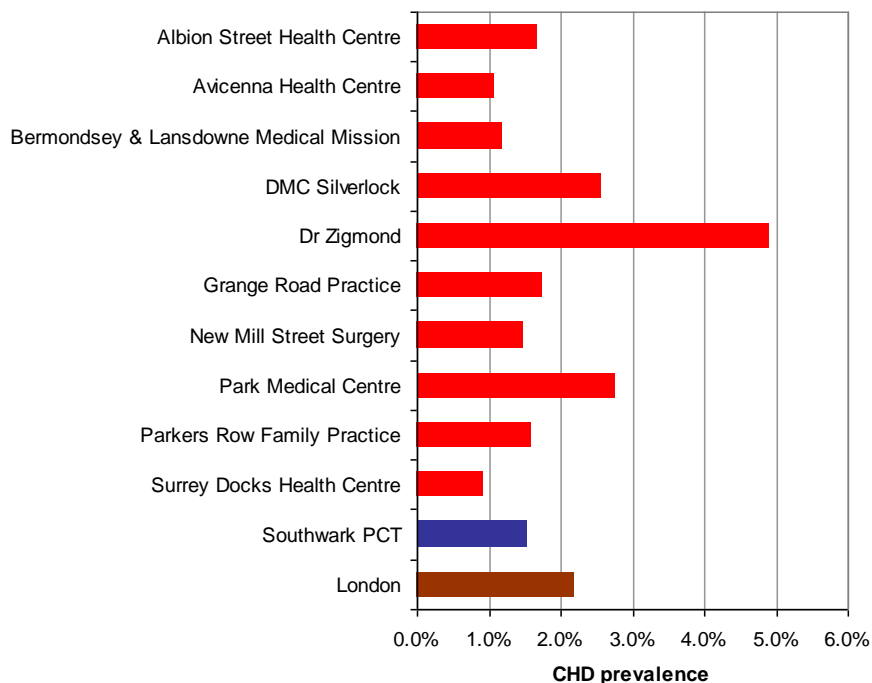
² Confidence Intervals show the level of uncertainty in a measurement. It represents the range of values in which the true value is thought to lie within a specified level of confidence (often 95%). The smaller the range, the more reliable the result.

Morbidity

CHD

Figure 8 shows practice CHD prevalence that varies from just under 1% to almost 5% (PCT average 1.5%, national average 3.5%). In general it is higher in practices with higher proportions of patients living in the most deprived quintile. Avicenna Health Centre is an exception to this pattern having a prevalence of just over 1%.

Figure 8: CHD prevalence by practice 2008-09 (QoF)

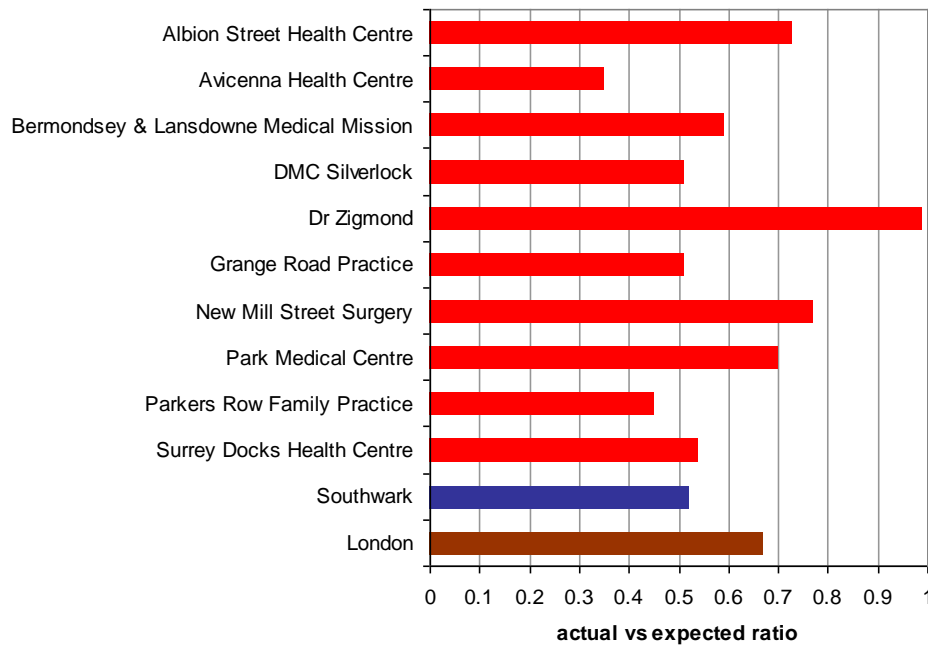


Source: QoF March 2009

Figure 9 presents the ratio of actual prevalence of CHD as reported in the Quality and Outcome Framework (QoF) for 2008-09 against expected prevalence. Expected prevalence has been derived from a model developed by the Eastern Region Public Health Observatory (ERPHO). This model calculates expected prevalence taking account of age, sex, ethnicity, smoking status and deprivation scores of the practices. A ratio of less than one indicates that there are some undiagnosed or unrecorded cases of CHD within that practice. Within Bermondsey & Rotherhithe locality the ratio varies from 0.35 to 0.99. This suggests that in the first practice approximately 65% of those with CHD are undiagnosed or unregistered as opposed to 1% in the second practice.

It should be noted that the model gives a ratio of 0.52 for Southwark PCT which suggests that 48% of people with CHD are either undiagnosed or unrecorded. While there may well be some undiagnosed and unrecorded cases, the projection for expected prevalence may be somewhat high.

Figure 9: Ratio of reported versus expected prevalence of CHD by practice, 2008-09

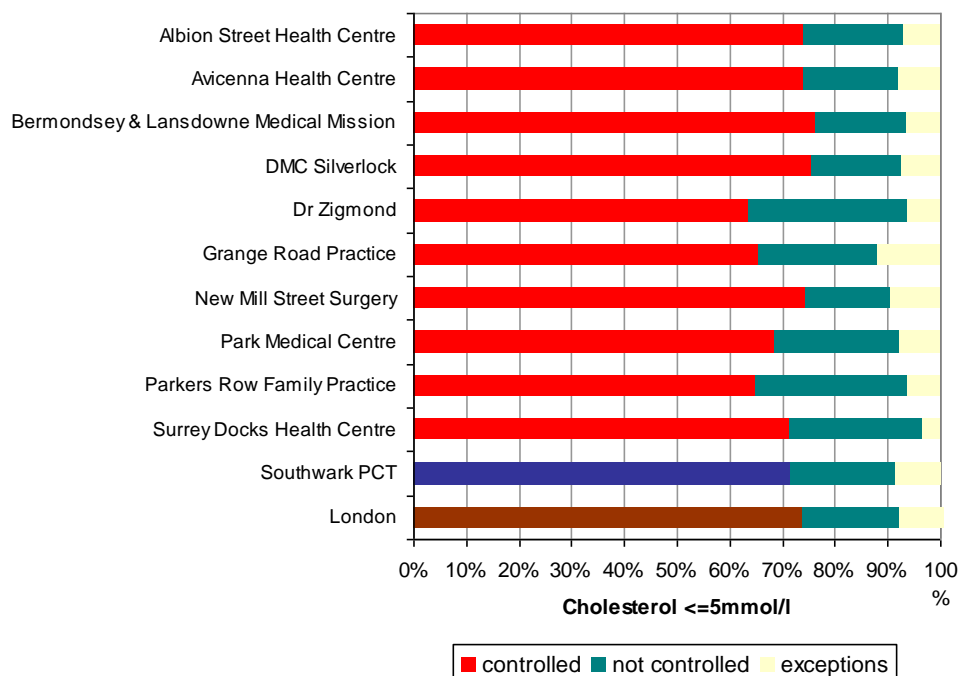


Source: NHS comparators

Cholesterol control

Good cholesterol control in those with CHD reduces risk of further CVD events. Performance in B&R varies from 64% to 76% (figure 10). Exception reporting varies from 3.5% (Surrey Docks) to 12% (Grange Road). There does not seem to be any direct relationship between prevalence and cholesterol control. The practice with the highest prevalence has the poorest control; conversely the practice with the third highest prevalence has the second best control.

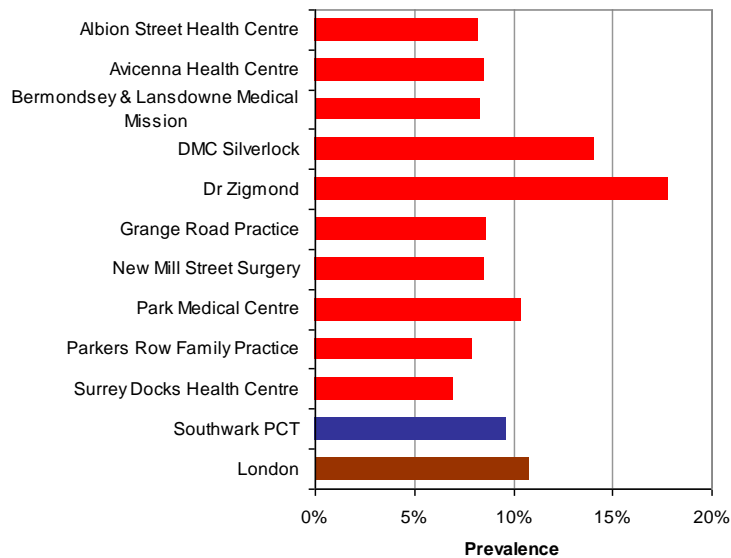
Figure 10: Percentage of patients with CHD whose last measured total cholesterol (measured in the previous 15 months) is 5 mmol/l or less (QoF 2008-09)



Hypertension

Hypertension tends to be under-diagnosed. Figure 11 shows hypertension prevalence in Bermondsey & Rotherhithe by practice. It varies from 7.0% to 17.9% with the PCT average of 9.6% (national average 13.1%). One would expect higher prevalence in practices with larger Black minority ethnic populations. However the picture is quite mixed in Bermondsey & Rotherhithe suggesting significant under-diagnosis in some practices.

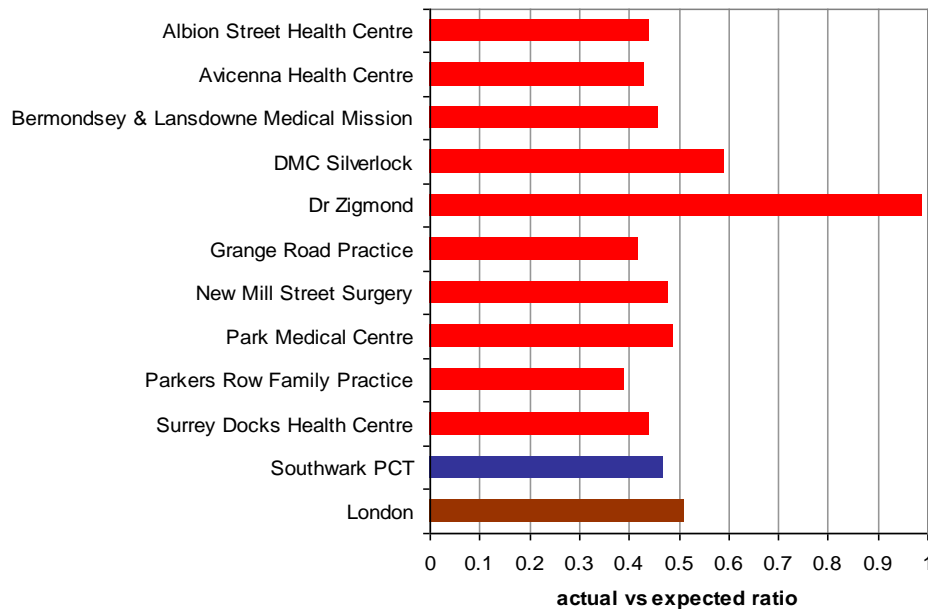
Figure 11: Hypertension prevalence by practice 2008-09 (QoF)



Source: QoF, March 2009, BP1

Figure 12 shows the difference between local hypertension prevalence and expected hypertension prevalence, based on the ERPHO model that takes account of age, sex, ethnicity, smoking status and deprivation score. The ratio within the locality ranged from 0.39 to 0.99. This indicates that there are some undiagnosed or unrecorded cases of hypertension.

Figure 12: Ratio of reported versus expected prevalence of hypertension by practice, 2008-09

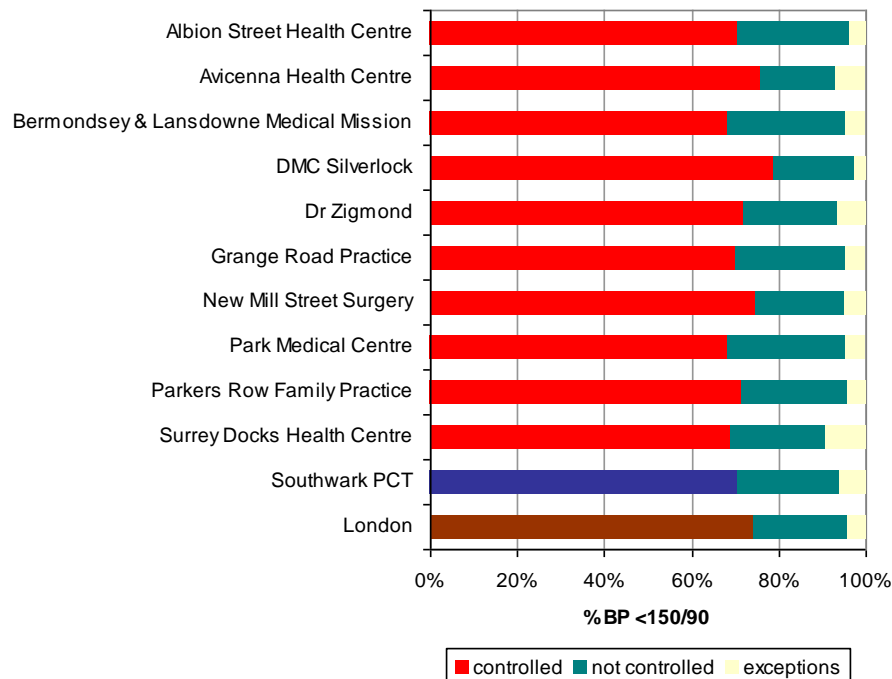


Source: NHS Comparators

Blood pressure control

Good blood pressure control can help prevent cardiovascular disease, particularly stroke. The percentage of patients with hypertension with a recent blood pressure of 150/90 or less varies from 68% (Park Medical Centre) to 79% (DMC Silverlock) (figure 13). There is no link between prevalence and control.

Figure 13: The percentage of patients with hypertension in whom the last blood pressure (measured in the previous 9 months) is 150/90 or less (2008-09)

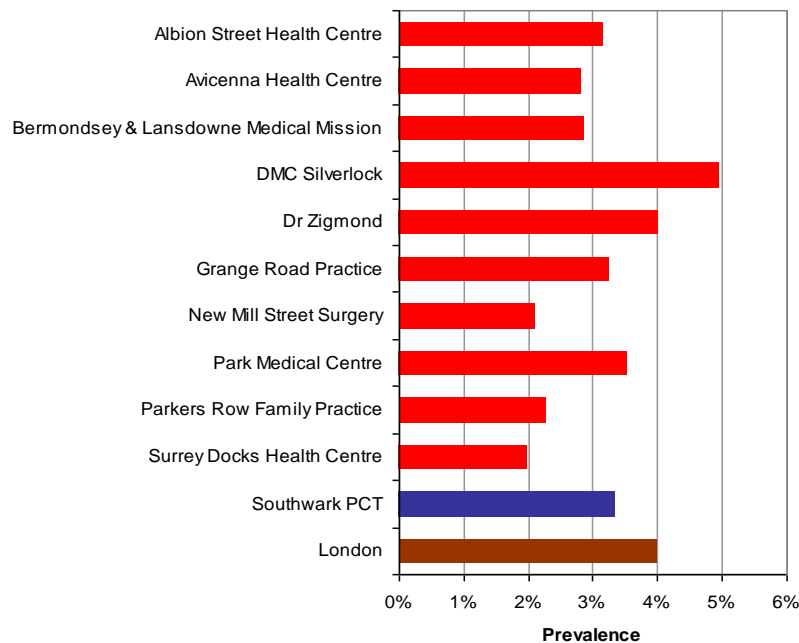


Source: QoF, March 2009, BP5

Diabetes

The prevalence of diabetes by practice is shown in figure 14. Practice prevalence in the locality varies from 2% to 5% (PCT average 3.3%, national average 4.1%). In general, practices with larger proportions of Black minority ethnic patients have a higher prevalence of diabetes although there are some exceptions e.g. Zigmond with the second highest prevalence and 5th lowest percentage of Black minority ethnic patients and Avicenna with fourth lowest prevalence and the joint highest percentage of Black minority ethnic patients.

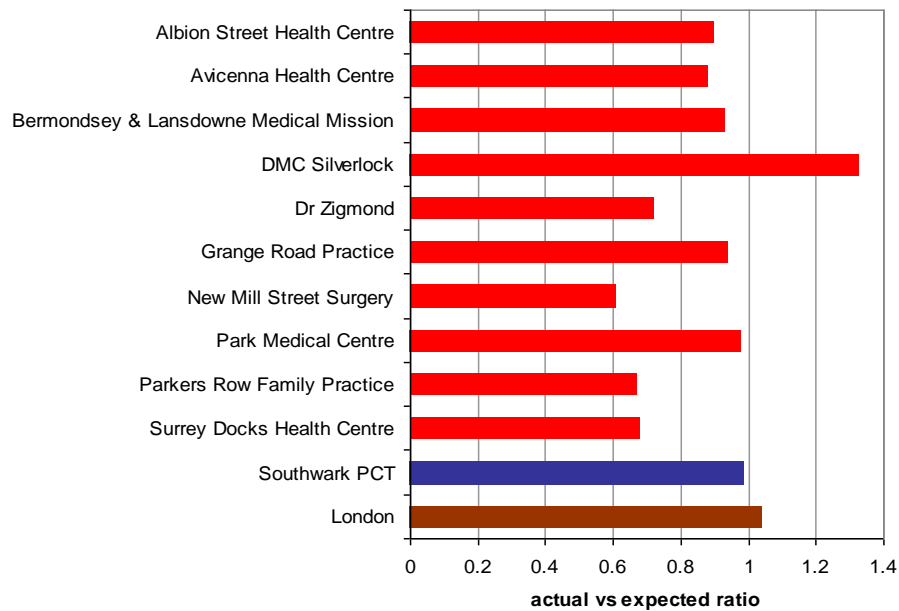
Figure 14: Prevalence of diabetes by practice 2008-09 (QoF)



Source: QoF, March 2009

Figure 15 presents the ratio of prevalence of diabetes, reported in the Quality and Outcome Framework (QOF) for 2008/09 against expected prevalence. A ratio less than one suggest that practices are not detecting or recording all cases of diabetes in the community. From the graph it appears that some of the practices in Bermondsey & Rotherhithe are detecting and recording most cases of diabetes. However, unlike the CHD and hypertension models, the method used to calculate expected diabetes prevalence has not taken into account ethnicity and deprivation, which are major determinants of diabetes.

Figure 15: Ratio of reported versus expected prevalence of diabetes by practice, 2008-09

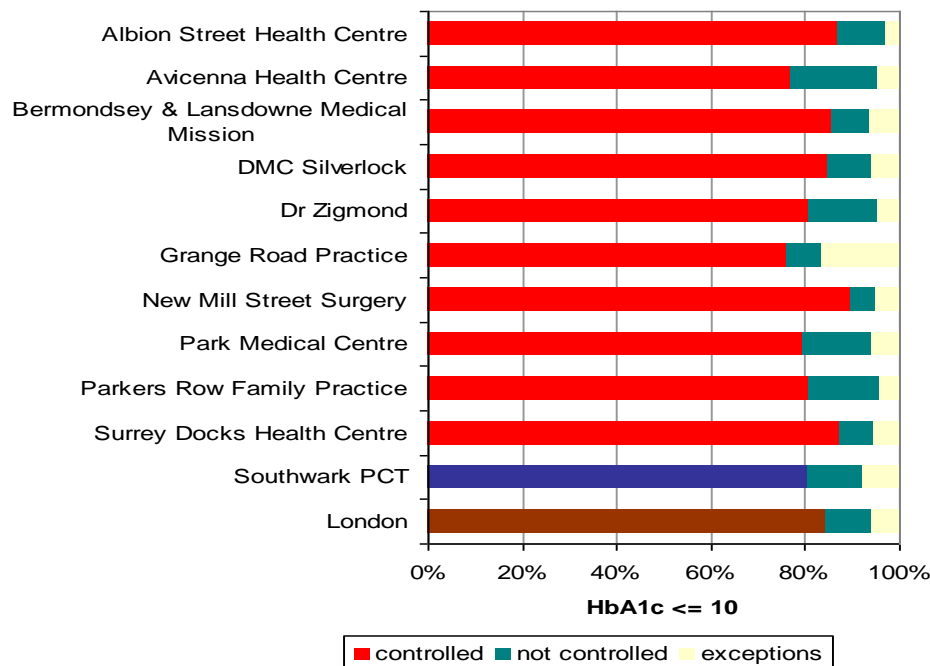


Source: NHS Comparators

HbA1c

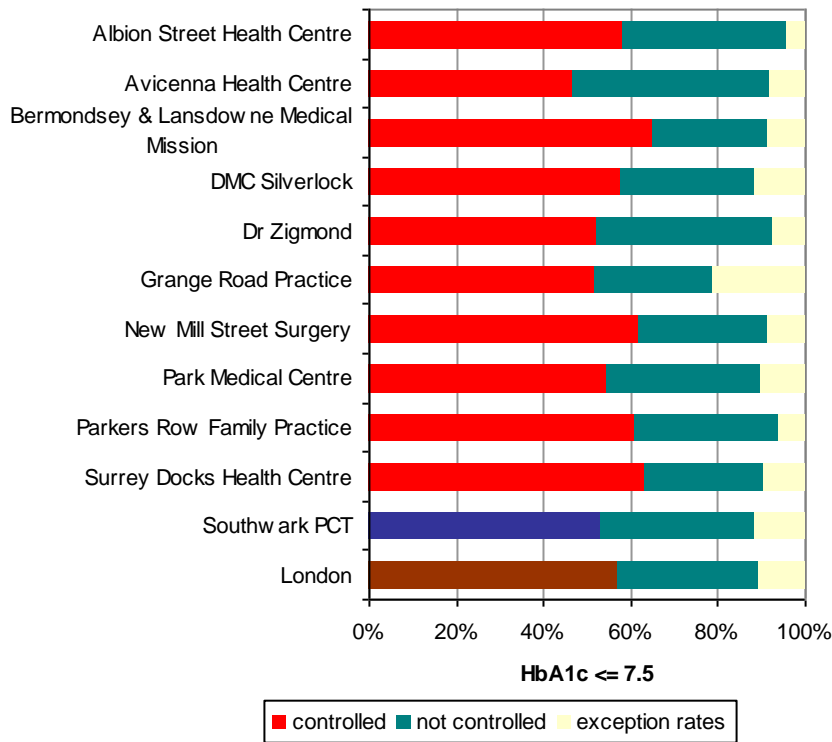
HbA1c is a measure of diabetes control. Two measures are shown in the following graphs: hbA1c < 10 (figure 16) and HbA1c < 7.5 (figure 17). For the latter measure there does not seem to be a direct relationship between prevalence and HbA1c < 7.5, achievement varies from 47% in Avicenna (where there may also be under-diagnosis) to 65% at Bermondsey & Lansdowne Medical Mission. Exception reporting varies from 21.3% (Grange Road) to 4.1% (Albion Street).

Figure 16: Percentage of patients with diabetes in whom the last HbA1c is 10 or less in the previous 15 months ,2008-09, QoF.



Source: QoF March 09, DM7

Figure 17: Percentage of patients with diabetes in whom the last HbA1c is 7.5 or less in the previous 15 months, 2008-09, QoF



Source: QoF March 2009, DM20

COPD

The prevalence of COPD in Bermondsey & Rotherhithe locality varies from 0.8% to 3.7% (figure 19). Five practices in the locality had COPD prevalence greater than the Southwark average – all of these practices have at least 80% of their registered patients living in the most deprived areas.

Figure 19: COPD prevalence by practice 2008-09 (QoF)

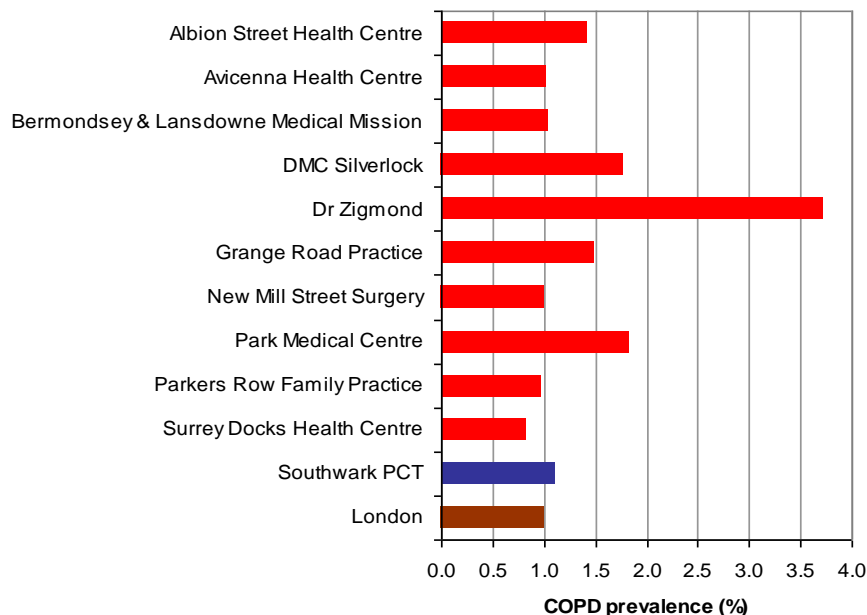
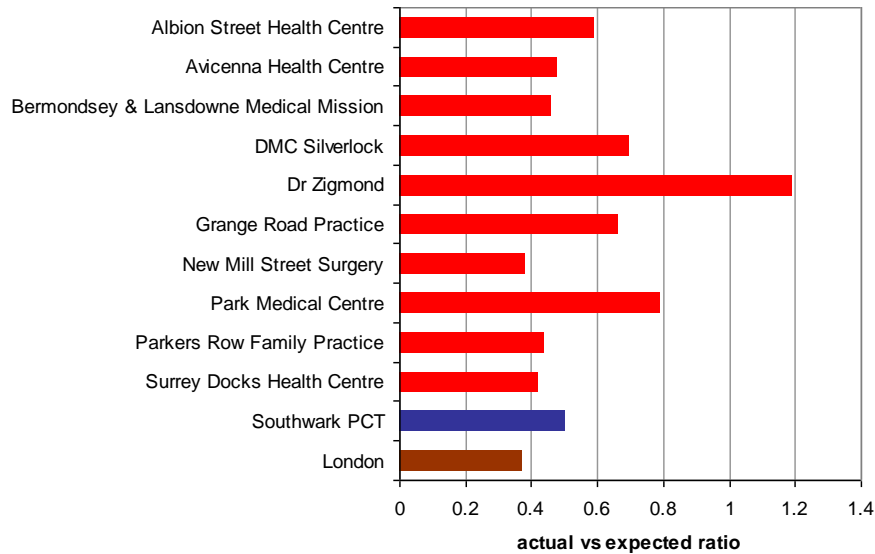


Figure 20 presents the ratio of prevalence of COPD, reported in the Quality and Outcome Framework (QOF) for 2008-09 against expected prevalence. Expected prevalence data have been derived using expected prevalence rates provided by ERPHO which take account of age, sex, ethnicity, smoking status and deprivation score at practice level. There is great variation within the locality with the ratio ranging from 0.38 to 1.19. The forthcoming National Strategy for COPD will prioritise more complete identification of those with COPD at an earlier stage in their condition.

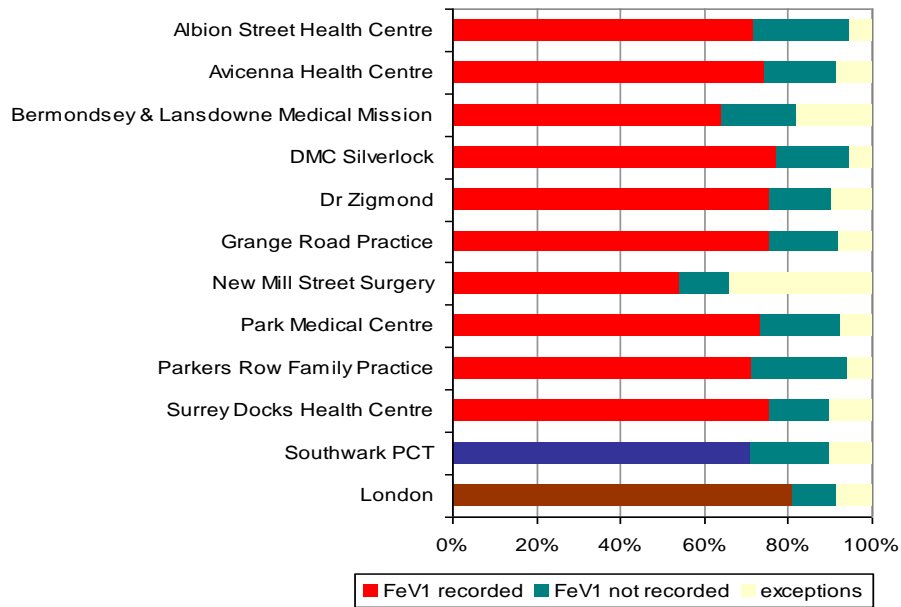
Figure 20: Ratio of reported versus expected prevalence of COPD by practice, 2008-09



FEV1

FEV1 is a measure of the severity of COPD. Figure 21 shows the percentage of COPD patients with a FEV1 measure taken in the previous 15 months. FEV1 measurements vary within the locality from 54.0% (New Mill Street Surgery) to 77.2% (DMC Silverlock). All of the practices were below the London average.

Figure 21: Percentage of patients with a record of FEV1 in the previous 15 months, 2008-09 QoF

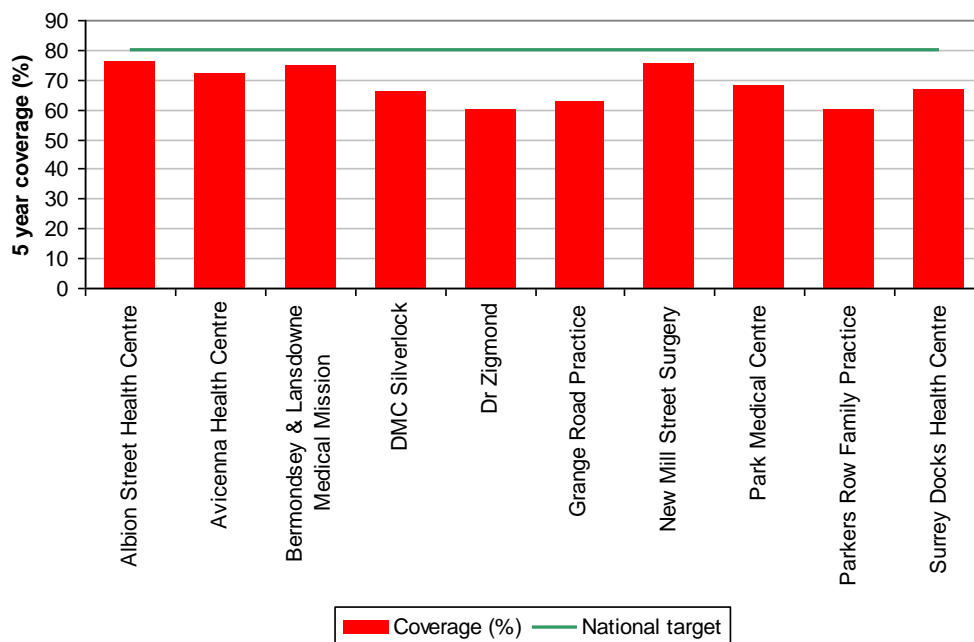


Source: QoF March 2009

Cervical Screening

The national target for cervical screening in eligible women is 80%. In B&R coverage varies from just under 60% to about 76%, with no practices hitting the national target (figure 22).

Figure 22: Five-year cervical screening coverage by practice, September 2009

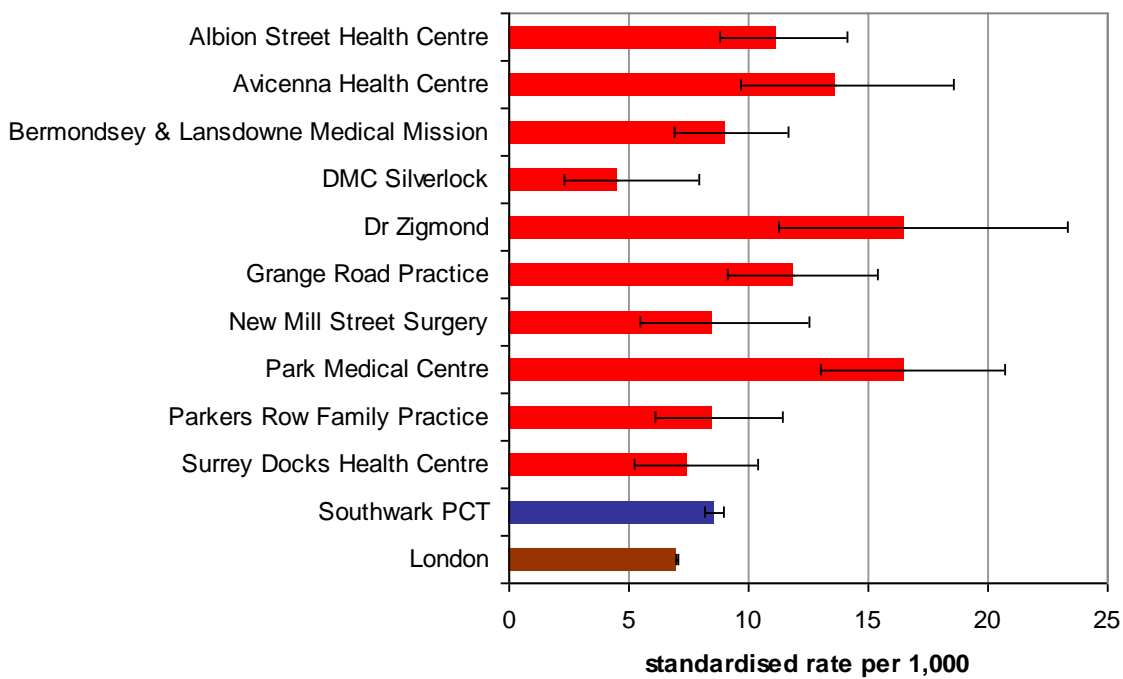


Source: Exeter KC53, Sept 09

Emergency Admissions

Figure 23 shows standardised emergency admission rates for chronic ambulatory care sensitive conditions with 95% confidence intervals. Chronic ambulatory care conditions are conditions that have been identified as ones where community care can avoid the need for hospitalisation and include admissions for diabetes complications, nutritional deficiencies, iron deficiency anaemia, hypertension, congestive heart failure, angina, chronic obstructive pulmonary disease and asthma. There appears to be variation in the rate between the practices in the locality. In total for all practices in Bermondsey & Rotherhithe locality there were 465 admissions for these conditions in 2008-09, this ranged from 12 patients in one practice to 76 patients. Five practices had a standardised emergency admission rate significantly higher than the rate for London

Figure 23: Emergency admissions for chronic ambulatory care conditions, 2008-09.



Source: NHS Comparators

Patient Participation

Breakdown-	25 males
	38 females
	ages from 20-95

We encourage all patients to attend no matter how old, what gender, ethnicity, disabled, carer's and have tried different times of the day, different days and different venues. It is not always well attended and get roughly 10-15 patients attending. These are mainly in the older age range and despite holding our meetings on a baby clinic day as well only one parent attended.

We advertise our Group and our meetings via our websites www.Albionstreetgrouppractice.co.uk and on NHS Choices, messages on prescriptions, notices in practice and in our local pharmacist. All new patients are asked on registration if they would like to join our group.

We also have a website that is totally managed by the PPG www.albionstreetpracticeforum.co.uk which is another way of updating patients and reaching those hard to reach groups.