



Health Equity in Primary Care in East London and the City:

Data analysis to inform Joint Strategic
Needs Assessment

Second Edition update using October 2014 Data

The original of this document was a product of a collaborative piece of work between the three public health teams in City and Hackney, Newham and Tower Hamlets Local Authorities; the NHS East London and the City Public Health Intelligence Unit; and the Clinical Effectiveness Group. A list of the members of the original project's working group can be found in Appendix 1. This is the second updated edition.

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1. Executive summary

Tackling health inequalities is a key public health priority in the East London CCGs, which comprises three CCGs; City and Hackney, Newham and Tower Hamlets and four local authorities (Hackney and the City are separate local authorities). The bulk of the East London resident population is characterised by high levels of deprivation and ethnic diversity. Within public health the process of Joint Strategic Needs Assessment (JSNA) is used to analyse the health and well-being needs of the local population, in order to shape local commissioning priorities. Information on disease prevalence and management in different population groups allows needs to be better identified and resources to be targeted more effectively. In the East London CCGs, primary care data is recorded using the electronic patient record system EMIS. Public health strategists can access this information by making data requests to the Clinical Effectiveness Group (CEG), a multi-disciplinary team of clinical leads, data analysts and researchers who have access to the local EMIS data.. At the start of this review, there was no systematic process of extraction and analysis of health equity data. Based on data supplied by the CEG, public health analysts are now reporting on a consistent set of conditions and disease management indicators across the three East London CCGs, for which data is regularly extracted by CEG, by a variety of equity dimensions. This report uses this data to summarise and analysis some of this data.

This update repeats the analyses made in the original report but with updated data. The data is drawn from the latest tables (October 2014) that CEG has produced for the East London CCGs. These tables are produced in an agreed format annually. The equity dimensions explored here are those used in the CEG report; sex, age, ethnicity, deprivation and a subset of care groups. There is increasing interest in wider 'protected characteristics' as additional equity dimensions. Some of these are collected in GP systems and could be commissioned, but some are not, or not in a consistent way. Some cover small patient groups or infrequent conditions and may yield small suppressed counts.

An example of problems with relatively small groups in the existing data is the Black population in Tower Hamlets (7.2% of register). This compares with 37.9% White and 36.2% South Asian. The smaller the group the more chance of data suppression and also the wider are confidence intervals. With wider confidence intervals there is less chance of finding significant differences between populations.

Analysis of crude disease prevalence across the three CCGs provides each CCG with information on disease areas in which they may wish to focus their resources. Where the data shows wide discrepancies in prevalence between the CCGs, it is possible that these are due to differences in disease identification or recording practices, and further exploration is warranted. It would be better to age standardise the data particularly if comparisons are made with other areas. For example the QOF prevalence (13/14) of CHD is 3.3% in England but only 1.7% in Tower Hamlets. However 7.8% of the GP register are over 75 in England compared with 2.9% in Tower Hamlets. The three CCGs all have similar (relatively young) age structures so local comparisons of crude rates are not unreasonable.

Analysis of selected chronic diseases by gender shows that the greater burden of chronic disease falls on the male population in East London and the City, with the exception of obesity, which is

higher in women in all three CCGs. Analysis by age group shows increasing disease prevalence with age, highlighting the importance of early interventions to prevent disease risk-factors from accumulating. Analysis by ethnicity shows that for many chronic diseases, particularly smoking associated diseases, prevalence is highest in the White population, with diabetes more prevalent in the Asian population, and hypertension, obesity and serious mental illness more prevalent in the Black population. Prevalence of the majority of chronic diseases investigated is seen to be higher in those with learning disabilities; serious mental illness; those that are deaf-affected, registered blind or housebound.

Analysis of selected disease management indicators for patients with diabetes and stroke show few differences between equity groups, due to the small number of patients involved. However the proportion of patients with diabetes and stroke in whom disease management indicators are met is lower amongst young and middle aged patients, than amongst older patients, suggesting opportunities for early interventions to prevent secondary complications of disease are being missed.

It is recommended that this project is followed up with the development of an easy to use interface that will allow public health staff to directly access and analyse subsets of the data relevant to their work streams. Primary care data should continue to be extracted from EMIS records on an annual basis, to inform future needs assessments and service commissioning, and to allow the health equity effects of current and future interventions to be evaluated over time.

2. Background

2.1 Health equity

Tackling health inequalities is a key function of public health, both nationally and locally. The recent Marmot Review 'Fair Society, Healthy lives', was commissioned nationally to provide a strategic review of health inequalities in England. Its publication in 2010 revealed that in England, those living in the most deprived neighbourhoods die, on average, seven years earlier than those in the least deprived neighbourhoods, and that the average difference in disability-free life expectancy between these two groups is 17 years.¹ The Review also identified the social and economic benefits to wider society of reducing these inequalities. The findings from the Marmot Review have shaped the current government's public health white paper 'Healthy Lives, Healthy People';² the proposed Public Health Outcomes Framework for England;³ and locally in East London and the City, the Primary Care Trust cluster's corporate objectives.⁴

The Public Health Outcome Framework is building a module on health inequality.

The table below gives an extract showing life expectancy by least and by most deprived local deprivation decile for East London and England.

¹ Marmot, M. Fair Society, healthy lives: Strategic review of health inequalities in England post-2010, 2010.

² Department of Health. Healthy lives, healthy people: Our strategy for public health in England, 2010.

³ Department of Health. A public health outcomes framework for England, 2013-2016, 2012.

⁴ NHS East London and the City. Creating a healthier future for the people of east London and the City, 2011.

Life expectancy at birth by (within area) deprivation decile

		Hackney	Newham	Tower Hamlets	England
Males	Most depr. Decile	76.5	75.2	76.1	74.1
	Least deprived Decile	80.8	81.4	81.8	83.1
Females	Most depr. Decile	82.4	80.9	80.7	79.1
	Least deprived Decile	85.4	86	85.4	86

Separate data on the City of London is not available

Further comparative measures of life-expectancy are at the Public Health England web site.⁵

2.2 East London CCG characteristics

East London comprises three CCGs -City and Hackney, Newham and Tower Hamlets. The resident population is characterised by high levels of deprivation, with Hackney being the second, Tower Hamlets being the third and Newham being the sixth most deprived boroughs in the UK, yet there are also pockets of wealth, particularly within the City of London. There is great ethnic diversity within East London and the City, with over half of all residents having a minority ethnic background. The population is relatively young, with around a third being aged under 20, and the area is characterised by rapid population growth, with the population of around 893,000 in 2015 expected to rise to over 1,019,000 by 2030 (GLA 2014 round short term migration projections).

2.3 Joint strategic needs assessment

The process of Joint Strategic Needs Assessment (JSNA) is a key public health tool, used to provide a comprehensive analysis of the health and well-being needs of local populations. Analysis is then used to shape local commissioning priorities. The availability of more detailed information about burden of disease, for example by different equity dimensions, allows need to be better identified, and resources to be targeted more effectively, to address unmet need, and health inequalities.

2.4 Primary care data and the Clinical Effectiveness Group

General practices in East London and the City currently record patient information using the electronic patient record system EMIS. The Clinical Effectiveness Group (CEG), based at Queen Mary University of London, is a multi-disciplinary team of general practise clinical leads, data analysts and researchers. They have access to the primary care data recorded on EMIS, and are commissioned by East London CCGs to promote equality of access to effective primary care through the use of evidence based guidelines, practice facilitation, audit, service development and research. Public health strategists can access this information by making ad-hoc data requests to the CEG. There is however currently no systematic process of extraction and analysis of health equity data. The aim of this project was to develop a consistent set of conditions and disease management indicators across the three East London CCGs, for which data can be regularly extracted, by a variety of equity dimensions. The source of the data in this updated report was the set of JSNA report spreadsheets currently published by CEG every six months. In this case data published in October 2014 was used.

⁵ [Public Health England - Public Health Outcomes Framework](#)

3. Aim and objectives

Aim

To improve access to information on disease prevalence and management by equity dimensions in East London and the City, in order to better inform clinical commissioning.

Objectives

1. To provide access to practice level prevalence of the following chronic conditions, for all general practice populations in East London and the City:
 - Asthma
 - Atrial fibrillation
 - Cancer
 - Cataracts
 - Chronic kidney disease
 - CHD
 - COPD
 - Dementia
 - Depression
 - Diabetes
 - Epilepsy
 - Glaucoma
 - Heart failure
 - HIV
 - Hypertension
 - Learning disabilities
 - Motor neurone disease
 - Multiple sclerosis
 - Muscular dystrophy
 - Osteoporosis
 - Palliative Care
 - Parkinson's disease
 - Retinopathy
 - Rheumatoid arthritis
 - Senile macular degeneration
 - Serious mental illness
 - Spinal cord injury
 - Stroke

2. To provide access to borough level prevalence of the following sub-set of chronic conditions by equity dimensions of: gender; age; ethnicity; deprivation; learning disability; serious mental illness; deaf affected; profoundly deaf; registered blind; housebound for all boroughs in East London and the City:
 - Asthma
 - Cancer
 - CHD
 - COPD
 - Diabetes
 - Hypertension
 - Learning disabilities
 - Obesity
 - Serious mental illness
 - Smoking
 - Stroke

3. To provide access to borough level prevalence of the following disease management indicators by equity dimensions of: gender; age; ethnicity; deprivation; learning disability; serious mental illness; deaf affected; profoundly deaf; registered blind; housebound for all boroughs in East London and the City:
 - Diabetes:
 - HbA1c <7.5mmol/l
 - BP <140/80mmHg
 - Retinopathy screening attended
 - Stroke:
 - Cholesterol <5mmol/l
 - BP <140/90mmHg

4. Methods

Choice of clinical conditions, disease management indicators and equity dimensions

The clinical conditions were chosen by a working group of public health and clinical staff from City and Hackney, Newham and Tower Hamlets. The subset of conditions and disease management indicators for which prevalence was provided by equity dimension were selected by public health staff, in conjunction with the CEG team. Conditions with low prevalence were not broken down by equity dimension, as it was likely that the small numbers involved would prevent any meaningful analysis. Details of the EMIS codes used to extract the data can be found in Appendix 1.

Choice of categories for equity dimensions

Age group categories: These were chosen following discussion with Public Health Intelligence staff, as representing age groups for which information is commonly requested by public health staff.

Ethnicity group categories: The EMIS patient record system uses its own ethnicity categories, however a standardised system of mapping these to the UK census ethnicity categories has been devised. For the purpose of this project, aggregated categories from the UK census were used.

Deprivation score categories: Individual's deprivation scores are inferred from LSOA of residence (IMD ONS 2010 score). Quintile thresholds for IMD deprivation scores are taken from ONS 2010 IMD scoring, and applied to the populations of each individual CCG separately. This means that Hackney IMD quintile thresholds differ from Newham quintile thresholds and that deprivation classes cannot be **compared BETWEEN CCGs but only WITHIN a particular CCG.**

Search dates

Searches were constructed to identify disease prevalence rates as they would have been recorded on 1 October 2014, to provide a snapshot picture of disease prevalence on that date.

Data analysis

Data was analysed using Microsoft Excel, and results are reported as being 'statistically significantly different' where 95% confidence intervals do not overlap. In line with information governance guidance, where numerator data consisted of numbers of 5 or less (20 or less in the case of HIV data), prevalence has not been shown, and in some cases prevalence data in neighbouring cells has also been suppressed, to prevent recalculation of the small-number numerators. Throughout this report, colour coding has been used to indicate where prevalence is statistically significantly 'worse' than the total population (red), statistically significantly 'better' than the total population prevalence (green), or not statistically significantly different from the total population prevalence (grey). Figures for 'total population' values are in the left hand column of the table and are grey by definition. For the disease prevalence data, high prevalence is considered 'worse', while for the disease management indicator data, low proportions meeting the target is considered 'worse'.

	Statistically significantly 'worse' than the total area population prevalence or management indicator rate
	Statistically significantly 'better' than the total area population prevalence or management indicator rate
	Not statistically significantly different from total area population prevalence or management indicator rate
n/a	Numerator is 5 or less so prevalence not shown

5. Results

5.1 Crude disease prevalence

The table below shows the crude prevalence of disease recorded in primary care for the whole population of the three East London CCGs and the three individual Clinical commissioning groups (CCGs). The second four columns show annual average changes since the first report. The use of crude prevalence, rather than age-standardised prevalence means diseases that are more common in old age will be more prevalent in populations with a high proportion of elderly people. All three CCGs in East London however have a relatively similar age-composition, so the use of crude prevalence should not generally affect the ability to make comparisons between these areas. However the rates should not be compared to for example England which has much a higher proportion of old people.

It should be noted that some discrepancies, for example the 2 to 3 fold increased prevalence of depression in City and Hackney and Tower Hamlets compared with Newham; may be due to differences in disease identification and recording, rather than true differences in prevalence. Big changes in 'prevalence' are more likely to reflect changes in services or reporting than in underlying disease rates.

Disease	Table 1: Crude prevalence per 1000 population by Primary Care Trust (Oct 14)				Table1a Annual average percent change in prevalence between April 11 and Oct 14			
	East London and the City	City and Hackney	Newham	Tower Hamlets	East London and the City	City and Hackney	Newham	Tower Hamlets
Active Asthma	47.0	48.4	45.5	47.7	1.6%	2.6%	0.7%	1.8%
Atrial Fibrillation	5.5	6.6	4.6	5.3	1.4%	1.6%	2.1%	1.4%
Cancer	11.9	14.1	10.2	11.8	1.8%	0.8%	3.1%	0.6%
Cataracts	4.6	6.5	3.8	3.6	-7.5%	52.4%	29.0%	-22.1%
Chronic Kidney Disease	15.4	14.0	16.4	15.5	4.0%	0.4%	5.8%	4.9%
Chronic Obstructive Pulmonary Disease	10.4	10.2	8.8	12.8	5.0%	4.9%	4.1%	5.3%
Coronary Heart Disease	17.2	15.7	18.5	17.0	0.4%	-0.5%	1.7%	-0.4%
Dementia	2.7	2.9	2.7	2.7	8.5%	14.5%	3.2%	16.0%
Depression	19.4	29.5	10.3	20.8	5.4%	8.9%	3.7%	1.4%
Diabetes (age 17+)	53.4	44.8	60.1	53.4	4.8%	4.4%	4.6%	5.3%
Epilepsy	3.5	3.4	3.5	3.6	9.5%	13.1%	11.1%	7.9%
Glaucoma	10.5	11.2	11.7	8.4	2.5%	-0.1%	3.6%	4.8%
Heart Failure	5.1	6.4	5.0	4.0	3.8%	6.3%	3.6%	0.7%
HIV	3.4	4.1	3.0	3.3	5.2%	2.3%	5.4%	9.2%
Hypertension	93.0	95.5	103.2	77.7	1.4%	2.3%	1.6%	0.2%
Learning Disabilities	3.3	3.4	3.5	3.0	3.8%	1.6%	6.9%	1.6%
Motor Neurone Disease	0.1	0.1	0.1	0.1	-2.2%	-5.1%	-0.8%	-1.2%
Multiple Sclerosis	0.8	1.1	0.7	0.8	1.7%	2.2%	3.7%	1.2%
Muscular Dystrophy	0.2	0.2	0.2	0.2	-0.6%	-5.1%	0.7%	2.2%
Osteoporosis	10.7	8.2	15.9	6.6	18.6%	3.5%	46.1%	2.5%
Palliative Care	2.3	1.6	3.3	1.7	25.9%	1.3%	77.7%	8.0%
Parkinson's Disease	0.9	0.9	0.9	1.0	0.6%	-0.9%	0.5%	-0.7%
Retinopathy	41.9	33.9	48.9	41.0	86.5%	73.4%	85.0%	103.0%
Rheumatoid Arthritis	4.5	3.9	4.9	4.6	-1.3%	-4.0%	0.3%	-0.3%
Senile Macular Degeneration	3.3	3.6	3.4	2.7	3.6%	1.1%	5.3%	4.7%
Serious Mental Illness (CEG)	8.9	10.0	7.7	9.3	6.7%	7.5%	8.5%	4.0%
Spinal Cord Injury	0.0	0.0	0.0	0.0	-18.1%	n/a	n/a	-26.6%
Stroke	7.9	8.8	7.6	7.5	13.4%	14.6%	15.1%	9.5%

5.2 Disease prevalence by equity dimensions

5.2.1 Gender

The tables below show the crude prevalence of disease by gender in City and Hackney; Newham; and Tower Hamlets. While there are some differences between the CCGs, there is a consistent pattern of increased prevalence of chronic obstructive pulmonary disease (COPD); coronary heart disease (CHD); learning disabilities; serious mental illness; and smoking, in males compared to females, and increased prevalence of obesity and morbid obesity in females compared to males. It is possible that some of the differences, for example higher prevalence of asthma and hypertension in females than males in all three CCGs may be due to different healthcare-seeking behaviours in the two genders, with females being more likely to attend primary care services and be subsequently investigated and diagnosed.

Disease	All	Male	Female
Asthma (recent medication)	48.4	43.4	53.3
Cancer	15.5	14.5	16.5
Chronic Obstructive Pulmonary Disease	10.2	11.3	9.1
Coronary Heart Disease	15.7	20.3	11.2
Diabetes (Age 17+)	44.8	46.8	42.9
Hypertension	95.5	90.1	100.7
Learning Disabilities	3.8	4.6	3.0
Obesity (BMI>30kg/m ²)	137.2	109.4	164.4
Morbid Obesity (BMI>40kg/m ²)	19.3	10.7	27.8
Serious Mental Illness (CEG)	10.0	11.6	8.4
Current Smokers	179.9	214.4	146.2
Stroke	8.8	9.1	8.5

Disease	All	Male	Female
Asthma (recent medication)	45.5	39.8	51.8
Cancer	10.2	8.6	12.0
Chronic Obstructive Pulmonary Disease	8.8	9.1	8.4
Coronary Heart Disease	18.5	22.8	13.8
Diabetes (Age 17+)	60.1	61.7	58.2
Hypertension	103.2	95.3	111.8
Learning Disabilities	3.5	3.9	3.0
Obesity (BMI>30kg/m ²)	144.5	113.3	179.1
Morbid Obesity (BMI>40kg/m ²)	17.3	9.8	25.6
Serious Mental Illness (CEG)	7.7	7.9	7.4
Current Smokers	147.6	190.8	99.8
Stroke	7.6	7.7	7.6

Disease	All	Male	Female
Asthma (recent medication)	47.7	44.1	51.4
Cancer	11.8	10.3	13.5
Chronic Obstructive Pulmonary Disease	12.8	14.1	11.4
Coronary Heart Disease	17.0	22.6	11.1
Diabetes (Age 17+)	53.4	53.4	53.4
Hypertension	77.7	72.3	83.5
Learning Disabilities	3.0	3.5	2.4
Obesity (BMI>30kg/m ²)	106.2	87.4	126.1
Morbid Obesity (BMI>40kg/m ²)	12.3	7.5	17.5
Serious Mental Illness (CEG)	9.3	10.6	8.0
Current Smokers	182.1	233.7	127.1
Stroke	7.5	7.7	7.2

5.2.2 Age Group

The tables below show the crude prevalence of disease by age group in City and Hackney; Newham; and Tower Hamlets. These show a consistent pattern of increasing chronic disease prevalence with increasing age. This highlights the importance of early interventions to prevent risk-factor accumulation, and the importance of promoting health and well-being and access to health care interventions across the life course.

Disease	All	00-04	05-15	16-18	19-24	25-39	40-49	50-64	65-74	75-84	85+
Asthma (recent medication)	48.4	7.3	42.9	55.8	39.4	39.6	56.1	73.8	90.4	89.0	82.0
Cancer	15.5	0.1	0.6	1.2	1.9	3.8	11.2	34.2	91.4	138.2	140.3
Chronic Obstructive Pulmonary Disease	10.2	0.1	n/a	n/a	n/a	0.4	4.8	25.9	75.5	96.2	102.7
Coronary Heart Disease	15.7	n/a	n/a	0.0	0.1	0.2	5.9	36.9	105.7	180.2	216.2
Diabetes (Age 17+)	44.8	n/a	n/a	1.9	4.3	8.2	42.8	132.4	242.0	305.5	229.2
Hypertension	95.5	n/a	0.3	0.6	1.4	10.4	88.5	280.9	530.1	695.4	737.2
Learning Disabilities	3.8	0.1	2.6	7.8	6.3	3.3	4.5	5.7	4.1	1.3	2.2
Obesity (BMI>30kg/m ²)	137.2	1.3	9.0	45.6	83.6	103.1	216.1	312.3	329.1	293.0	180.4
Morbid Obesity (BMI>40kg/m ²)	19.3	0.6	2.5	8.6	16.5	16.1	28.9	42.0	41.0	24.5	12.9
Serious Mental Illness (CEG)	10.0	n/a	0.1	0.3	4.2	7.9	18.6	22.1	21.0	17.6	16.8
Current Smokers	179.9	0.5	1.0	41.6	202.7	255.3	249.7	231.3	153.4	99.8	55.7
Stroke	8.8	0.3	0.5	0.7	0.5	0.5	3.9	17.4	53.4	104.9	139.0

Table 2.2b: Crude prevalence per 1000 population by age group in Newham (Oct 2014)

Disease	All	00-04	05-15	16-18	19-24	25-39	40-49	50-64	65-74	75-84	85+
Asthma (recent medication)	45.5	9.6	57.7	57.9	32.2	26.7	50.2	76.8	104.3	115.3	91.2
Cancer	10.2	0.2	0.5	1.3	1.3	2.2	8.2	25.0	62.0	101.0	124.2
Chronic Obstructive Pulmonary Disease	8.8	n/a	n/a	0.1	0.1	0.3	3.9	21.8	71.6	107.7	114.9
Coronary Heart Disease	18.5	n/a	n/a	0.2	0.1	0.6	9.8	54.5	129.4	208.9	224.2
Diabetes (Age 17+)	60.1	n/a	n/a	3.1	4.2	15.0	78.8	199.6	310.8	346.4	255.9
Hypertension	103.2	n/a	0.2	1.0	2.0	16.4	121.7	335.6	591.7	711.9	744.5
Learning Disabilities	3.5	0.4	3.3	5.4	5.7	3.1	3.5	4.5	4.4	2.1	3.0
Obesity (BMI>30kg/m ²)	144.5	0.6	10.5	44.4	77.5	127.8	255.1	319.8	336.3	275.6	170.6
Morbid Obesity (BMI>40kg/m ²)	17.3	0.4	2.8	7.0	10.9	14.2	28.7	40.3	44.5	24.1	14.8
Serious Mental Illness (CEG)	7.7	n/a	n/a	0.7	3.5	6.5	15.1	17.1	18.1	16.3	8.4
Current Smokers	147.6	n/a	0.8	37.9	181.9	214.5	209.3	184.9	134.4	92.4	50.3
Stroke	7.6	0.1	0.3	0.1	0.3	0.7	4.5	18.0	51.0	92.0	124.6

Table 2.2c: Crude prevalence per 1000 population by age group in Tower Hamlets (Oct 2014)

Disease	All	00-04	05-15	16-18	19-24	25-39	40-49	50-64	65-74	75-84	85+
Asthma (recent medication)	47.7	6.2	63.1	59.1	35.6	33.9	58.6	83.5	97.5	97.8	87.6
Cancer	11.8	0.2	0.8	1.0	1.4	3.0	11.4	33.9	81.4	117.5	127.5
Chronic Obstructive Pulmonary Disease	12.8	n/a	0.1	n/a	0.1	0.3	5.5	44.5	113.0	161.4	147.9
Coronary Heart Disease	17.0	0.0	0.0	0.0	0.0	0.5	11.2	61.2	128.4	211.6	205.8
Diabetes (Age 17+)	53.4	0.0	0.0	2.4	4.7	13.9	84.9	204.1	291.9	360.0	233.1
Hypertension	77.7	0.1	0.3	0.9	1.3	10.6	93.5	287.5	529.7	677.3	705.1
Learning Disabilities	3.0	0.1	1.9	5.0	4.3	2.8	3.9	4.2	3.7	1.3	0.5
Obesity (BMI>30kg/m ²)	106.2	0.8	10.9	44.6	62.7	86.9	187.2	262.4	293.9	243.1	170.8
Morbid Obesity (BMI>40kg/m ²)	12.3	0.5	2.7	6.0	9.0	9.2	20.6	33.2	33.8	24.1	9.7
Serious Mental Illness (CEG)	9.3	n/a	n/a	1.4	3.7	8.3	19.8	23.4	22.2	14.0	11.7
Current Smokers	182.1	0.2	1.4	58.0	215.9	235.4	254.6	254.0	184.6	141.7	84.7
Stroke	7.5	0.3	0.2	0.0	0.3	0.6	4.1	20.5	52.6	106.6	129.4

Ethnicity

The tables below show the crude prevalence of disease by ethnicity in City and Hackney; Newham and Tower Hamlets. In Newham and Tower Hamlets the White population has a prevalence of disease higher than the total population for all conditions except diabetes, learning disabilities and severe mental illness. In City and Hackney the prevalence of diabetes in the Asian and Black populations is more than double that in the White population, with a similar pattern seen in Newham and Tower Hamlets. In all three CCGs the prevalence of obesity is highest in the Black and White populations; and the prevalence of serious mental illness in the Black population is around double that in the total population. Smoking prevalence and the prevalence of cancer and COPD, which are closely associated with smoking, is higher in the White population in all three CCGs. Differences in disease prevalence by ethnicity are likely to be affected by a combination of lifestyle

and healthcare-seeking behaviours. Higher disease prevalence in the White population is likely to be partly due to there being a higher proportion of elderly people within the White (compared to non-White) population in East London and the City. (Percent white 65+ was 8.7% and non-white was 4.0% in Census 2011.)

Disease	All	White	Asian	Black	Other
Asthma (recent medication)	48.4	53.6	69.6	55.7	24.6
Cancer	15.5	18.4	9.5	17.6	9.5
Chronic Obstructive Pulmonary Disease	10.2	16.3	7.6	5.4	2.9
Coronary Heart Disease	15.7	19.3	28.1	12.1	8.0
Diabetes (Age 17+)	44.8	34.0	88.6	80.3	21.1
Hypertension	95.5	82.2	104.1	177.7	44.9
Learning Disabilities	3.8	3.6	4.7	4.8	3.1
Obesity (BMI>30kg/m ²)	137.2	120.8	127.4	234.8	84.8
Morbid Obesity (BMI>40kg/m ²)	19.3	17.5	15.2	33.6	11.1
Serious Mental Illness (CEG)	10.0	9.0	8.7	17.7	5.4
Current Smokers	179.9	233.7	129.6	136.8	125.6
Stroke	8.8	9.1	8.8	13.1	4.0

Disease	All	White	Asian	Black	Other
Asthma (recent medication)	45.5	47.4	49.9	50.2	23.7
Cancer	10.2	18.4	6.0	11.9	4.9
Chronic Obstructive Pulmonary Disease	8.8	23.6	3.9	3.4	2.1
Coronary Heart Disease	18.5	25.0	22.0	10.8	6.3
Diabetes (Age 17+)	60.1	44.0	79.6	69.1	22.7
Hypertension	103.2	115.5	92.2	156.0	44.7
Learning Disabilities	3.5	4.5	3.2	3.5	2.3
Obesity (BMI>30kg/m ²)	144.5	178.0	113.0	220.6	75.9
Morbid Obesity (BMI>40kg/m ²)	17.3	26.0	9.5	28.8	8.9
Serious Mental Illness (CEG)	7.7	8.6	5.9	13.3	3.8
Current Smokers	147.6	261.7	105.8	96.6	118.7
Stroke	7.6	11.3	6.2	8.9	3.3

Disease	All	White	Asian	Black	Other
Asthma (recent medication)	47.7	52.8	54.0	60.8	19.9
Cancer	11.8	20.7	5.8	13.5	5.0
Chronic Obstructive Pulmonary Disease	12.8	25.3	6.6	6.7	2.0
Coronary Heart Disease	17.0	22.0	20.3	12.4	2.6
Diabetes (Age 17+)	53.4	37.9	86.9	71.7	12.7
Hypertension	77.7	95.8	76.0	136.9	21.6
Learning Disabilities	3.0	3.0	3.6	3.7	1.4
Obesity (BMI>30kg/m ²)	106.2	131.1	92.4	191.3	49.2
Morbid Obesity (BMI>40kg/m ²)	12.3	17.9	7.6	25.2	5.4
Serious Mental Illness (CEG)	9.3	8.7	10.2	23.0	3.6
Current Smokers	182.1	248.5	150.0	149.4	122.2
Stroke	7.5	10.3	6.8	9.9	2.1

5.2.3 Deprivation

The tables below show the crude prevalence of disease by IMD 2010 deprivation CCG quintile in City and Hackney; Newham and Tower Hamlets. As the majority of the local population fall into the most deprived national quintile, quintiles were derived using the CCG populations for this piece of work. Quintile 1 is the most deprived, and quintile 5 is the least deprived. In all three CCGs, disease prevalence for the majority of diseases is seen to be higher amongst those in the most deprived quintiles, with the exception of cancer, where in City and Hackney and Tower Hamlets, rates are fairly constant. This may be due to the fact that cancer is more prevalent amongst older people, and there is likely to be a greater proportion of older people within less deprived populations.

Disease	All	Q1 Most Deprived	Q2	Q3	Q4	Q5 Least Deprived	Other*
Asthma (recent medication)	48.4	53.2	47.6	50.0	44.4	47.2	47.5
Cancer	15.5	15.0	14.8	15.3	15.3	18.3	14.9
Chronic Obstructive Pulmonary Disease	10.2	14.4	11.1	10.8	8.9	7.0	7.2
Coronary Heart Disease	15.7	17.9	16.1	15.6	15.2	14.0	14.9
Diabetes (Age 17+)	44.8	54.3	51.7	44.9	41.6	31.5	39.5
Hypertension	95.5	111.3	103.5	96.1	87.0	80.8	87.3
Learning Disabilities	3.8	4.7	4.1	3.6	3.8	2.8	3.4
Obesity (BMI>30kg/m ²)	137.2	163.8	153.2	143.4	126.4	100.6	119.6
Morbid Obesity (BMI>40kg/m ²)	19.3	23.9	22.9	20.3	17.4	12.8	15.4
Serious Mental Illness (CEG)	10.0	12.8	11.0	11.9	9.6	6.8	5.6
Current Smokers	179.9	197.0	186.6	182.6	165.2	148.4	194.1
Stroke	8.8	9.2	9.1	9.6	8.4	8.2	7.5

Disease	All	Q1 Most Deprived	Q2	Q3	Q4	Q5 Least Deprived	Other*
Asthma (recent medication)	45.5	49.3	43.9	45.8	43.4	44.2	52.0
Cancer	10.2	12.3	9.5	9.5	9.6	9.8	12.3
Chronic Obstructive Pulmonary Disease	8.8	13.0	8.5	8.1	7.8	7.2	6.0
Coronary Heart Disease	18.5	20.1	17.7	18.7	17.8	17.8	23.0
Diabetes (Age 17+)	60.1	57.6	59.3	61.7	59.9	58.6	80.1
Hypertension	103.2	110.2	98.8	102.7	98.5	100.9	133.9
Learning Disabilities	3.5	4.4	3.6	3.7	3.0	3.0	1.6
Obesity (BMI>30kg/m ²)	144.5	165.3	143.4	143.2	138.1	134.1	138.4
Morbid Obesity (BMI>40kg/m ²)	17.3	23.0	17.0	16.9	15.8	14.3	14.7
Serious Mental Illness (CEG)	7.7	9.5	7.9	8.8	7.2	5.4	3.8
Current Smokers	147.6	161.5	147.5	146.8	143.3	142.5	126.4
Stroke	7.6	8.9	7.9	8.1	7.0	6.6	6.9

Disease	All	Q1 Most Deprived	Q2	Q3	Q4	Q5 Least Deprived	Other*
Asthma (recent medication)	47.7	51.0	53.4	50.2	47.8	36.3	44.6
Cancer	11.8	10.1	12.5	12.3	12.4	11.8	19.2
Chronic Obstructive Pulmonary Disease	12.8	13.4	15.6	14.7	13.3	7.2	11.1
Coronary Heart Disease	17.0	19.2	19.4	19.6	16.0	11.0	16.6
Diabetes (Age 17+)	53.4	66.2	63.1	59.6	47.8	30.0	51.9
Hypertension	77.7	82.2	87.3	85.1	76.8	56.7	97.9
Learning Disabilities	3.0	3.8	4.1	2.7	2.9	1.5	1.2
Obesity (BMI>30kg/m ²)	106.2	111.4	116.8	109.9	105.1	88.1	108.7
Morbid Obesity (BMI>40kg/m ²)	12.3	13.2	14.4	12.5	12.7	9.1	10.8
Serious Mental Illness (CEG)	9.3	12.7	11.4	8.7	9.0	4.9	7.6
Current Smokers	182.1	181.7	204.4	187.9	194.9	142.0	212.4
Stroke	7.5	7.8	8.3	9.0	7.3	4.9	8.7

5.2.4 Care Group

The tables below show the crude prevalence of disease by care group in City and Hackney; Newham and Tower Hamlets. Disease prevalence is higher in care group populations than the total population for the majority of conditions, in all three CCGs. This may partly be explained by the fact that care group populations, particularly those who are deaf, blind, or housebound, are likely to be older than the general population. However learning disability and serious mental illness are also prevalent among young and middle-aged people, so the high prevalence of chronic disease in these groups is unlikely to be fully accounted for by an association with older age. Of particular note is the high

prevalence of obesity and morbid obesity, in those with learning disability or serious mental illness, which is seen across the three CCGs.

Disease	All	Learning Disability	Serious Mental Illness (CEG)	Deaf Affected	Profoundly Deaf	Registered Blind	House-bound
Asthma (recent medication)	48.4	83.7	59.7	132.7	n/a	72.2	109.9
Cancer	15.5	10.8	22.3	57.4	n/a	97.5	127.9
Chronic Obstructive Pulmonary Disease	10.2	14.4	27.5	55.4	n/a	50.5	136.4
Coronary Heart Disease	15.7	10.8	30.5	116.8	n/a	126.4	215.8
Diabetes (Age 17+)	44.8	96.3	152.0	122.8	n/a	328.5	329.2
Hypertension	95.5	116.1	202.8	324.8	200.0	501.8	700.3
Learning Disabilities	3.8	n/a	42.2	75.2	n/a	46.9	18.0
Obesity (BMI>30kg/m ²)	137.2	270.0	328.1	251.5	138.5	274.4	282.7
Morbid Obesity (BMI>40kg/m ²)	19.3	44.1	71.7	21.8	n/a	25.3	48.0
Serious Mental Illness (CEG)	10.0	110.7	n/a	29.7	n/a	25.3	51.9
Current Smokers	179.9	162.9	463.6	134.7	138.5	111.9	123.9
Stroke	8.8	11.7	23.0	61.4	n/a	101.1	194.3

Disease	All	Learning Disability	Serious Mental Illness (CEG)	Deaf Affected	Profoundly Deaf	Registered Blind	House-bound
Asthma (recent medication)	45.5	88.4	74.0	156.1	n/a	84.4	126.5
Cancer	10.2	15.5	20.4	75.4	n/a	67.0	129.4
Chronic Obstructive Pulmonary Disease	8.8	7.8	25.0	110.4	n/a	62.0	149.2
Coronary Heart Disease	18.5	7.8	25.4	210.2	n/a	153.8	244.3
Diabetes (Age 17+)	60.1	87.6	193.0	253.7	n/a	399.5	356.4
Hypertension	103.2	99.2	195.8	485.1	179.5	528.5	710.4
Learning Disabilities	3.5	n/a	34.9	63.7	n/a	67.0	26.7
Obesity (BMI>30kg/m ²)	144.5	279.1	365.3	245.2	141.0	297.8	283.2
Morbid Obesity (BMI>40kg/m ²)	17.3	54.3	49.7	29.7	n/a	47.1	56.3
Serious Mental Illness (CEG)	7.7	76.7	n/a	19.1	n/a	22.3	41.8
Current Smokers	147.6	88.4	367.7	118.9	115.4	86.8	99.8
Stroke	7.6	11.6	24.0	84.9	n/a	101.7	215.3

Disease	All	Learning Disability	Serious Mental Illness (CEG)	Deaf Affected	Profoundly Deaf	Registered Blind	House-bound
Asthma (recent medication)	47.7	89.0	75.5	134.3	n/a	101.0	117.2
Cancer	11.8	26.6	15.0	86.2	n/a	85.9	114.8
Chronic Obstructive Pulmonary Disease	12.8	9.2	37.0	127.7	n/a	75.8	200.8
Coronary Heart Disease	17.0	11.6	27.5	122.7	n/a	161.6	232.8
Diabetes (Age 17+)	53.4	94.8	197.8	204.0	n/a	348.5	374.2
Hypertension	77.7	92.5	165.2	426.2	171.1	484.8	670.3
Learning Disabilities	3.0	n/a	30.4	71.3	n/a	25.3	12.5
Obesity (BMI>30kg/m ²)	106.2	275.1	297.4	225.5	210.5	217.2	268.8
Morbid Obesity (BMI>40kg/m ²)	12.3	62.4	40.7	21.6	n/a	35.4	50.0
Serious Mental Illness (CEG)	9.3	96.0	n/a	24.9	n/a	20.2	49.2
Current Smokers	182.1	164.2	448.4	152.6	197.4	151.5	161.7
Stroke	7.5	16.2	18.7	79.6	n/a	96.0	259.4

5.3 Disease management indicators by equity dimensions

5.3.1 Gender

The tables below show the percentage of patients on the diabetes or stroke disease registers in whom the selected disease management indicators are met, by gender, in City and Hackney; Newham and Tower Hamlets. In City and Hackney and Newham, Stroke cholesterol measurement is significantly higher for males.

Disease Management Indicator	All	Male	Female
Diabetes (Age 17+) HbA1c < 7.5mmol/l	60.3%	58.6%	62.1%
Diabetes (Age 17+) BP <140/80	60.7%	60.0%	61.4%
Diabetes (Age 17+) Retinopathy screening attended	86.4%	85.9%	86.9%
Stroke Cholesterol <5mmol/l	70.7%	76.2%	65.0%
StrokeBP <140/90	75.7%	76.1%	75.4%

Disease Management Indicator	All	Male	Female
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.2%	53.7%	56.8%
Diabetes (Age 17+) BP <140/80	62.2%	61.2%	63.4%
Diabetes (Age 17+) Retinopathy screening attended	81.4%	81.1%	81.8%
Stroke Cholesterol <5mmol/l	73.3%	78.0%	68.0%
StrokeBP <140/90	74.1%	74.5%	73.7%

Disease Management Indicator	All	Male	Female
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.6%	55.0%	56.2%
Diabetes (Age 17+) BP <140/80	69.1%	68.3%	69.8%
Diabetes (Age 17+) Retinopathy screening attended	76.8%	76.2%	77.4%
Stroke Cholesterol <5mmol/l	80.7%	84.1%	76.7%
StrokeBP <140/90	80.2%	81.4%	78.9%

5.3.2 Age Group

The tables below show the percentage of patients on the diabetes or stroke disease registers in whom the selected disease management indicators are met, by age group, in City and Hackney; Newham and Tower Hamlets. There is a consistent pattern across the three CCGs, whereby disease management indicators are achieved for a higher proportion of older patients, than for young and middle-aged patients. This suggests that opportunities for early secondary prevention interventions are being missed, with the risk that young and middle-aged patients will go on to develop disease complications in later life.

Disease Management Indicator	All	0-4	05-15	16-18	19-24	25-39	40-49	50-64	65-74	75-84	85+
Diabetes (Age 17+) HbA1c < 7.5mmol/l	60.3%	n/a	n/a	47.1%	31.3%	44.5%	51.5%	57.8%	64.4%	71.5%	79.3%
Diabetes (Age 17+) BP <140/80	60.7%	n/a	n/a	100.0%	76.0%	61.2%	52.8%	57.6%	64.5%	66.1%	70.2%
Diabetes (Age 17+) Retinopathy screening attended	86.4%	n/a	n/a	82.4%	72.9%	80.0%	84.3%	87.4%	88.3%	86.8%	84.2%
Stroke Cholesterol <5mmol/l	70.7%	n/a	21.1%	33.3%	25.0%	42.6%	59.3%	66.8%	72.1%	77.8%	78.0%
StrokeBP <140/90	75.7%	n/a	36.8%	100.0%	100.0%	94.4%	82.1%	73.7%	75.9%	75.6%	75.8%

Disease Management Indicator	All	0-4	05-15	16-18	19-24	25-39	40-49	50-64	65-74	75-84	85+
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.2%	n/a	n/a	28.2%	22.8%	45.4%	51.2%	53.5%	60.4%	63.8%	70.5%
Diabetes (Age 17+) BP <140/80	62.2%	n/a	n/a	79.5%	69.0%	63.4%	57.7%	61.3%	64.6%	65.6%	66.7%
Diabetes (Age 17+) Retinopathy screening attended	81.4%	n/a	n/a	71.8%	64.1%	74.2%	80.5%	84.1%	82.3%	81.0%	70.8%
Stroke Cholesterol <5mmol/l	73.3%	50.0%	12.5%	100.0%	40.0%	62.0%	64.3%	68.9%	76.6%	78.5%	80.0%
StrokeBP <140/90	74.1%	n/a	37.5%	100.0%	90.0%	91.3%	76.0%	75.5%	73.2%	72.3%	72.5%

Disease Management Indicator	All	0-4	05-15	16-18	19-24	25-39	40-49	50-64	65-74	75-84	85+
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.6%	n/a	n/a	23.8%	27.5%	47.6%	52.6%	53.3%	61.3%	63.5%	71.2%
Diabetes (Age 17+) BP <140/80	69.1%	n/a	n/a	71.4%	69.0%	66.2%	65.3%	68.3%	72.2%	74.3%	70.1%
Diabetes (Age 17+) Retinopathy screening attended	76.8%	n/a	n/a	61.9%	62.0%	66.4%	76.0%	79.6%	79.7%	77.2%	70.8%
Stroke Cholesterol <5mmol/l	80.7%	n/a	28.6%	n/a	33.3%	53.3%	67.4%	79.9%	86.2%	84.0%	83.8%
StrokeBP <140/90	80.2%	n/a	42.9%	n/a	100.0%	89.3%	84.4%	82.4%	83.7%	77.3%	74.1%

5.3.3 Ethnicity

The tables below show the percentage of patients on the diabetes or stroke disease registers in whom the selected disease management indicators are met, by ethnicity, in City and Hackney; Newham and Tower Hamlets. For the majority of disease management indicators, there are no statistically significant differences by ethnicity. Of note however, in Newham and Tower Hamlets,

the proportion of diabetic patients with good blood sugar control is higher in White patients than in total diabetic population; in Newham the proportion of diabetic patients with good blood pressure control, and who have attended retinopathy screening is higher in the Asian population; and in all three CCGs the proportion of diabetic patients with good blood pressure control is lower in Black patients than in the total diabetic population.

Disease Management Indicator	All	White	Asian	Black	Other
Diabetes (Age 17+) HbA1c < 7.5mmol/l	60.3%	60.0%	58.1%	60.9%	62.2%
Diabetes (Age 17+) BP <140/80	60.7%	64.7%	63.4%	55.4%	62.2%
Diabetes (Age 17+) Retinopathy screening attended	86.4%	85.4%	90.8%	86.2%	84.6%
Stroke Cholesterol <5mmol/l	70.7%	100.0%	100.0%	100.0%	100.0%
StrokeBP <140/90	75.7%	69.7%	79.3%	71.6%	67.5%

Disease Management Indicator	All	White	Asian	Black	Other
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.2%	57.7%	53.4%	57.3%	54.8%
Diabetes (Age 17+) BP <140/80	62.2%	60.9%	64.6%	57.2%	62.2%
Diabetes (Age 17+) Retinopathy screening attended	81.4%	79.3%	82.8%	81.4%	75.2%
Stroke Cholesterol <5mmol/l	73.3%	70.5%	78.9%	70.9%	68.9%
StrokeBP <140/90	74.1%	75.6%	74.2%	71.8%	72.3%

Disease Management Indicator	All	White	Asian	Black	Other
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.6%	58.2%	53.6%	60.8%	55.3%
Diabetes (Age 17+) BP <140/80	69.1%	66.5%	72.0%	61.6%	62.3%
Diabetes (Age 17+) Retinopathy screening attended	76.8%	77.6%	77.6%	75.1%	64.6%
Stroke Cholesterol <5mmol/l	80.7%	78.4%	87.0%	77.0%	69.9%
StrokeBP <140/90	80.2%	81.2%	80.9%	75.6%	75.2%

5.3.4 Deprivation

The tables below show the percentage of patients on the diabetes or stroke disease registers in whom the selected disease management indicators are met, by deprivation quintile, in City and Hackney, Newham and Tower Hamlets. Quintile 1 is the most deprived quintile, and quintile 5 is the least deprived. There are few statistically significant differences by deprivation quintile.

Disease Management Indicator	All	Q1 Most Deprived	Q2	Q3	Q4	Q5 Least Deprived	Other*
Diabetes (Age 17+) HbA1c < 7.5mmol/l	60.3%	58.6%	60.1%	61.3%	60.9%	61.7%	60.3%
Diabetes (Age 17+) BP <140/80	60.7%	60.8%	60.6%	59.1%	62.8%	61.9%	59.0%
Diabetes (Age 17+) Retinopathy screening attended	86.4%	85.2%	85.9%	86.4%	86.7%	86.5%	88.6%
Stroke Cholesterol <5mmol/l	70.7%	67.2%	70.6%	70.3%	71.4%	73.0%	73.1%
StrokeBP <140/90	75.7%	74.9%	78.0%	76.8%	75.0%	73.0%	74.8%

Disease Management Indicator	All	Q1 Most Deprived	Q2	Q3	Q4	Q5 Least Deprived	Other*
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.2%	55.0%	53.8%	55.4%	55.6%	56.1%	54.9%
Diabetes (Age 17+) BP <140/80	62.2%	59.5%	62.6%	62.2%	62.8%	62.9%	65.9%
Diabetes (Age 17+) Retinopathy screening attended	81.4%	80.4%	80.0%	81.1%	81.9%	82.9%	84.9%
Stroke Cholesterol <5mmol/l	73.3%	71.0%	72.2%	75.6%	74.9%	73.4%	70.4%
StrokeBP <140/90	74.1%	74.8%	73.6%	73.0%	73.7%	76.2%	70.4%

Disease Management Indicator	All	Q1 Most Deprived	Q2	Q3	Q4	Q5 Least Deprived	Other*
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.6%	53.3%	55.4%	57.5%	55.9%	57.6%	53.9%
Diabetes (Age 17+) BP <140/80	69.1%	70.1%	70.3%	68.3%	67.9%	67.3%	73.6%
Diabetes (Age 17+) Retinopathy screening attended	76.8%	76.5%	76.5%	77.3%	77.0%	76.5%	78.7%
Stroke Cholesterol <5mmol/l	80.7%	80.3%	84.2%	80.9%	77.8%	80.1%	76.7%
StrokeBP <140/90	80.2%	78.3%	80.5%	80.1%	80.0%	85.1%	73.3%

5.3.5 Care group

The tables below show the percentage of patients on the diabetes or stroke disease registers in whom the selected disease management indicators are met, by care group, in City and Hackney; Newham and Tower Hamlets. The small numbers of patients with diabetes or stroke who are also in one of the 'care groups' meant that few differences were statistically significant. Of note however, in City and Hackney, the proportion of deaf affected and housebound diabetic patients with good blood sugar control was higher than the proportion in the total diabetic population. However in both City and Hackney and Tower Hamlets, the proportion of diabetic patients with serious mental illness who have attended diabetic retinopathy screening is lower than the proportion in the total diabetic population, suggesting additional targeted promotion of screening may be beneficial.

Disease Management Indicator	Total	Learning Disability	Serious Mental Illness (CEG)	Deaf Affected	Profoundly Deaf	Registered Blind	House-bound
Diabetes (Age 17+) HbA1c < 7.5mmol/l	60.3%	60.7%	67.3%	74.2%	n/a	61.5%	70.4%
Diabetes (Age 17+) BP <140/80	60.7%	71.0%	62.1%	69.4%	n/a	59.3%	63.7%
Diabetes (Age 17+) Retinopathy screening attended	86.4%	86.0%	75.4%	93.5%	n/a	72.5%	74.8%
Stroke Cholesterol <5mmol/l	70.7%	53.8%	67.2%	64.5%	n/a	82.1%	77.4%
StrokeBP <140/90	75.7%	76.9%	83.6%	83.9%	n/a	57.1%	74.3%

Disease Management Indicator	Total	Learning Disability	Serious Mental Illness (CEG)	Deaf Affected	Profoundly Deaf	Registered Blind	House-bound
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.2%	60.2%	59.1%	63.6%	n/a	52.8%	62.9%
Diabetes (Age 17+) BP <140/80	62.2%	67.3%	66.8%	72.4%	n/a	72.7%	63.4%
Diabetes (Age 17+) Retinopathy screening attended	81.4%	76.1%	75.0%	84.5%	n/a	68.3%	64.0%
Stroke Cholesterol <5mmol/l	73.3%	66.7%	66.2%	82.5%	n/a	68.3%	79.0%
StrokeBP <140/90	74.1%	80.0%	79.4%	75.0%	n/a	82.9%	72.8%

Disease Management Indicator	Total	Learning Disability	Serious Mental Illness (CEG)	Deaf Affected	Profoundly Deaf	Registered Blind	House-bound
Diabetes (Age 17+) HbA1c < 7.5mmol/l	55.6%	39.0%	55.2%	66.7%	n/a	52.2%	63.3%
Diabetes (Age 17+) BP <140/80	69.1%	62.2%	67.8%	77.2%	n/a	68.1%	67.0%
Diabetes (Age 17+) Retinopathy screening attended	76.8%	65.9%	70.2%	71.5%	n/a	56.5%	61.6%
Stroke Cholesterol <5mmol/l	80.7%	64.3%	78.4%	87.5%	n/a	89.5%	81.6%
StrokeBP <140/90	80.2%	92.9%	82.4%	68.8%	n/a	78.9%	74.1%

6. Limitations

As discussed throughout this report, there are a number of limitations, which mean findings need to be interpreted with caution. Firstly, the use of primary care record data means that information is only available about disease which is diagnosed and accurately coded on the electronic record system. The health-seeking behaviours of different population groups will affect the likelihood of their disease being diagnosed. For easy interpretation, the data has been colour-coded, with red signifying high prevalence, suggesting that this is 'bad' thing. However in some cases higher recorded prevalence may actually represent higher levels of case finding, which is beneficial as once disease is diagnosed, secondary prevention measures can be implemented.

A further limitation is the use of crude rather than age-standardised prevalence. This means that diseases that are more common in old age will be more prevalent in populations with a high proportion of elderly people. All three CCGs in East London however have a relatively similar age-composition, so the use of crude prevalence should not affect the ability to make comparisons between these areas, however the ethnic groups; deprivation groups; and care groups will all have different age compositions, and so differences in disease prevalence by ethnicity, deprivation, and care group may be confounded by age.

Finally, the small number of patients on the diabetes and stroke registers means that the observed differences are no greater than the differences that could be expected to be seen due to chance. It is therefore not possible to tell whether there are in fact no differences in disease control by equity dimensions, or whether the numbers are simply too small to detect statistically significant differences.

7. Conclusion

Analysis of crude disease prevalence across the three CCGs provides each CCG with information on disease areas in which they may wish to focus their resources. Where the data shows wide discrepancies in prevalence between the CCGs, it is possible that these are due to differences in disease identification or recording practices, and further exploration is warranted.

Analysis of selected chronic diseases by gender shows that the main burden of chronic disease falls on the male population in East London and the City, with the exception of obesity, which is higher in

women in all three CCGs. Analysis by age group shows increasing disease prevalence with increasing age, highlighting the importance of early interventions to prevent disease risk-factors from accumulating. Analysis by ethnicity shows that for many chronic diseases, particularly smoking associated diseases, prevalence is highest in the White population, with diabetes more prevalent in the Asian population, and hypertension, obesity and serious mental illness more prevalent in the Black population. Prevalence of the majority of chronic diseases investigated is seen to be higher in those with learning disabilities; serious mental illness; those are deaf-affected, registered blind or housebound.

Analysis of selected disease management indicators for patients with diabetes and stroke show few significant differences between equity groups, due to the small number of patients involved. However the proportion of patients with diabetes and stroke in whom disease management indicators are met is lower amongst young and middle aged patients, than amongst older patients, suggesting opportunities for early interventions to prevent secondary complications of disease are being missed.

8. Appendices

8.1 Appendix 1: Members of the working group (for original report)

Public Health

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8.2 Appendix 2: Clinical conditions and corresponding EMIS codes

East London Database registers: October 2014

Register	Definition	Notes	Read Codes
Atrial Fibrillation	QOF v29		G573% (#G5731, G5736)
Active Asthma	CEG	Recent medication (i.e. Active status) differs from QOF	H33% (#H333), H3120, 173A.
CHD	QOF v29		G3, G30% (#G30A), G31% (#G310), G32, G33% (#G331, G332), G34% (#G341), G35%, G38%, G3y, G3z, Gyu3% (#Gyu31)
CKD	QOF v29		1Z12-1Z16, 1Z1B-1Z1L, K053-K055
COPD	QOF v29		H3, H31% (#H310%, H312%, H31y%), H310% (#H3101), H312% (#H3122), H31y% (#H31y0), H32%, H36 - H39, H3A, H3y, H3z, H5832
Depression	QOF v29		E0013, E0021, E112%, E113%, E118, E11y2, E11z2, E130, E135, E2003, E291, E2B, E2B1, Eu204, Eu251, Eu32% (#Eu32A, Eu32B, Eu329), Eu33%, Eu341, Eu412
Diabetes	QOF v29		C10., C109J, C109K, C10C., C10D., C10E%, C10F% (#C10F8), C10G%, C10H%, C10M%, C10N%, C10P%, PKyP
Heart Failure	QOF v29		G58., G1yz1, 662f.-662i.
Hypertension	QOF v29		G2, G20%, G24., G240% (#G2400), G241% (#G2410), G244, G24z% (#G24z1), G25, G26, G28, G2y, G2z, Gyu2, Gyu20
SMI (CEG)	CEG	Episodic codes not included	E10%, E110%, E111%, E1124%, E1134%, E114%, E115%, E116%, E117%, E11y% (#E11y2), E11z% (#E11z1, E11z2), E13% (#E135), Eu20%, Eu30%, Eu31%, Eu25%
SMI (QOF)	QOF v29		E10%, E110%, E111%, E1124%, E1134%, E114%, E115%, E116%, E117%, E11y% (#E11y2), E11z% (#E11z1, E11z2), E12%, E13% (#E135), E2122, Eu2%, Eu30%, Eu31%, Eu323, Eu328, Eu333, Eu32A, Eu329
Stroke/TIA	QOF v29		G61% (#G617), G64%, G66% (#G669), G6760, G6W, G6X, G63y0 - G63y1, Gyu62 – Gyu66, Gyu6F, Gyu6G
PAD	QOF v29		G73_, G734, G73y, G73z% (#G73z1), Gyu74
Dementia	QOF v29		Eu02., E00., Eu01., E02y1, E012., Eu00., E041., Eu041, F110. – F112., F116.
Cancer	QOF v29		B0%, B1%, B2%, B3% (#B33%), B5%, B6% (#B677), Byu% (#Byu4%, ByuF%, ByuG%, ByuH%), Byu4% (#Byu42, Byu43), K1323, K01w1, 68W24, C184
Epilepsy	QOF v29		F25..% (#F250%, F251%, F256%, F258, F259, F25A, F25G, F25H, F25y%), F250% (#F2501, F2504), F251% (#F2511, F2516), F25y% (#F25y4), F1321, SC200
Glaucoma	CEG		F45
Learning Disabilities	QOF v29		E3%, Eu7%, Eu814, Eu815, Eu816, Eu817, Eu818, Eu81z, 918e 1Z01., 2JE., 8BA2., 8BAP., 8BAS., 8BAT., 8BAe., 8BJ1., 8CM1.% (#8CM15), 8CM4., 8CME., 8H6A., 8H7L., 8H7g., 8HH7., 8IEE., 9EB5., 9Ng7., ZV57C, 8CMQ., 9NgD., 9G8., 9c0P., 9c0N., 8CMW3, 9K9., 9367., 9c0L0, 9c0M., 9NNd., 8CMb, 8B2a, 9NNf0, 38QH, 38QK
Palliative Care	QOF v29		
Motor Neurone Disease	CEG		F152
Muscular Dystrophy	CEG		F39.,F390.,F391.,F39B.,F39z
Multiple Sclerosis	CEG		F20%
Parkinson's Disease	CEG		F12%
Rheumatoid Arthritis	CEG		N04%
Senile Macular Degeneration	CEG		F425
HIV	CEG		43C3,A788%,A789%,ZV01A
Osteoporosis	CEG		N330

Cataracts (12m)	CEG	Recorded in last 12 months	F46%,2BT0,2BY1,P33%(#P335,P336,P337,P33z)
Spinal Cord Injury (12m)	CEG	Recorded in last 12 months	SJ2%,SJ80,SJz
Diabetes - Retinal Screening	QOF v29	With Diabetes codes	2BB%, 3128%, 3129, 312E-312G, 58C1, 68A7, 68A8, 66AD, 8HBD, 8HBG, 8HBH, 9N1v, 9N2U, 9N2V, 9N2e, 9N2f, 9NNC
Obesity >=30	CEG	Latest BMI >=30 (15m)	22K%
Obesity >=40	CEG	Latest BMI >=40 (15m)	22K%

Appendix 3: Data Sources used in Update

The following datasets were provided in spreadsheets published by CEG providing source data for the tables in this updated report.

Table1:	'JSNA Stage 1a - Crude and Age Standardised Rates October 2014 01'
	'JSNA Stage 1b - Secondary Condition Crude Rates October 2014 02'
Tables2..	'JSNA Stage 2 October 2014 03'
Tables3..	'JSNA Stage 3 October 2014 03'