**Key facts for NHS High Weald Lewes Havens CCG**

The prevalence of diagnosed diabetes among people aged 17 years and older in NHS High Weald Lewes Havens CCG is 5.2% compared to 5.7% in similar CCGs.

In 2011/12 NHS High Weald Lewes Havens CCG 65.7% of adults with diabetes had a HbA1c measurement of 59mmol/mol or less. This is lower than in other similar CCGs and lower than England.

People with diabetes in East Sussex Downs and Weald PCT were 13.9% more likely to have a myocardial infarction, 2.03% more likely to have a stroke, 52.3% more likely to have a hospital admission related to heart failure and 39% more likely to die than the general population in the same area.

Spending on prescriptions for items to treat diabetes in 2011/12 cost £429.38 per adult with diabetes in NHS High Weald Lewes Havens CCG compared to £415.89 across England.
Demographic Characteristics and Predictive Factors for Diabetes

Age Structure of Population

Age is a key factor in diabetes prevalence. Type 1 diabetes tends to be diagnosed in childhood but the prevalence of Type 2 diabetes increases steadily after the age of 40 years.

Diabetes prevalence is higher in areas experiencing deprivation. People living in the 20% most deprived neighbourhoods in England are 56% more likely to have diabetes than those living in the least deprived areas. It is known that people from Asian and Black ethnic groups are more likely to have diabetes and tend to develop the condition at younger ages.

Deprivation

Ethnicity

CCG Classification Groups

The CCG Classification Groups provide a grouping of CCGs that have similar characteristics to allow appropriate benchmarking. It uses the following data to assign CCGs to the best match CCG Classification Group:

- Age structure of the population
- % of population from Asian ethnic groups
- % of population from Black ethnic groups
- Indices of Deprivation 2010 (average score)
- Population density

NHS High Weald Lewes Havens CCG is in Purple Group

The purple group has an older population living in rural areas and low deprivation levels.
The chart below provides a breakdown of the key aspects of clinical management of patients with diabetes and highlights the attainment of HbA1c, blood pressure and cholesterol targets in the 15 months ending March 2012.

### Care Processes and Treatment Targets

The chart below provides a breakdown of the key aspects of clinical management of patients with diabetes and highlights the attainment of HbA1c, blood pressure and cholesterol targets in the 15 months ending March 2012.

- **HbA1c <59mmol/mol**
  - **NHS High Weald Lewes Havens CCG:** 65.7% within recommended limits, 23.5% checked and outside recommended limits, 10.8% excepted from indicator.
  - **Purple Group:** 63.9% within recommended limits, 26.0% checked and outside recommended limits, 10.1% excepted from indicator.
  - **England:** 62.9% within recommended limits, 27.1% checked and outside recommended limits, 10.0% excepted from indicator.

- **Cholesterol <5mmol/l**
  - **NHS High Weald Lewes Havens CCG:** 73.0% within recommended limits, 13.7% checked and outside recommended limits, 13.3% excepted from indicator.
  - **Purple Group:** 73.4% within recommended limits, 15.9% checked and outside recommended limits, 10.7% excepted from indicator.
  - **England:** 73.9% within recommended limits, 16.5% checked and outside recommended limits, 9.5% excepted from indicator.

- **Blood Pressure <140/80**
  - **NHS High Weald Lewes Havens CCG:** 86.3% within recommended limits, 9.3% checked and outside recommended limits.
  - **Purple Group:** 86.2% within recommended limits, 9.6% checked and outside recommended limits.
  - **England:** 86.3% within recommended limits, 9.7% checked and outside recommended limits.

Source: Quality and Outcomes Framework, 2011/12
In NHS High Weald Lewes Havens CCG there are 22 practices. The charts below show the variation in treatment targets at practice level. At practice level the proportion of patients whose last HbA1c was less than 59mmol/mol ranges from 53.9% to 74.9%

**HbA1c**

- Checked and <59mmol/mol
- Checked and outside recommended limits
- Excepted from measurement

**Cholesterol**

- Checked and <5mmol/l
- Checked and outside recommended limits
- Excepted from measurement

**Blood pressure**

- Checked and within target
- Checked and outside recommended limits
- Excepted from measurement

Source: Quality and Outcomes Framework, 2011/12
Prevalence of Complications

The National Diabetes Audit collates data that identifies the additional risk of diabetic complications and mortality in people with diabetes compared to the general population. This data is currently only published by PCT and the best match for NHS High Weald Lewes Havens CCG is East Sussex Downs and Weald PCT.

Compared to the general population, people with diabetes in East Sussex Downs and Weald PCT were 13.9% more likely to have a myocardial infarction and 2.03% more likely to have a stroke. They were also 52.3% more likely to have a hospital admission where heart failure was recorded. In East Sussex Downs and Weald PCT people with diabetes have a 39% greater chance of dying in a one year period than the general population.

Patient Perspective

The chart below shows the percentage of all people with a long term condition that have received enough support from local organisations and how confident they feel about managing their own health from the GP Patient Survey. Please note these data refer to all people with a long term condition not just those with diabetes.
Average cost per item for anti-diabetic items

NHS High Weald Lewes Havens CCG spent a total of £2958394.5 on prescriptions for diabetes items between April 2011 and March 2012. This was equivalent to £429.38 per adult with diabetes. Average spending on items to treat diabetes was higher in NHS High Weald Lewes Havens CCG compared to England but this difference is not statistically significant.