The Diabetes Community Health Profiles bring together a wide range of data on diabetes in adults into a single source for the purposes of benchmarking. A Diabetes Community Health Profile is available for each CCG in England at http://yhpho.york.ac.uk/diabetesprofiles/default.aspx. It was last updated on 16 December 2013.

Map of NHS High Weald Lewes Havens CCG

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 6% in similar CCGs.

In 2012/13, 65.9% of adults with diabetes in NHS High Weald Lewes Havens CCG, had a HbA1c measurement of 59mmol/mol or less. This is higher than in other similar CCGs and higher than England.

People with diabetes in NHS High Weald Lewes Havens CCG were 55.7% more likely to have a myocardial infarction, 19.7% more likely to have a stroke, 62% more likely to have a hospital admission related to heart failure and 51.2% more likely to die than the general population in the same area.

Spending on prescriptions for items to treat diabetes in 2012/13 cost £295.23 per adult with diabetes in NHS High Weald Lewes Havens CCG compared to £281.52 across England.

Produced by the National Cardiovascular Intelligence Network
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

Census 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 the Purple Group

The purple group has an older population living in rural areas and low deprivation levels.

Ethnicity

Source: 2011 Census
Quantifying Diabetes

In 2012/13 there were 7,090 people aged 17 years and older diagnosed with diabetes in NHS High Weald Lewes Havens CCG and it is estimated that there are a further 2,828 adults with undiagnosed diabetes. The chart below compares the prevalence of diabetes in NHS High Weald Lewes Havens CCG with the cluster group and England as a whole.

![Chart showing prevalence of diagnosed diabetes and estimated total diabetes prevalence](image)


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 2013.

<table>
<thead>
<tr>
<th>Metric</th>
<th>NHS High Weald Lewes Havens CCG</th>
<th>Purple Group</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c &lt;59mmol/mol</td>
<td>65.9%</td>
<td>60.1%</td>
<td>59.6%</td>
</tr>
<tr>
<td></td>
<td>25.6%</td>
<td>29.2%</td>
<td>30.1%</td>
</tr>
<tr>
<td></td>
<td>8.4%</td>
<td>10.7%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Cholesterol &lt; 5mmol/l</td>
<td>71.0%</td>
<td>72.4%</td>
<td>72.9%</td>
</tr>
<tr>
<td></td>
<td>16.9%</td>
<td>16.1%</td>
<td>16.9%</td>
</tr>
<tr>
<td></td>
<td>12.0%</td>
<td>11.5%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Blood Pressure &lt; 140/80</td>
<td>64.1%</td>
<td>66.8%</td>
<td>67.2%</td>
</tr>
<tr>
<td></td>
<td>28.3%</td>
<td>24.9%</td>
<td>25.0%</td>
</tr>
<tr>
<td></td>
<td>7.7%</td>
<td>8.3%</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

Source: Quality and Outcomes Framework, 2012/13
In NHS High Weald Lewes Havens CCG there are 22 practices. The charts below show the variation in treatment targets at practice level.

**HbA1c**
At CCG level, the proportion of patients whose last HbA1c is < 59mmol/mol is 65.9%. At practice level, it ranges from 56.8% to 74.8%.

**Cholesterol**
At CCG level, the proportion of patients whose last cholesterol is < 5mmol/l is 71%. At practice level, it ranges from 61% to 75.9%.

**Blood pressure**
At CCG level, the proportion of patients whose last Blood pressure reading is < 140/80 is 64.1%. At practice level, it ranges from 48% to 78.1%.

Source: Quality and Outcomes Framework, 2012/13
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. The mortality 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 55.7% more likely to have a myocardial infarction and 19.7% more likely to have a stroke. They were also 62% more likely to have a hospital admission where heart failure was recorded. In East Sussex Downs and Weald PCT people with diabetes have a 51.2% greater chance of dying in a one year period than the general population.

Patient Perspective

Data from the GP Patient Survey are presented in the chart below. It shows how confident all people in the survey feel about managing their own health and the percentage of all people with a long term condition that have received enough support from local organisations. All people with a long term condition includes those with any long term condition not just those with diabetes.
NHS High Weald Lewes Havens CCG spent a total of £2.1 million on prescriptions for diabetes items between April 2012 and March 2013. This was equivalent to £295.23 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.