

Disease Trends

See the **Data Factsheets** for more data and analysis:

<http://www.rbkc.gov.uk/voluntaryandpartnerships/jsna/2010datafactsheets.aspx>

Cancer

Kensington and Chelsea has a lower new incidence and death rate from cancer, compared to London and England

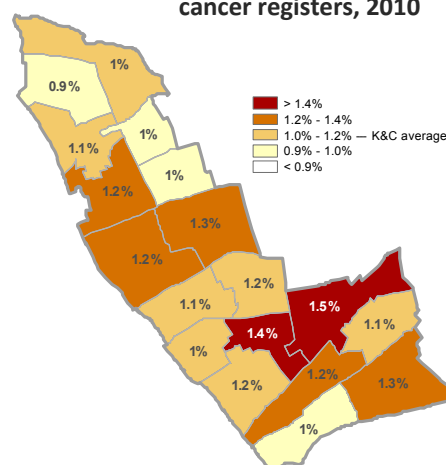
To compare cancer prevalence and diagnosis in Kensington and Chelsea with England, it is necessary to take into account the borough's age structure and population size. After adjusting for the relatively young population, Kensington and Chelsea has the fourth lowest new incidence rate for cancer

of any borough in England.¹ Current rates are 13 per cent below the London average and 23 per cent below the England average. However, cancer still accounts for over a quarter (28 per cent) of all deaths in Kensington and Chelsea.² Overall the number of new cases has remained fairly constant over the last few years.

The number of residents on GP Cancer registers in the Royal Borough is slightly higher than London, but lower than England.³ This may be due to the higher survival rates in Kensington and Chelsea, leading to more people remaining on the registers for longer.

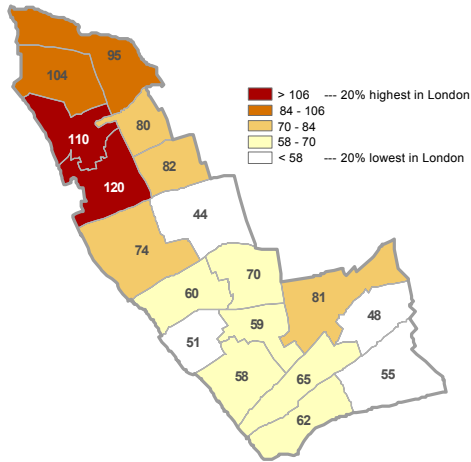
Kensington and Chelsea has lower admission rates for cancer than London and England, but large health inequalities still exist within the borough's wards

Percentage of residents on GP cancer registers, 2010

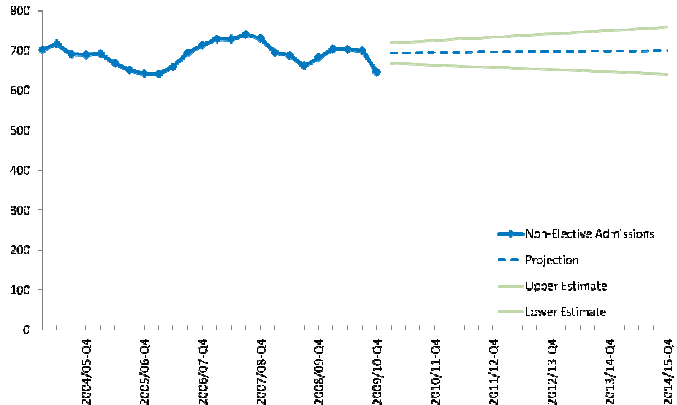


Hospital admission rates for cancer have been relatively stable for the last few years, with a small drop in elective admissions. In 2009, there were 3,691 elective admissions, and 683 emergency admissions. These figures are expected to remain fairly stable over the next few years. Whilst Kensington and Chelsea has a lower admission rate than London and England, as a result of fewer new cases, certain wards fall among the highest 20 per cent in London for cancer related hospital admissions.

Hospital emergency admissions for cancer, 2009/10



Hospital Emergency Admissions for cancer over time

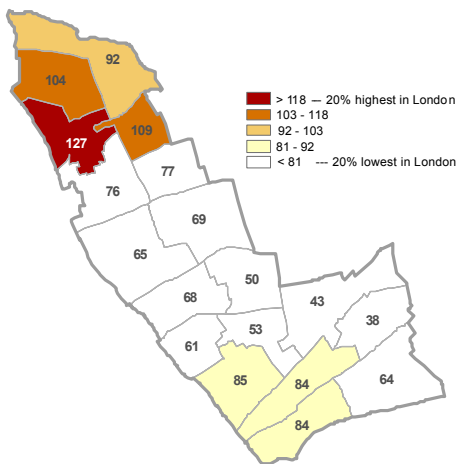


Medical and diagnostic advances in the last decade have seen premature mortality from cancer drop by a third in Kensington and Chelsea

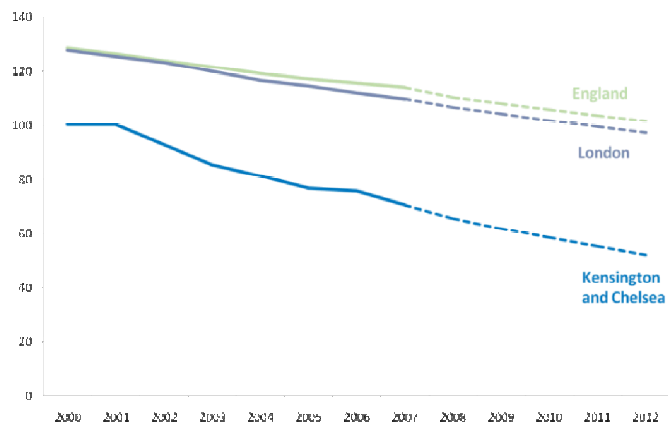
Cancer is the largest cause of premature death in the borough.⁴ However, Kensington and Chelsea has the lowest rate of premature (under 75) death from cancer in England, with rates in 11 of the borough's 18 wards falling into the 20 per cent lowest of all wards in London.⁵ Premature mortality is far more common in the borough's areas of deprivation,

particularly in Notting Barns ward. Across the borough, there has been a huge improvement in premature mortality from cancer in the past decade, with rates dropping by a third.

Premature (<75) cancer mortality, 2008-09



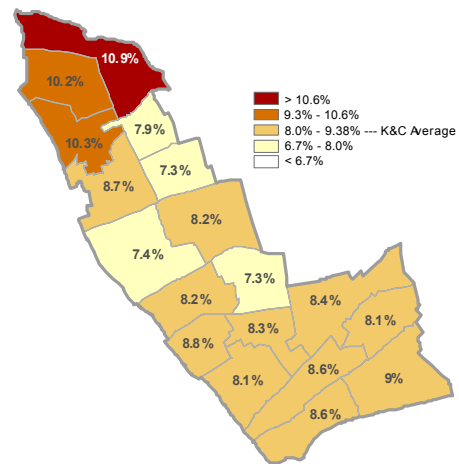
Premature mortality rates from cancer, over time



Hypertension

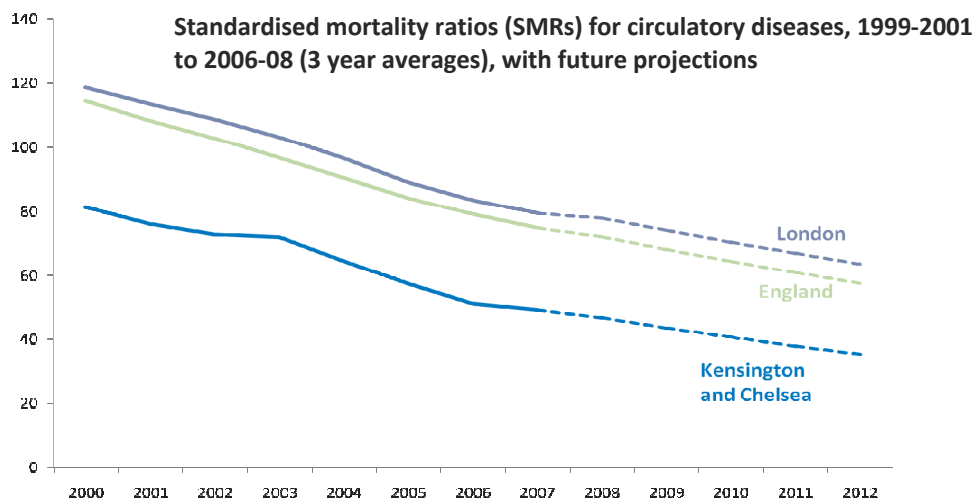
The proportion of patients on GP lists in Kensington and Chelsea recorded as having hypertension (raised blood pressure) is much lower than in London as a whole.⁶ This may in part relate to the healthiness of the population and/or to under diagnosis of the condition. Locally GP practice registers are growing by around 4 per cent per year and, as national evidence suggests the population prevalence of hypertension has been falling during this period, there appears to have been better case finding locally. There is the expected gradient to prevalence, with more deprived areas and those with older populations having higher prevalence than younger and affluent areas.

Percentage of residents on GP hypertension registers, 2010

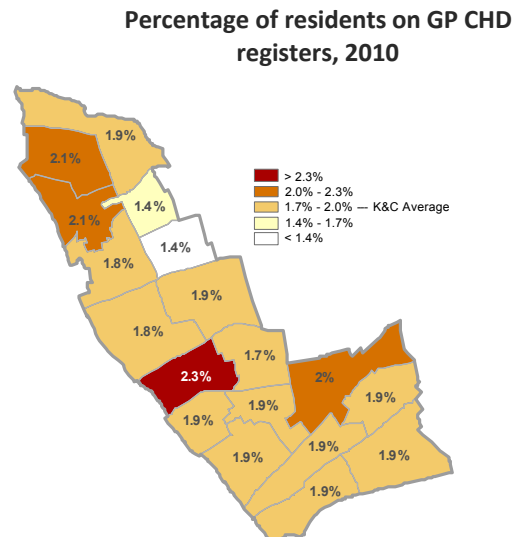


Cardiovascular Disease

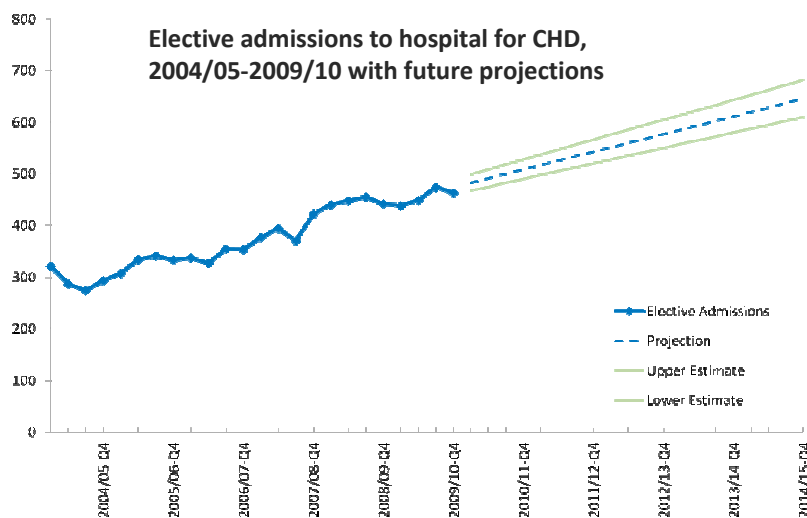
Cardiovascular disease (CVD) (heart disease and stroke), remains the single largest cause of death in Kensington and Chelsea, accounting for 34 per cent of deaths in the borough.⁷ The premature (under 75) mortality rate for cardiovascular disease in Kensington and Chelsea is currently just two thirds the London and England rate, with substantial improvement over the first half of the last decade in particular.⁸



Residents of the Royal Borough have below average diagnosed prevalence of coronary heart disease (CHD) compared to London and England,⁹ which matches the very low levels of mortality from the disease.¹⁰ The number of deaths from CHD in the borough has fallen by 23 per cent since 2001, reflecting improved survival rates. Areas of high prevalence of the disease relate to areas with older populations, rather than areas of deprivation.

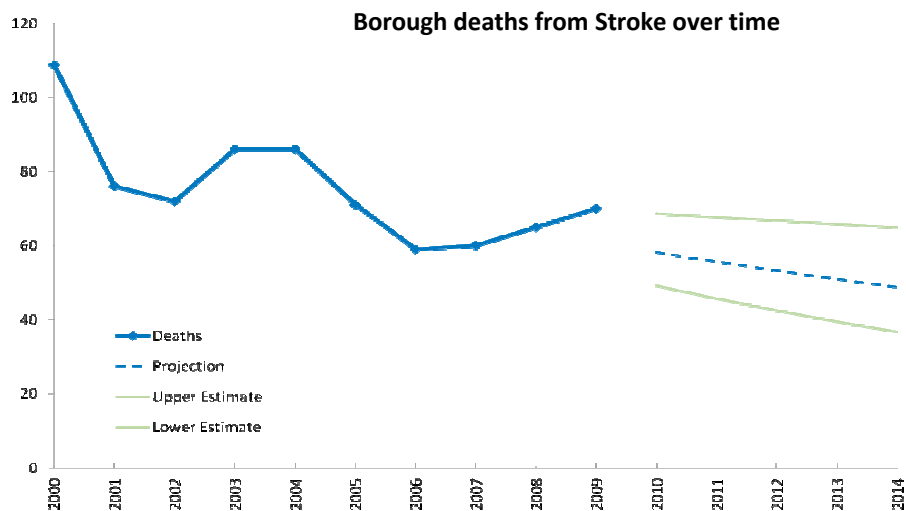


Elective (planned) admissions for CHD have been rising steadily over the decade. From around 300 in 2005 to around 450 in 2010.¹¹



Kensington and Chelsea has a slightly lower prevalence of heart failure than London and England, 0.4 per cent to London's 0.5 per cent and England's 0.7 per cent.¹² The number of people on heart failure registers is stable, at just under 800.

The Royal Borough has a similar diagnosed prevalence of stroke to the rest of London (1.0 per cent) but below England (1.7 per cent), which is likely to reflect the younger age profile in the borough.¹³ Higher rates are found in areas with poor health and with older populations, such as North Kensington and some areas of Chelsea. The numbers on GP registers has been climbing over time, which probably reflects the better survival rates, with a decline in the number of deaths locally.¹⁴ There is also likely to be better recording in GP practices. The number of emergency admissions has gradually been climbing.¹⁵



Diabetes

The Royal Borough has low rates of diagnosed diabetes, compared to both London and England, partly from residents good health, but possibly from lower levels of diagnosis compared to elsewhere

High levels of good health in the borough contribute to a low prevalence of diabetes. Whilst four per cent of people in London and England are known by their GP to have the disease, the figure is just three per cent in Kensington and Chelsea.¹⁶ However, there is some evidence of under-diagnosis of diabetes.¹⁷ It is hard to identify the true number of deaths from diabetes, given that many with diabetes

will have another cause of death recorded, such as heart disease, to which their diabetes may have contributed.

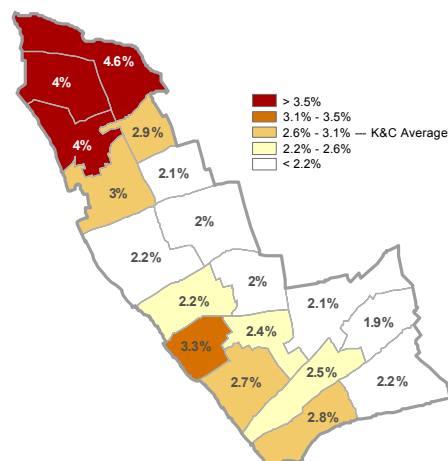
The number of people on GP registers for diabetes has been growing by around five per cent per year due to gradually increasing prevalence in the population, largely through rising obesity, as well as better diagnosis in primary care. There is no consistent trend in the pattern of

The number of people with diabetes locally has been growing by around five per cent each year

diabetes-related emergency admissions over time.¹⁸ NHS Kensington and Chelsea have been attempting to reduce the number of emergency admissions over time, although the general upward trend in numbers known to have the disease mitigates against this.

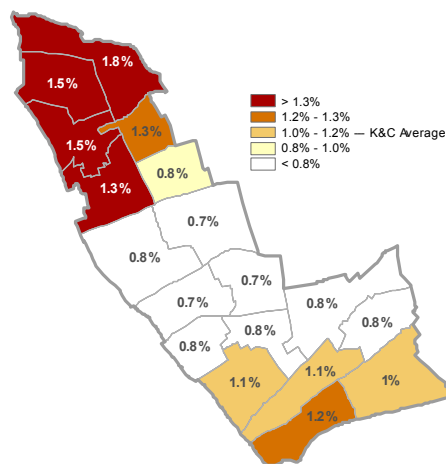
In Kensington and Chelsea, there is a strong correlation between the prevalence of diabetes and social deprivation. The ward of Golborne has the highest prevalence of diabetes in the borough, with 4.6 per cent of residents known to have the disease, compared to just 1.9 per cent in Hans Town.¹⁹

Percentage of residents on GP diabetes registers, 2010



Respiratory Disease

Percentage of residents on GP COPD registers, 2010



Despite significantly lower smoking rates in the Royal Borough, the prevalence of Chronic Obstructive Pulmonary Disease (COPD) is actually slightly higher than the London average. This may indicate good levels of diagnosis by health professionals, or be the result of other environmental factors. Lower death rates from the disease, alongside better diagnosis rates have led to growing numbers on GP registers with COPD. There is a very strong social class gradient with COPD. The affluent central wards of Kensington and Chelsea have roughly half the prevalence of the north of the borough. Diagnosis rates

have increased by between four and six per cent per year. Whilst there were 50 deaths from COPD in 2000, there are now around 35 per year. If current trends continue, this is expected to fall to 30 deaths per year by 2015.

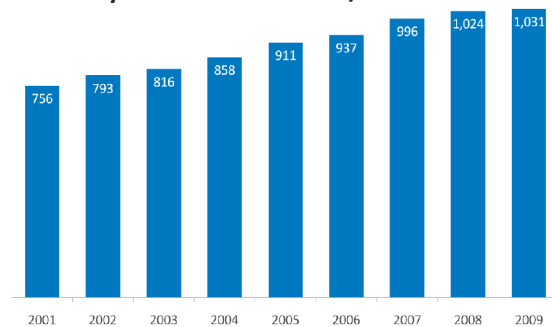
Kensington and Chelsea has a lower prevalence of asthma than the London average; 3.5 per cent to London's 4.7 per cent. This may be attributable to the low proportion of children in the borough relative to the rest of the city, or an under diagnosis of the condition. There is a greater prevalence in the North Kensington area. The number of residents on GP practice asthma registers has grown by two to four per cent over the last two years, likely due to better recording of the condition by GPs.

The prevalence of tuberculosis (TB) is a third lower in Kensington and Chelsea than the London average, yet still significantly above the national rate. The borough borders Brent, which currently has the highest prevalence of TB in London. A higher number of cases are generally found in the far north of the borough, in areas popular with migrants from countries where TB is very common, which explains why half of all cases of TB in the borough were amongst Black African men.

HIV and Sexually Transmitted Infections (STIs)

The Royal Borough had the 4th highest rate of HIV/AIDS in the country

Number of residents over time known by services to have HIV/AIDS



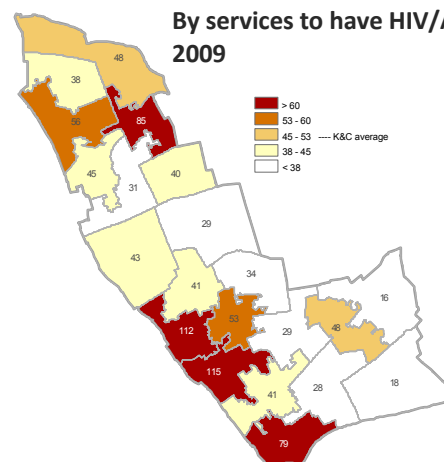
Kensington and Chelsea has a very high prevalence of HIV/AIDS, which has historically been the case. In 2009, the borough had the fourth highest prevalence of any in England amongst 15 to 59 year olds.²⁰ Continuing growth in numbers with HIV/AIDS will have significant public health and cost implications for the future. Although numbers continue to grow, the proportionate increases over the last decade have been slower than for London and England, (36 per cent rise compared to 93 per cent and 150 per cent respectively). This growth in prevalence also appears to have

slowed, with an annual rise of seven people between 2008 and 2009. Continued monitoring will be necessary to identify whether this slowdown will continue.

The Earl's Court and South Kensington areas have a particularly high prevalence of HIV/AIDS, influenced by locations historically popular with gay communities as well as the location of hospitals offering specialist HIV care.

The route of transmission differs significantly in the Royal Borough from the rest of London or England as a whole. In Kensington and Chelsea, three-quarters (73 per cent) of residents who have contracted HIV have done so through sex between men, whilst less than half do so in

Number of residents known By services to have HIV/AIDS, 2009



London and England. Sex between men and women results in only 18 per cent of HIV contractions in Kensington and Chelsea; compared to 50 per cent in England as a whole.

Data from GUM clinics suggests that infection rates for borough residents are higher than London and England for Gonorrhoea, Herpes, Genital Warts, and particularly Syphilis, (for which Kensington and Chelsea has five times the infection rate of England). The high prevalence rates of many STIs in the Royal Borough are attributed to a combination of the young population, areas of deprivation, good access to local GUM clinics, and a large gay community.²¹

Conversely, Chlamydia rates are relatively low in Kensington and Chelsea amongst the 15 to 24 year old age group, compared to elsewhere (with 1,826 diagnoses per 100,000 residents in Kensington and Chelsea, compared to 2,429 in London, and 2,213 in England). However, Kensington and Chelsea residents aged 25 or over have a higher prevalence of Chlamydia (202 diagnoses per 100,000) compared to London (181 per 100,000) and England (98 per 100,000).

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- ¹ Compendium of Clinical and Health Indicators, 2004-06
 - ² ONS vital statistics 2008
 - ³ QOF 2009/10. NHS Information Centre website
 - ⁴ ONS vital statistics 2008
 - ⁵ 2004-08 data. Extracted from Health Needs Assessment Tool, Commissioning Support for London
 - ⁶ QOF 2009/10. NHS Information Centre website
 - ⁷ ONS vital statistics 2008
 - ⁸ Time series data. Extracted from Health Needs Assessment Tool, Commissioning Support for London
 - ⁹ QOF 2009/10. NHS Information Centre website
 - ¹⁰ Time series data. Extracted from Health Needs Assessment Tool, Commissioning Support for London
 - ¹¹ Dr Foster hospital admission data
 - ¹² QOF 2009/10. NHS Information Centre website
 - ¹³ QOF 2009/10. NHS Information Centre website
 - ¹⁴ ONS Vital Statistics (VS) 3
 - ¹⁵ Dr Foster hospital admission data
 - ¹⁶ QOF 2009/10. NHS Information Centre website
 - ¹⁷ Association of Public Health Observatories (APHO) GP practice profiles
 - ¹⁸ Dr Foster hospital admission data
 - ¹⁹ QOF 2009/10. NHS Information Centre website
 - ²⁰ SOPHID, 2009
 - ²¹ Health Protection Agency, 2009