

Healthcare Services

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

Planned Hospital Care

Kensington and Chelsea had a similar rate of planned admissions to the London average in 2009/10. After accounting for age and gender however, the borough was ranked sixth lowest, likely to be a reflection of the good average health of the borough's residents.¹ There is significant variation in admission rates between GP practices in the borough – around a threefold difference after accounting for deprivation, age and gender.²

There is a threefold variation in planned admission rates between GP practices, after accounting for a range of factors

Levels of elective (planned) care have been rising consistently over the last six years in Kensington and Chelsea, although data from the first six months of 2010/11 suggests this growth may possibly have slowed down.³

The PCT has identified a number of clinical procedures which have limited clinical benefit or are an inefficient use of resource given their high cost per quality adjusted life year gained. These procedures are either not funded by the PCT, or are only funded if clinical thresholds, at which the benefits outweigh the risks, are reached, to ensure they are targeted to those most in need.

Inpatient care

Chelsea and Westminster Hospital Trust performed in the top 20 per cent nationally for patient reported standard of inpatient care

In the Care Quality Commission's 2009 Patient Survey of inpatients,⁴ Chelsea and Westminster Hospital fell into the top 20 per cent nationally for overall rating of care. Best and worst performing areas have been summarised by theme below:

Best performing for:

Area	Aspect
Admission	Privacy and information in A&E, length of time on waiting list, choice of admission dates
Doctors	Confidence and trust, understandable answers to questions
Operations and procedures	Explanation of procedure (before and after), staff answered questions
Other	Good information about medicines

Worst performing for:

Area	Aspect
Hospital and Ward	Noise at night, shared bathroom with opposite sex, cleanliness of wards and toilets, feeling threatened by other people, no posters for hand-washing
Nurses	Talked to you as if you weren't there, lack of confidence and trust
Other	Issues around discharge delay

Imperial College Hospitals fell into the mid 60 per cent of trusts for overall rating of inpatient care

There were no areas where Imperial College Hospitals was among the best performing Trusts. Worst performing areas have been listed below by theme:

Worst performing for:

Area	Aspect
Operations and procedures	Explanations of risks, what would be done, answering questions, how expect to feel post operation, how put to sleep by anaesthetist
Nurses	Talked to you as if you weren't there, lack of confidence and trust, lack of hand-washing
Hospital and Ward	Noise at night, cleanliness of wards and toilets, feeling threatened by other people, no posters for hand-washing, no available gel
Other	Doctors talked as if you weren't there

Outpatient care

The Care Quality Commission 2009 Outpatient Survey ranked both Chelsea and Westminster Hospital and Imperial College Hospitals in the bottom 20 per cent for overall quality of care

There were no areas where Chelsea and Westminster Hospital was among the best performing Trusts. Worst performing areas for the Trust have been listed below:

Chelsea and Westminster worst performing for:

Area	Aspect
Overall impression	Main reason not dealt with, poorly organised, lack of dignity and respect, overall low rating
Overall about the appointment	Doctors talked as if wasn't there, not enough privacy for discussion or treatment, not enough information given, inconsistency of information, not involved in decisions about care
Hospital environment	Cleanliness of hospital and toilets
Waiting	Waited a long time, not told why
Other	Also, no details of who to contact if worried about condition after leaving hospital, member of staff didn't mention how to find out about test results

Likewise, there were no areas of best performance for Imperial College Hospitals. Worst performing areas for the trust have been listed below:

Imperial worst performing for:

Area	Aspect
Overall impression	Main reason not dealt with, poorly organised, lack of dignity and respect, overall low rating
Tests	Why needed tests, how would find out about tests, explanation of results, explanation of what would happen, explanation of risks
Hospital environment	Cleanliness of hospital and toilets
Seeing another professional	Answers you could understand, confidence and trust
Seeing a doctor	Enough time, explanation of reasons for treatment, confidence and trust, awareness of medical history
Waiting	Waited a long time, not told why

Other	Doctors talked as if you weren't there, inconsistency of information, lack of involvement in care
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Urgent Care

After accounting for age and gender, Kensington and Chelsea was ranked fifth lowest (best) in London for the volume of emergency admissions in 2009/10, possibly reflecting the good health of the borough's residents.⁵ However, as with elsewhere, emergency admissions have been rising year on year over the last decade, by an average of six per cent a year locally. The proportion of activity with a zero day length of stay has grown from 12 per cent in 2001/02 to 30 per cent in 2010/11.⁶

Emergency admissions have been rising year on year in Kensington and Chelsea, particularly admissions with a zero day length of stay

As with planned admissions, there is significant variation in emergency admission rates between GP practices in the borough – a two and a half to threefold difference after accounting for deprivation, age and gender.⁷

Primary Care

Patients' reported satisfaction with the service they receive from local GP practices has been rated as high in the borough when compared to London, yet marginally lower than in England as a whole.⁸ Eighty eight per cent of service users in Kensington and Chelsea who responded to a Department of Health questionnaire said they were either 'very satisfied' or 'fairly satisfied' with the standard of care that they had received in their surgery, compared to 90 per cent for England as a whole. However, there was some variation between surgeries.

Part of the GP contract rewards practices for achieving targets on quality of care, known as the 'Quality and Outcomes Framework', or QOF. Based on outcomes at the end of March 2010, Kensington and Chelsea practices performed better than London and England on a range of clinical areas such as CHD, hypertension and heart failure. However, there were a number of clinical areas where local GPs performed worse than London and England, including COPD, cancer, depression and dementia (see table below).⁹ In cases such as COPD, this was only marginally below the London average.

Quality Outcomes Framework 2009/10: Total QOF points achieved in K&C as a percentage of points available

By Clinical Domain
QOF 2009/10

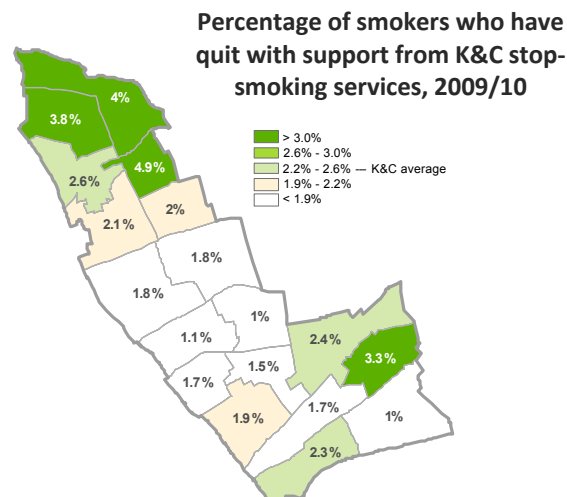
	K&C	London	England
CHD	99.1per cent	98.5per cent	98.8per cent
Stroke	97.9per cent	97.6per cent	98.0per cent
Hypertension	99.7per cent	98.5per cent	98.9per cent
Diabetes	94.6per cent	93.1per cent	95.2per cent
COPD	94.3per cent	94.3per cent	95.8per cent
Epilepsy	95.0per cent	92.8per cent	94.7per cent
Hypothyroidism	99.4per cent	99.1per cent	99.4per cent
Cancer	95.6per cent	95.7per cent	95.8per cent
Mental Health	93.7per cent	93.3per cent	94.5per cent
Asthma	99.0per cent	97.6per cent	98.1per cent
Heart Failure	97.3per cent	97.2per cent	97.3per cent
Palliative Care	79.1per cent	81.9per cent	89.3per cent
Dementia	95.7per cent	97.3per cent	97.5per cent
Depression	80.0per cent	81.0per cent	81.7per cent
CKD	95.8per cent	94.5per cent	94.7per cent
Atrial Fibrillation	97.3per cent	97.3per cent	97.9per cent
Learning Disabilities	90.7per cent	97.9per cent	98.6per cent
Smoking	99.4per cent	98.7per cent	99.0per cent
CVD Primary Prevention	88.6per cent	90.0per cent	91.2per cent

RANK

Higher than London and England	
Between London and England	
Lower than London and England	

Smoking Cessation

The largest proportion of smokers quitting via NHS stop smoking services in Kensington and Chelsea come from the deprived areas in the north of the borough. On average, 2.4 per cent of smokers across Kensington and Chelsea stopped smoking using NHS services in 2009/10.¹⁰

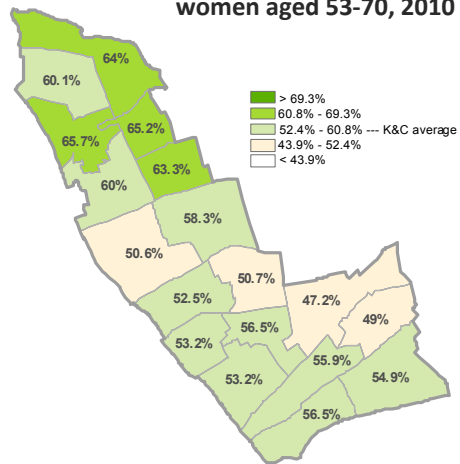


Screening

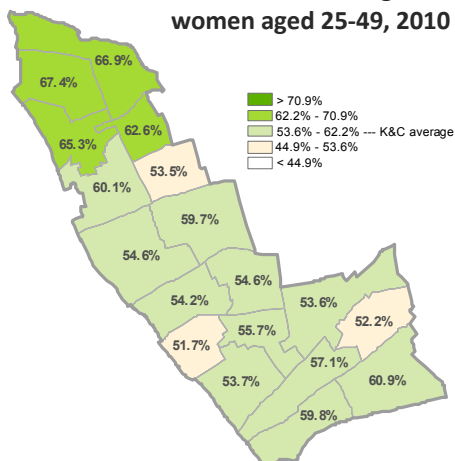
Fifty seven per cent of female residents aged between 53 and 70 have had breast cancer screening in the past three years.¹¹ This is considerably lower than the London and England averages, and well below the national target of 70 per cent. The lowest attendance occurs in the more affluent wards. The reasons behind the low screening rate include 'ghost patients', who have moved out of the borough without registering at a different practice, which are likely to count for around two per cent lower coverage. The impact of private mammography influences the coverage by an estimated two to four per cent. A further two per cent is thought to be attributable to lower coverage around people who are born abroad; particularly French and American residents, who have a 12 to 13 per cent lower uptake than the general population. However, there are no wards in Kensington and Chelsea that reach the England average for screening, suggesting that socio-demographic issues are only part of the explanation for low coverage.¹²

Breast and Cervical Cancer screening rates in Kensington and Chelsea are significantly lower than the English average

Breast cancer screening coverage, women aged 53-70, 2010



Cervical cancer screening coverage, women aged 25-49, 2010

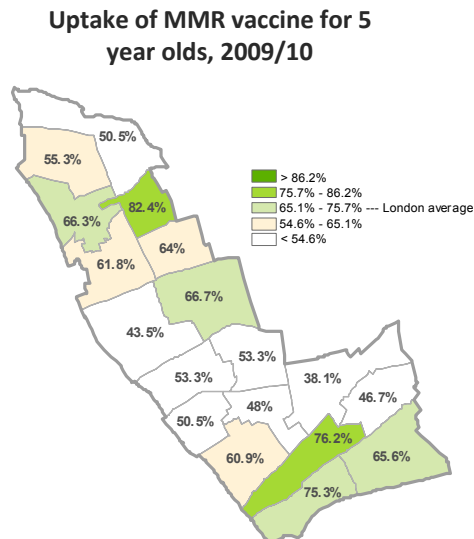


Similar trends are also true of cervical cancer screening. Only 58 per cent of 25-49 year old women in the borough have been screened in the last three and a half years; the lowest rate in the country.¹³ Amongst women over 50 years old, Kensington and Chelsea has the third lowest rate of screening in the country. Reasons for this are similar to the low rates for breast cancer screening, a highly mobile population, which includes 'ghost patients' who have moved out of the

borough without registering at a different practice. Kensington and Chelsea's large populations from Western Europe, North America, and Australia also account for some of the low figures, as they are known to have a higher use of private cytology

than the general population. Younger women (aged 25 to 39) were associated with four per cent lower coverage, and older women (aged 55+) with seven per cent lower coverage compared to women aged 40-54.¹⁴

Child Immunisation

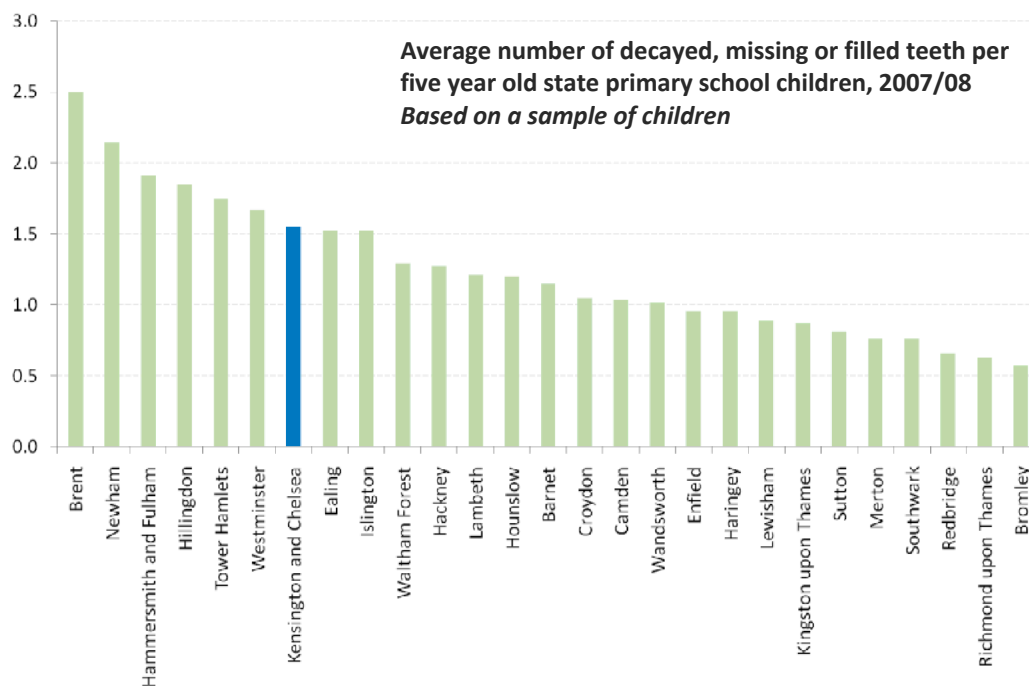


Childhood immunisation uptake in Kensington and Chelsea is currently similar to London, but lower than England as a whole,¹⁵ and tends to be slightly higher in the areas of deprivation, and slightly lower in those of affluence and high mobility. The uptake of the MMR vaccine for five year olds in the borough is still lower than both London and England, 65 per cent compared to 70 per cent and 82 per cent respectively, though figures have improved by six per cent on the same quarter last year. There are no clear geographical trends between wards.

Dentistry

Oral health among children is worse in Kensington and Chelsea than in London and England, although comparable to surrounding boroughs.¹⁶ Data is not available on children attending private schools.

Since 2008, there have been significant improvements in the number of adults and children visiting a dentist in the borough

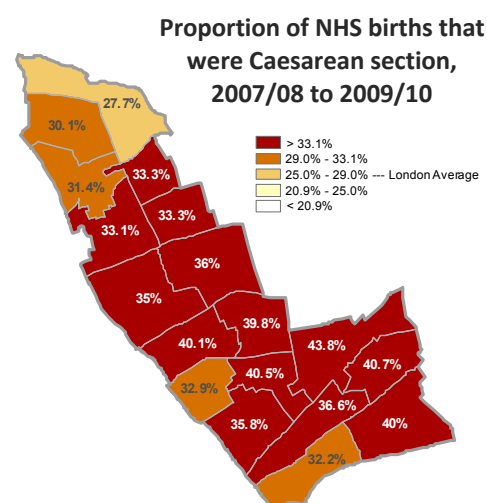


There have been significant improvements in the number of adults and children attending dentists since 2008.¹⁷ There was a low of 35,619 in June 2008. Research commissioned by the PCT found local people did not value preventive dental care, associated dentists with pain, thought incorrectly that there was little NHS provision and regarded what there was as not child friendly. In response the PCT invested in improvements to the number and quality of NHS dentists, in making them more child friendly and in promoting NHS dentistry. Since then the number accessing Kensington and Chelsea dental care has risen to 44,835 (in October 2010).

Maternity Services

Kensington and Chelsea mothers have the highest proportion of births by Caesarean section of any London borough

Kensington and Chelsea has the highest proportion of births by Caesarean section of any London borough. **Error! Bookmark not defined.**³⁸ A Caesarean section, though potentially a life-saving procedure for both mother and child,



also bears significant risks. Whilst 27 per cent of babies in London are delivered by Caesarean section, the proportion is 35 per cent in Kensington and Chelsea. The highest rates are found in the wards of greatest affluence, with 44 per cent of babies born in Brompton ward delivered by Caesarean section. The high rates in the borough also reflect the different characteristics of the population, particularly the older average age of mothers, which is the highest in the country.

Whilst the proportion of babies delivered by Caesarean section are showing signs of decreasing, there still remains a substantial gap between Kensington and Chelsea and the London average.

End of Life Care

The majority of people nationally and locally state that they would prefer to die at home rather than in hospital.¹⁸ In reality, over half (53 per cent) of all deaths in Kensington & Chelsea occur in hospital, with one quarter (24 per cent) at home, one in seven (14 per cent) in a care home and far fewer (6 per cent) in a hospice. Figures for those dying from illnesses amenable to palliative care are similar (49 per cent hospital, 21 per cent home, 16 per cent hospice, 14 per cent care home). Over time, the proportion of deaths occurring in hospitals has dropped, although major change appears challenging. Local figures suggest living in a care home is protective against dying in hospital - those living in care homes in the borough are twice as likely to die in their place of residence as those living at home.¹⁹

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

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

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- ¹ NHS Comparators, 2009/10
 - ² Dr Foster 2009/10
 - ³ Dr Foster hospital admissions data
 - ⁴ Care Quality Commission website
 - ⁵ NHS Comparators, 2009/10
 - ⁶ Dr Foster hospital admissions data
 - ⁷ Dr Foster hospital admissions data
 - ⁸ GP patient survey, dept of health 2009-10
 - ⁹ QOF 2009/10 NHS information centre website
 - ¹⁰ PCT local data collection
 - ¹¹ Breast screening programme data 2009. NHS Information Centre website
 - ¹² PCT report on factors influencing breast screening coverage, 2010
 - ¹³ Cervical screening programme data 2009. NHS Information Centre website
 - ¹⁴ PCT report on factors influencing cervical screening coverage, 2010
 - ¹⁵ NHS London quarterly monitoring reports, 2009/10
 - ¹⁶ BASCD Survey, 2007/08, Compendium of Clinical and Health Indicators
 - ¹⁷ Dental statistics over time. NHS Information Centre website
 - ¹⁸ Identified through local PCT consultation
 - ¹⁹ Primary care mortality database, 2009