

Chapter 7

Endocrine, metabolic and neurological diseases

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7 Endocrine, metabolic and neurological diseases

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7 Endocrine, metabolic and neurological diseases

Introduction

This chapter of the Compendium of Health Related Statistics summarises Gateshead prevalence data for diabetes, epilepsy and hypothyroidism. This information has only become readily available since 2004 via a new national IT system. Data on patients diagnosed with key long-term conditions from most GP practices across England are now downloaded automatically each month into a secure national database. Practices and service commissioners are then able to interrogate this data to consider how prevalence of diseases and standards of care are changing. A more detailed overview of this system is set out in section 7.5 at the end of the chapter, including a list of the long-term conditions monitored by the system.

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Acknowledgements

This chapter of the Gateshead Compendium of Health Related Statistics contains data from a range of partner agencies. Sources of data are detailed at the foot of each individual item. Thanks are extended to the following organisations for providing and allowing use of their information:

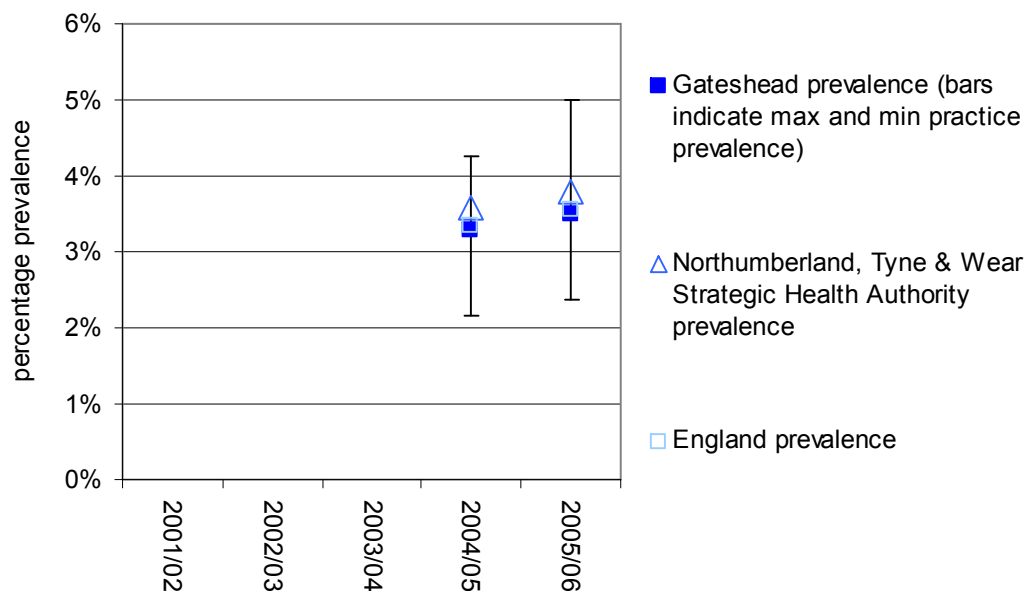
NHS Information Centre



7.1 Prevalence of diabetes in primary care

Diabetes mellitus is a disorder of carbohydrate metabolism in which sugars in the body are not oxidised to produce energy due to lack of the pancreatic hormone insulin.

Average percentage prevalence of diabetes (type I and type II) among people ages 17 and above.



Year	Gateshead					NTW StHA	England
	no. on disease register	prevalence	minimum practice prevalence	maximum practice prevalence	practice prevalence interquartile range	prevalence	prevalence
2001/02	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2002/03	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2003/04	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2004/05	6717	3.30%	2.16%	4.26%	0.76%	3.57%	3.34%
2005/06	7152	3.51%	2.38%	5.00%	0.63%	3.79%	3.55%

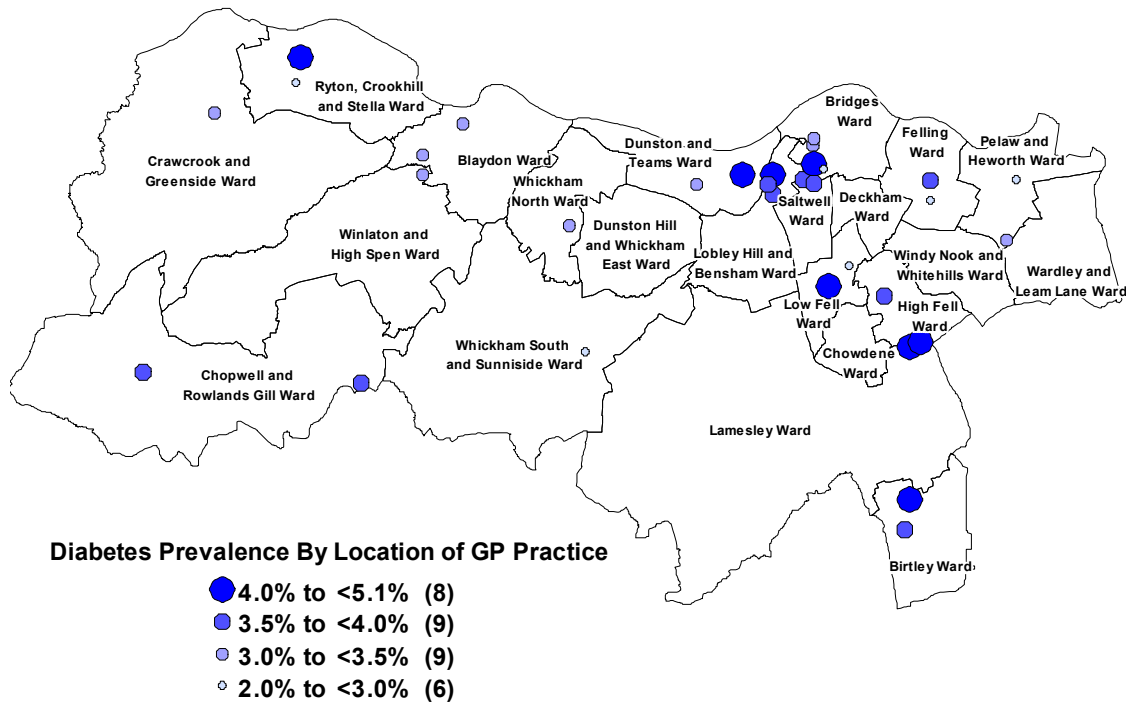
Source: NHS Information Centre at www.ic.nhs.uk

n/a = not available, NTW StHA = Northumberland, Tyne & Wear Strategic Health Authority

Criteria for inclusion: people aged 17 years or over on a GP list whose clinical records contain a READ code within the group C10 (this criteria will change in 2006/07, when only records containing the codes C10E and C10F will be included).

7.2 Prevalence of diabetes in Gateshead by location of GP practice

Prevalence data down to GP practice level is now published on the NHS Information Centre website (see link below). The map below shows levels of prevalence by location of GP practice, with a larger dot in a darker shade of blue representing higher prevalence. This measure is not perfect as GP practice lists are typically drawn from a wide geographical area and overlap, particularly in central Gateshead.

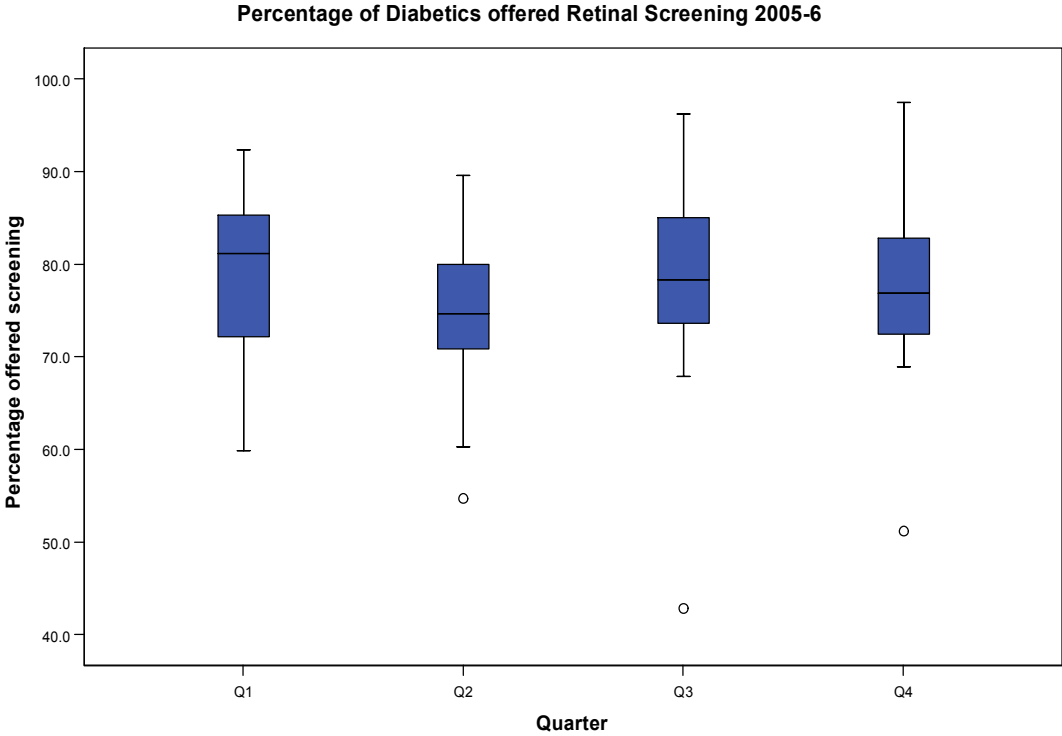


Source: NHS Information Centre at www.ic.nhs.uk/gof

7.3 Uptake of retinal screening

In the past retinal screening was offered almost exclusively in the hospital setting. However Gateshead Primary Care Trust now operates a community retinal screening service delivered by optometrists and this service has recently been expanded. It is hoped that easier access to these services will increase uptake.

All diabetics should be offered retinal screening every 12 months. An audit is carried out by Gateshead PCT to monitor the proportion of diagnosed diabetics within each GP practice that are offered and take up this service. In future years, only year end figures will be included in this report, but for the first year of the audit quarterly figures are shown below. The figures are shown in a *box and whisker plot*. The line in the middle of the *box* represents the median GP practice value, the top and bottom of the *box* show the upper and lower quartile GP practice values, and the top and bottom of the *whiskers* indicate the maximum and minimum values. Outlying values are shown as dots.

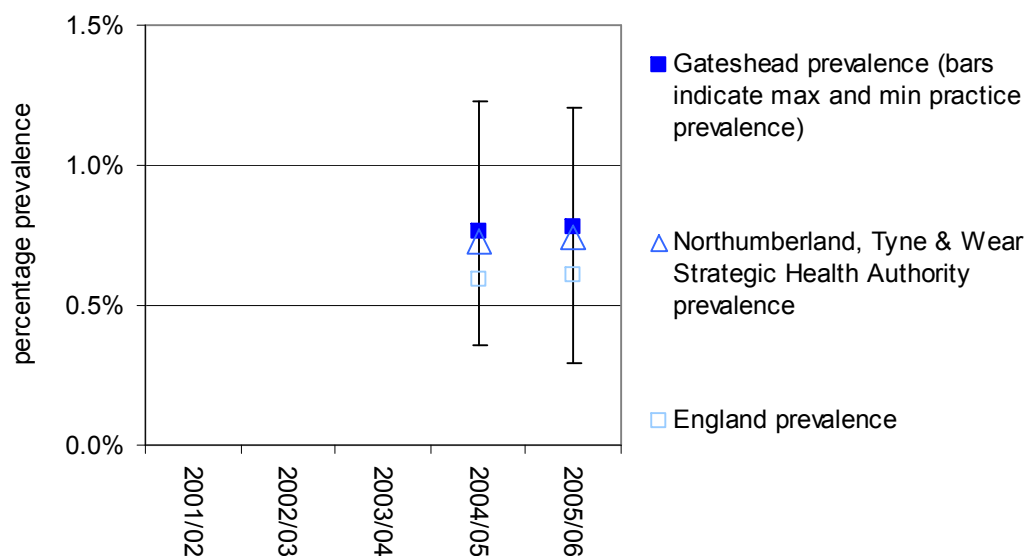


Source: Gateshead Primary Care Trust

7.4 Prevalence of epilepsy in primary care

Epilepsy is a disorder of brain function characterised by recurrent seizures that have a sudden onset.

Average percentage prevalence of epilepsy among people ages 18 and over.



Year	Gateshead					NTW StHA	England
	no. on disease register	average prevalence	minimum practice prevalence	maximum practice prevalence	practice prevalence interquartile range	average prevalence	average prevalence
2001/02	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2002/03	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2003/04	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2004/05	1559	0.77%	0.36%	1.23%	0.20%	0.73%	0.59%
2005/06	1586	0.78%	0.30%	1.21%	0.26%	0.75%	0.61%

Source: NHS Information Centre at www.ic.nhs.uk

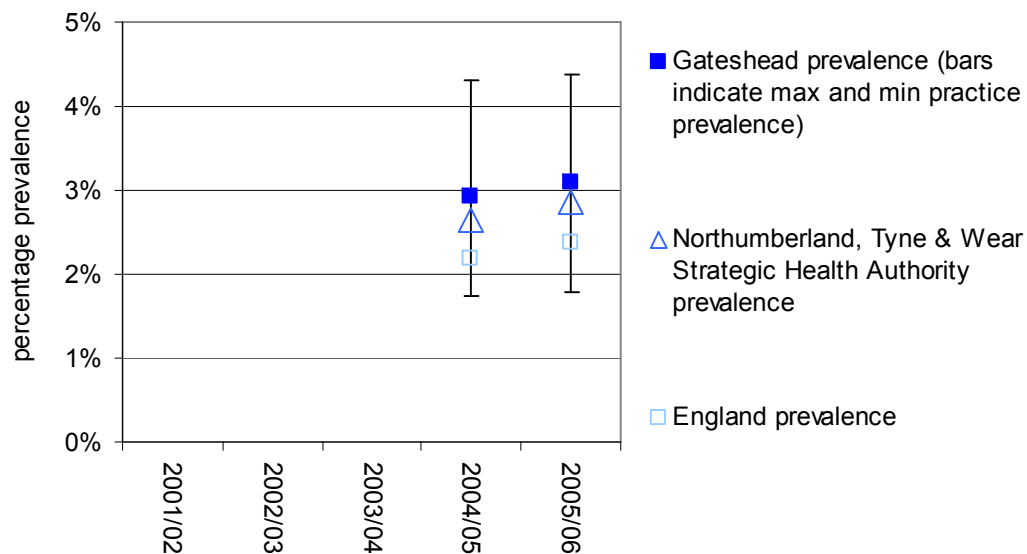
n/a = not available, NTW StHA = Northumberland, Tyne & Wear Strategic Health Authority

Criteria for inclusion: people aged 18 years or over on a GP list diagnosed with and treated for epilepsy.

7.5 Prevalence of hypothyroidism in primary care

Hypothyroidism is subnormal activity of the thyroid gland.

Average percentage prevalence of hypothyroidism among people of all ages.



Year	Gateshead					NTW StHA	England
	no. on disease register	prevalence	minimum practice prevalence	maximum practice prevalence	practice prevalence interquartile range	prevalence	prevalence
2001/02	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2002/03	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2003/04	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2004/05	5991	2.94%	1.73%	4.31%	1.47%	2.64%	2.18%
2005/06	6294	3.09%	1.78%	4.39%	1.41%	2.86%	2.37%

Source: NHS Information Centre at www.ic.nhs.uk

n/a = not available, NTW StHA = Northumberland, Tyne & Wear Strategic Health Authority

Criteria for inclusion: people of all ages on a GP list diagnosed with hypothyroidism.

7.6 Prevalence and clinical care data from primary care – what is QOF?

Until quite recently any estimates of prevalence of conditions managed mainly in primary care were based on localised research or surveys from a sample of GP practices across England. The data was useful but could not begin to show local variations in prevalence due to factors such as differences in lifestyle behaviours.

Information in this area has only become readily available since 2004 via a new national IT system. The IT system is the Quality Management and Analysis System, known as **QMAS** for short which is administered by the NHS Information Centre. The policy framework which guides the operation and use of QMAS is the Quality and Outcomes Framework or **QOF** (usually pronounced *kwoff*).

Data on patients diagnosed with key long-term conditions from most GP practices across England are now downloaded monthly into a secure national database. The data includes numbers of patients diagnosed with key conditions and details of how they are cared for. Practices and commissioners are able to interrogate this data to consider how prevalence of long-term conditions and standards of care are changing. Comparisons can be made between prevalence for Primary Care Trust populations and regional or national prevalence. Variations in prevalence between local GP practices can also be considered. Also, differences in the proportions of patients offered and accepting key interventions can be examined e.g. the proportion of diabetics who are offered and take up retinal screening.

Data from QMAS, at national, regional, PCT and GP practice level, is published centrally for all areas of England by the NHS Information Centre and can be accessed via the internet at www.ic.nhs.uk.

Conditions monitored by QMAS are:

- Coronary Heart Disease
- Left Ventricular Dysfunction
- Stroke and Transient Ischaemic Attack
- Hypertension
- Diabetes
- Chronic Obstructive Pulmonary Disorder
- Epilepsy
- Hypothyroidism
- Cancer
- Mental Health
- Asthma

It is planned to introduce monitoring of the following additional conditions or lifestyle behaviours in 2006/07:

- Palliative care
- Dementia
- Depression
- Chronic Kidney Disease
- Atrial Fibrillation
- Obesity
- Learning Disabilities
- Smoking

Public Health, Gateshead PCT

