

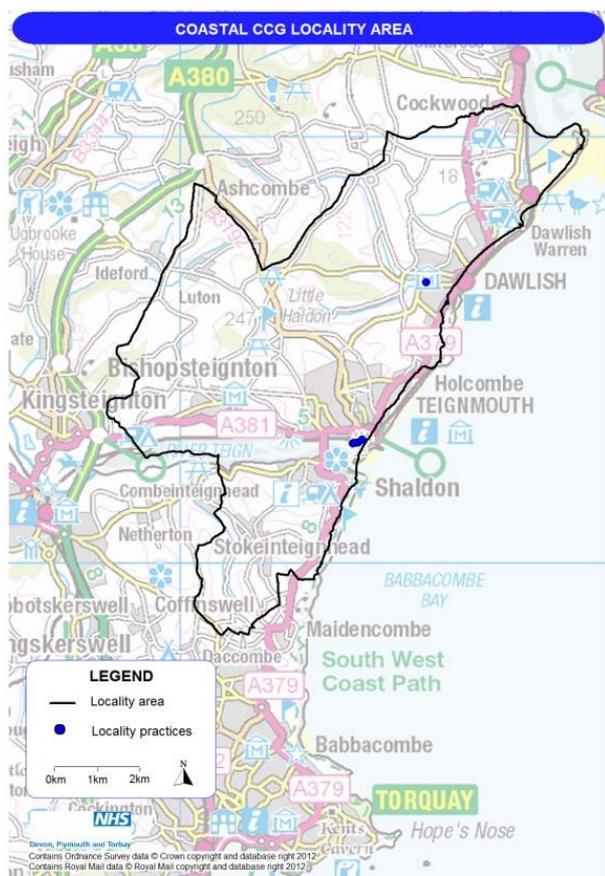
A SUMMARY OVERVIEW OF THE COASTAL LOCALITY SOUTH DEVON AND TORBAY - 2013

This summary is part of the South Devon and Torbay Clinical Commissioning Group (CCG) Joint Strategic Needs Assessment (JSNA) and presents a summary of the registered population within the Coastal locality.

Overview: The Coastal locality population is noticeably older than the national average, with over a quarter aged over 65 years. Both life expectancy and deprivation are generally better in the locality compared to the CCG average.

The locality takes in the seaside towns of Dawlish & Teignmouth and extends to include the surrounding rural communities of Bishopsteignton and Stokeinteighhead.

Figure 1: Locality map



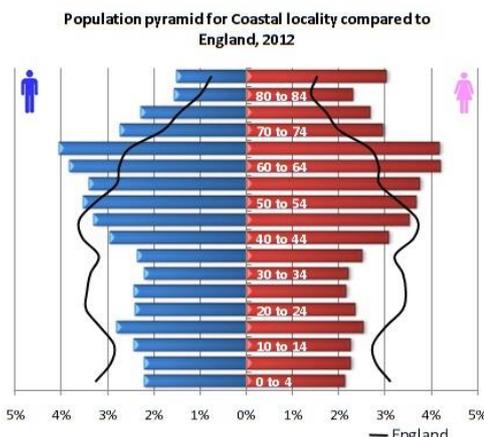
There are 4 GP practices in the locality, serving a registered population of around 35,200.

Table 1: Population structure	Coastal locality		England
	Count	%	%
0 to 19	6,600	18.8%	23.8%
20 to 64	19,000	53.9%	59.3%
65 to 84	8,000	22.7%	14.6%
85+	1,600	4.6%	2.3%
Total	35,200		

Source: 2012 GP registered list, 2011 interim subnational population projections (ONS)

The population structure for the locality is shown in figure 2 below. The solid bars represent the locality population (by gender and 5 year age groups) and the black lines represent the England average.

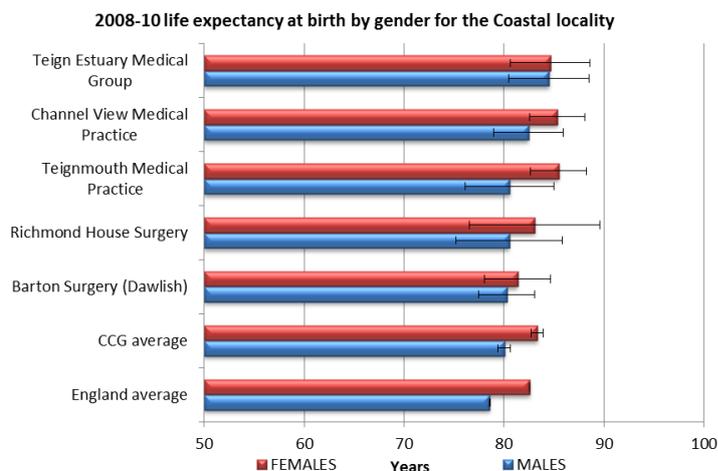
Figure 2: Population structure



Source: 2012 GP registered list, 2011 interim subnational population projections (ONS)

Life expectancy at birth for the locality is generally better than the CCG average (see figure 3 below). However, there is a gap of around 4½ years for males, and around 4 years for females between practices.

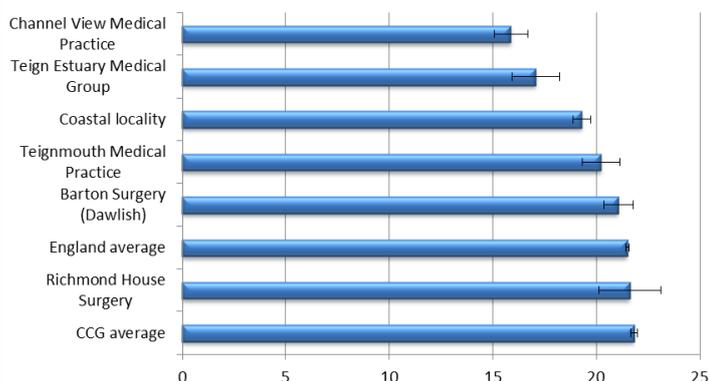
Figure 3: 2008-10 Life expectancy at birth by practice



Source: PCMD, GP registered list, information centre

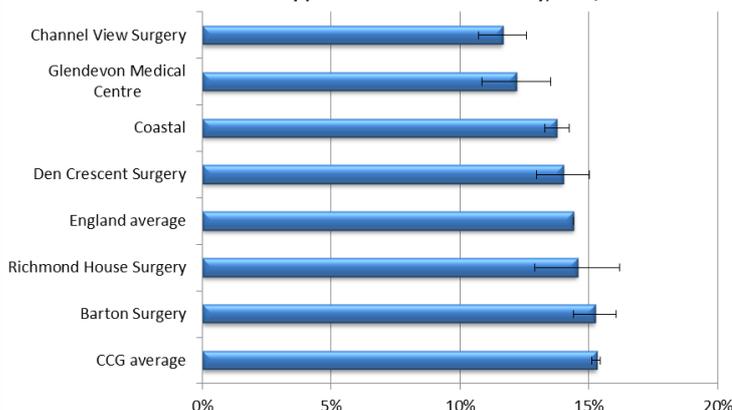
There are relatively small variations between practices within the locality for deprivation and benefit claimants.

Figure 4: Average deprivation score per practice
Average 2010 index of multiple deprivation score by practice in the Coastal locality



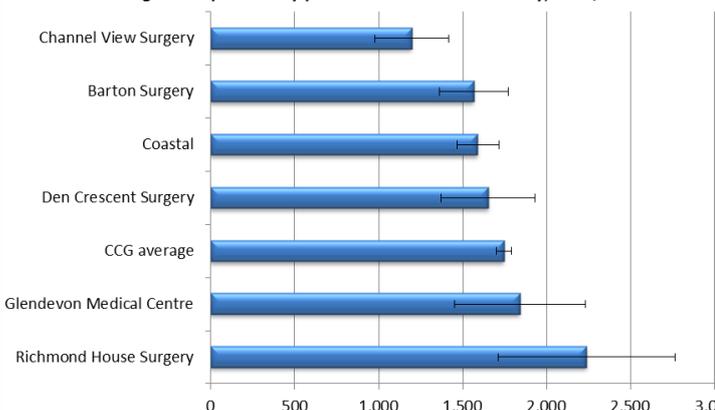
Source: GP registered list, DCLG
The higher the score, the higher the levels of relative deprivation

Figure 5: Out of work benefit claimants
Estimated proportion of working age (16 to 64) population claiming an out of work benefit by practice in the Coastal locality, 2011/12



Source: modelled from GP registered list, NOMIS
The effects of alcohol have been linked with poor productivity and economic performance, crime and inequalities as well as a burden on secondary care.

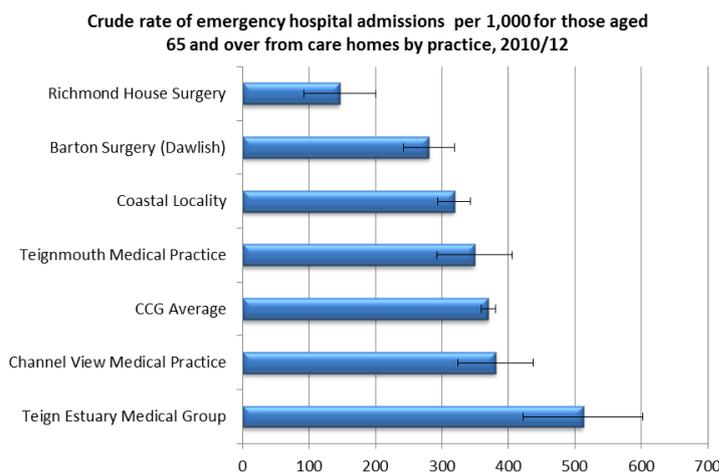
Figure 6: Alcohol related admissions to hospital
Directly age standardised rate of alcohol related admissions per 100,000 registered patients by practice in the Coastal locality, 2011/12



Source: GP registered list, hospital admissions

There is a noticeable difference in emergency admissions for patients living in care homes. The crude rate, per 1,000 persons aged 65 and over living in a care home, is highest for those registered with Teign Estuary. However, with relatively small numbers, there are relatively wide confidence intervals.

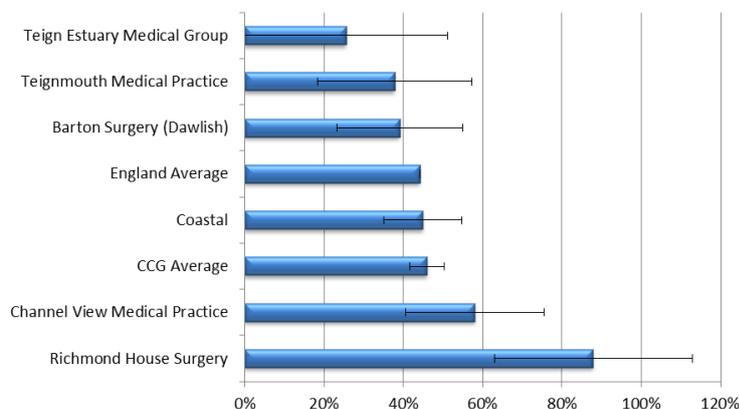
Figure 7: Emergency hospital admissions from care homes
Crude rate of emergency hospital admissions per 1,000 for those aged 65 and over from care homes by practice, 2010/12



Source: GP registered list, hospital admissions

Dementia is more prevalent with age. With an aging population; we would expect the number of people with dementia in the population to increase. There are a lot fewer patients on a dementia disease register than we would expect given the demographic of the practice population. For example, at Richmond House, just over 80% of the estimated population with dementia are on the dementia disease register.

Figure 8: Dementia diagnosis rates
Estimated proportion of people diagnosis with dementia by practice in the Coastal locality, 2011/12



Source: QOF, APHO