

A SUMMARY OVERVIEW OF THE MOOR TO SEA LOCALITY

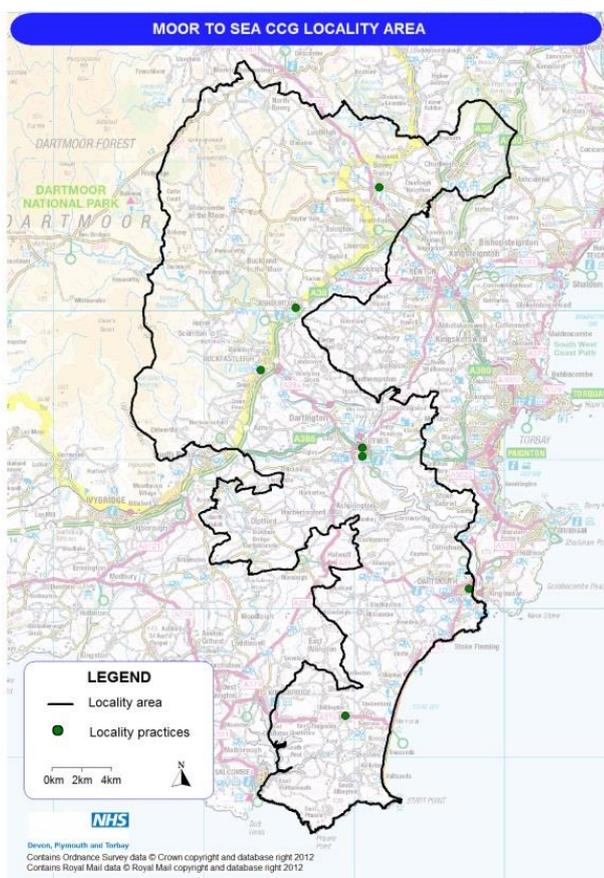
SOUTH DEVON AND TORBAY - 2013

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 locality of Moor to Sea.

Overview: The Moor to Sea population is generally older than the national average. The locality experiences higher life expectancy and lower deprivation than the national average.

The locality takes in communities along the river Dart, including Buckfastleigh, Totnes and Dartmouth. The locality also extends to include the surrounding communities, such as Ashburton and Bovey Tracey.

Figure 1: Locality map



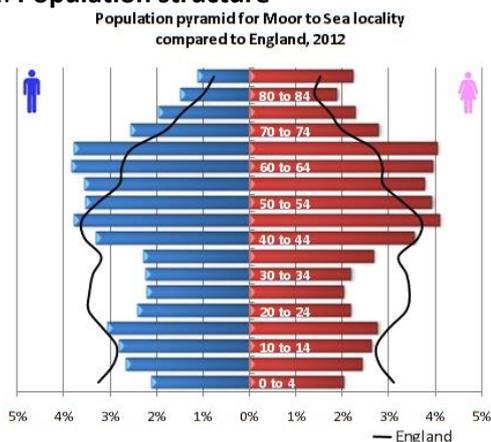
There are 7 GP practices in the locality, serving a registered population of around 54,100.

Table 1: Population structure	Moor to Sea		England
	Count	%	%
0 to 19	11,100	20.5%	23.8%
20 to 64	30,000	55.5%	59.3%
65 to 84	11,200	20.8%	14.6%
85+	1,800	3.3%	2.3%
Total	54,100		

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

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

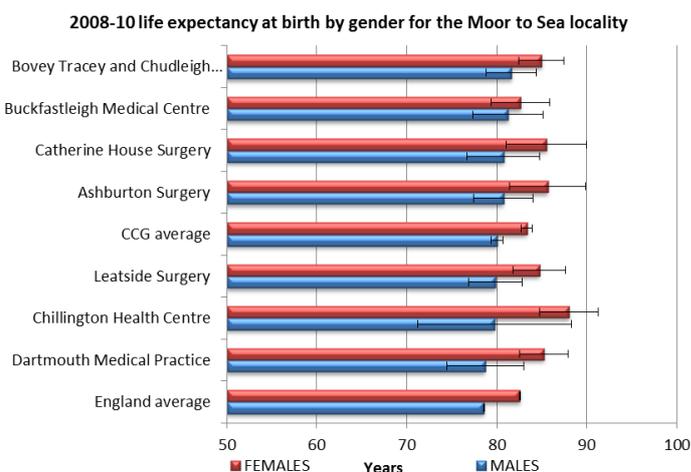
Figure 2: Population structure



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

Life expectancy at birth for the locality is generally similar to the CCG average (see figure 3 below). However, there is a gap of around 3 years for males, and around 5½ years for females between practices.

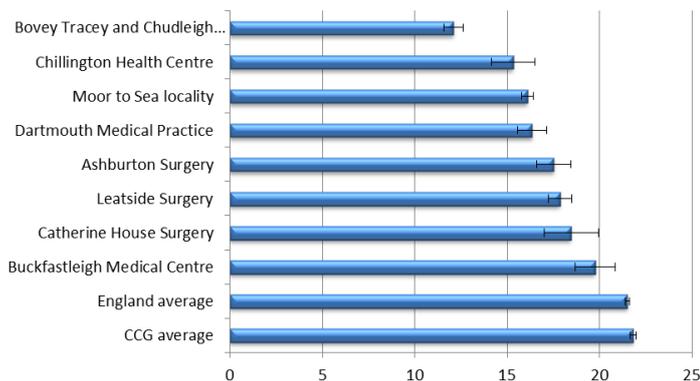
Figure 3: 2008-10 Life expectancy at birth by practice



Source: PCMD, GP registered list, information centre

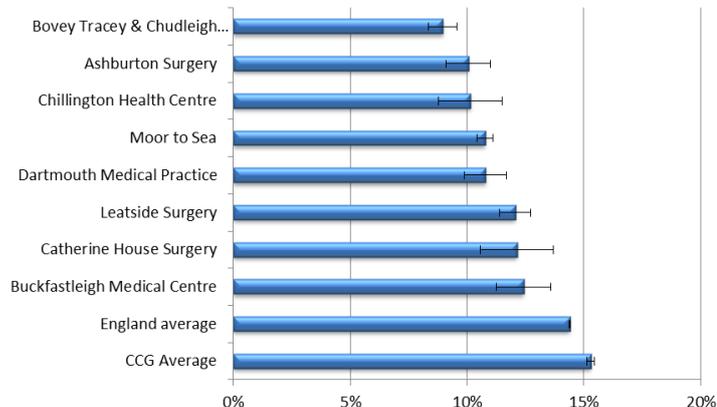
Variations between practices within the locality can also be observed for deprivation and benefit claimants.

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



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

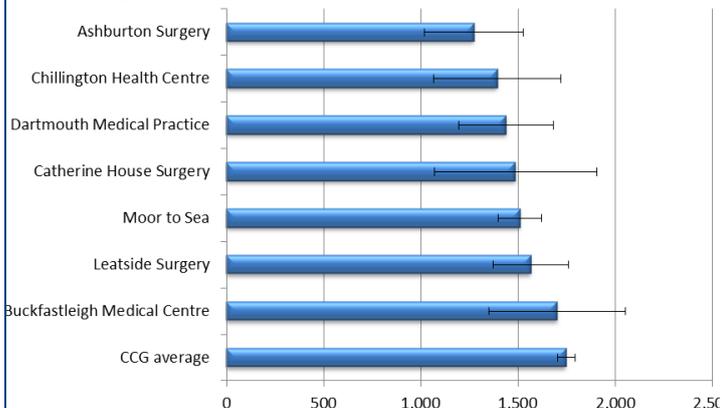
Figure 5: Out of work benefit claimants
Estimated proportion of working age (16 to 64) population claiming an out of work benefit by practice in the Moor to Sea locality, 2011/12



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 Moor to Sea locality, 2011/12

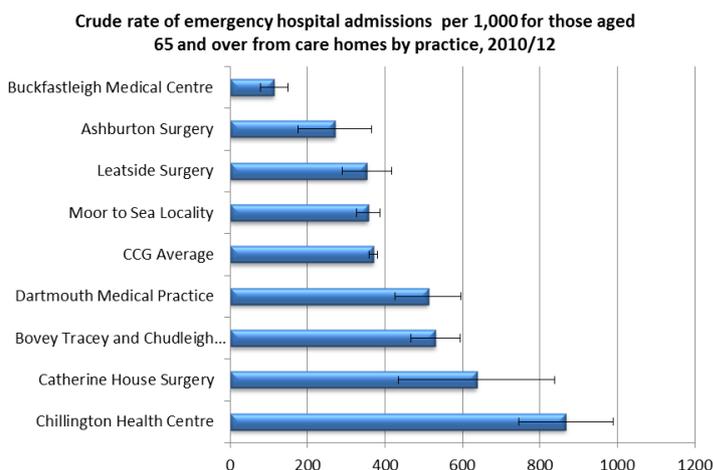


Source: GP registered list, hospital admissions

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 Chillington. 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

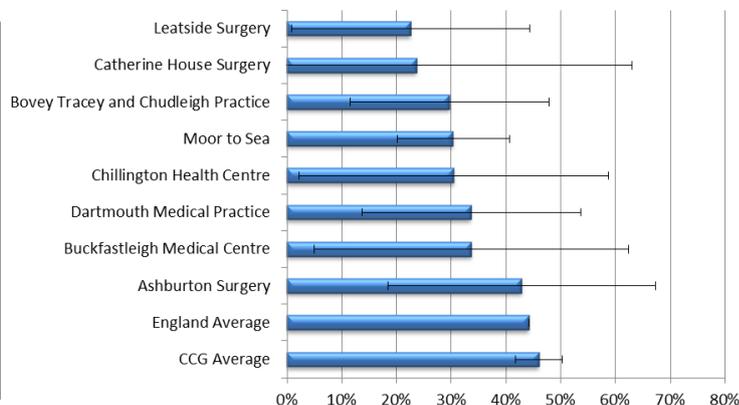


Source: GP registered list, hospital admissions

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 Ashburton surgery, just over 40% 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 Moor to Sea, 2011/12



Source: QOF, APHO