

# A PICTURE OF YOU

This report describes the health and social wellbeing of the people of Blackwater Valley and Hart as well as the people of Surrey Heath. The report provides local health comparisons and relates these to, wherever possible, England and the South East Region. The report is intended to support local health improvement planning and service development as well as being of more general interest.

## Production Team

Pat Christmas, Acting Director of Public Health Blackwater Valley and Hart PCT  
Jo Mannings, Information Analyst, North and Mid Hampshire Health Informatics Service  
Kevin Gaylard, Information Analyst, North and Mid Hampshire Health Informatics Service

## Acknowledgements

Thanks are due to the following organisations that have helped to produce data for inclusion in this report.

Blackwater Valley and Hart Primary Care Trust  
Hampshire County Council  
Hampshire Drug Action Team  
Hart District Council  
North and Mid Hampshire Health Informatics Service  
Patient and Practitioner Service Agency, Hampshire and Isle of Wight  
Rushmoor Borough Council  
South East Region Cancer Intelligence Service  
South Thames Cancer Intelligence Service  
Surrey County Council  
Woking Primary Care Trust  
Health Protection Agency

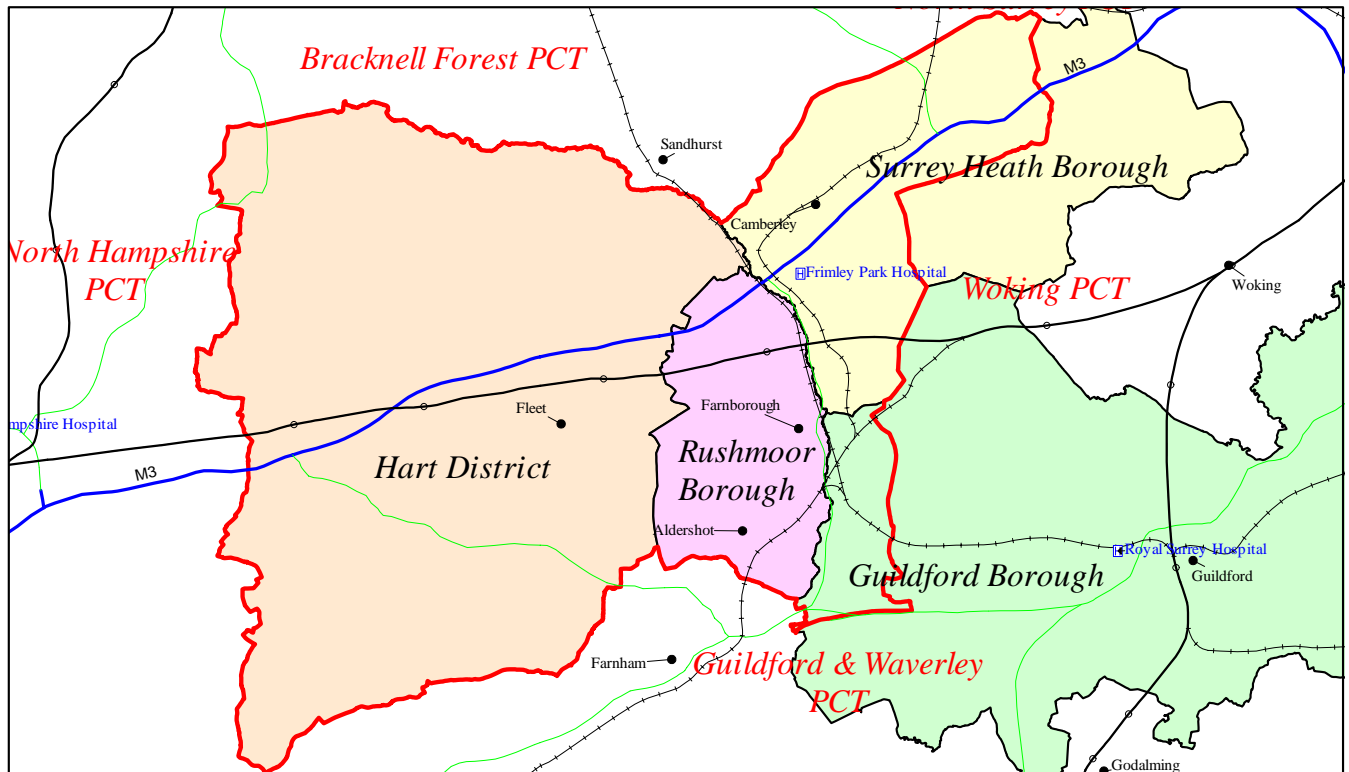
## CONTENTS

<b>THE LOCATION</b>	<b>1</b>
<b>THE POPULATION</b>	<b>3</b>
Population age sex distribution of the three localities for 2001	3
Population figures of the three localities for 2001	4
Population distribution of the three localities by electoral ward	5
Hart detailed population estimates for 2001	6
Rushmoor detailed population estimates for 2001	7
Surrey Heath detailed population estimates for 2001	8
Hart Forecast population change 2001 – 2006	9
Rushmoor Forecast population change 2001 – 2006	10
Surrey Heath Forecast population change 2001 – 2006	11
Housing Developments	12
Practice List Sizes	14
<b>BIRTHS</b>	<b>17</b>
Births by Maternal Age	17
Low Birth Weights	19
Teenage Pregnancy	20
Number of Terminations during 2001/02	22
Emergency Contraception	23
Social Services map of boundaries	25
Physically disabled clients	26
Looked After Children	28
Child Protection Register	29
<b>DEPRIVATION</b>	<b>30</b>
Indices of Deprivation	30
<b>PEOPLE CLAIMING BENEFITS</b>	<b>36</b>
Attendance allowance and disability allowance	36
Incapacity benefit claimants	37
Family benefit claimants	38
Income support claimants	39
Unemployment	40
<b>LIFESTYLES</b>	<b>42</b>
Fruit and vegetable consumption	42
Smoking	44
Smoking Cessation	45
Adults' respiratory symptoms and atopic conditions	47
Alcohol Consumption	50
Substance misuse	51
Obesity	63
Physical exercise	64
Stress	65
Disability	66
<b>WHAT DO PEOPLE DIE OF?</b>	<b>67</b>
Total deaths	67
Male deaths	69
Female deaths	71
Early deaths	73

<b>OUR HEALTHIER NATION</b>	<b>74</b>
<b>Targets for decreasing the number of deaths by 2010</b>	<b>74</b>
<b>Coronary heart Disease</b>	<b>75</b>
<b>Admissions and deaths from Myocardial Infarctions</b>	<b>77</b>
<b>Angiograms</b>	<b>78</b>
<b>Revascularisations</b>	<b>80</b>
<b>Stroke</b>	<b>82</b>
<b>Accidents</b>	<b>84</b>
<b>Admissions to hospital for all accidents during 2001/02</b>	<b>86</b>
<b>Admissions to hospital for severe accidents during 2001/02</b>	<b>87</b>
<b>Fracture of neck of femur</b>	<b>88</b>
<b>Mental Health</b>	<b>89</b>
<b>Mental Illness Index</b>	<b>90</b>
<b>Trends in admissions to hospital for mental illness</b>	<b>91</b>
<b>Cancer</b>	<b>93</b>
<b>Incidence of cancer</b>	<b>94</b>
<b>Cervical Screening</b>	<b>97</b>
<b>Breast Screening</b>	<b>98</b>
<b>HEALTH PROTECTION</b>	<b>99</b>
<b>GLOSSARY</b>	<b>103</b>
<b>CDS Criteria</b>	<b>104</b>

## THE LOCATION

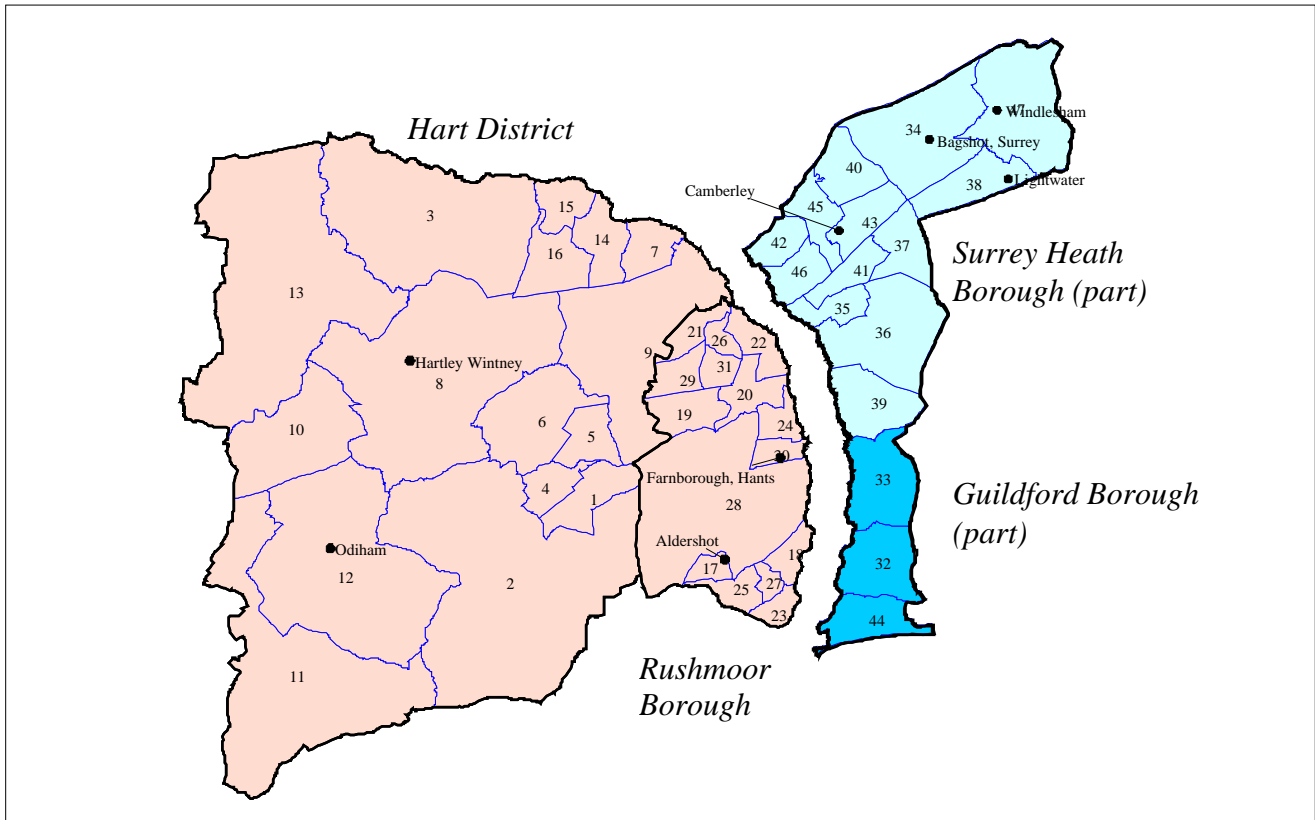
Blackwater Valley and Hart sits in North Hampshire. The area is a mixture of urban and rural areas. It is a relatively wealthy area in the South East Region but has pockets of significant deprivation, particularly in parts of Rushmoor. The Blackwater Valley and Hart Primary Care Trust, Rushmoor Borough Council and the Hart District Council are working in partnership to improve the health and wellbeing of local people. The Primary Care Trust also provides services to part of the two borough councils of Surrey Heath and Guildford; where possible we have included this area in painting our 'Picture of You'.



Reproduced from Boundary-Line by permission of Ordnance Survey on behalf of The Controller of Her Majesty's Stationery Office. Crown copyright. All rights reserved.

### Warning:

*Surrey Heath* as a locality used in this report is the old Surrey Heath Primary Care Group. It is made up from most of Surrey Heath Borough Council, except Bisley, Chobham and West End wards and three wards in Guildford Borough, namely Ash, Ash Vale and Tongham. Where possible electoral ward level data has been grouped together to form the location of *Surrey Heath*. However, where data is only available at a local authority level the complete boroughs of Guildford and Surrey Heath have been used for comparison.



The map above illustrates the locality area and ward boundaries used within this report. It should be noted that there have been some ward boundary changes in Rushmoor in May 2002 which are not detailed in this report. These will be reported with the Census 2001 accordingly.

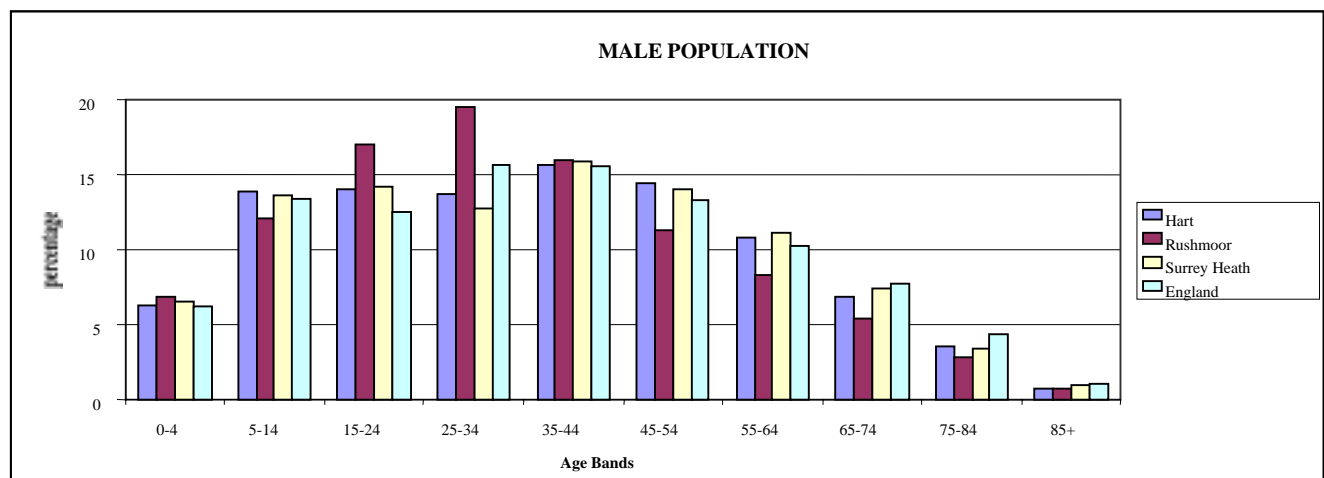
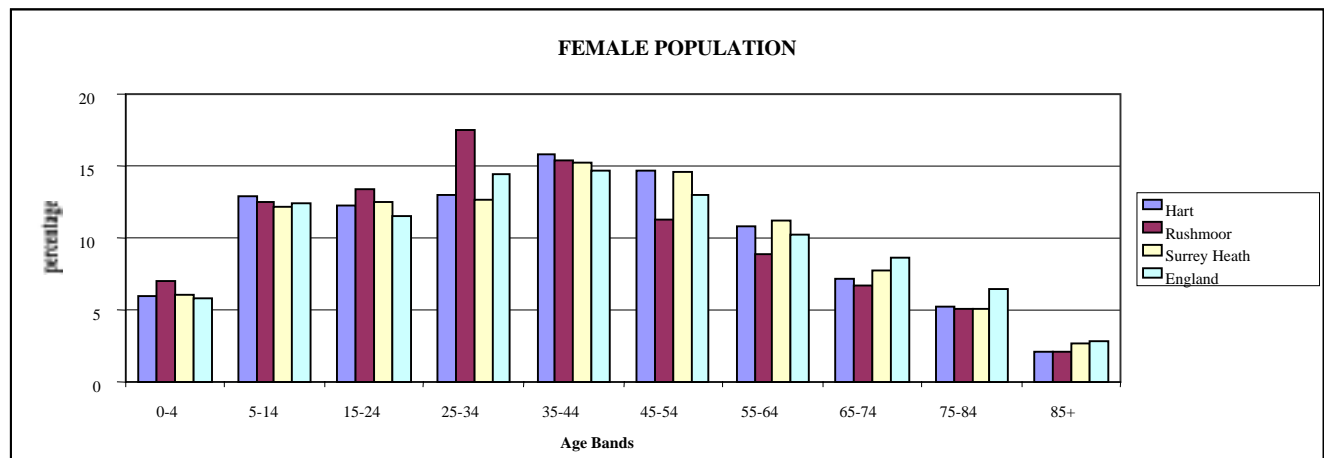
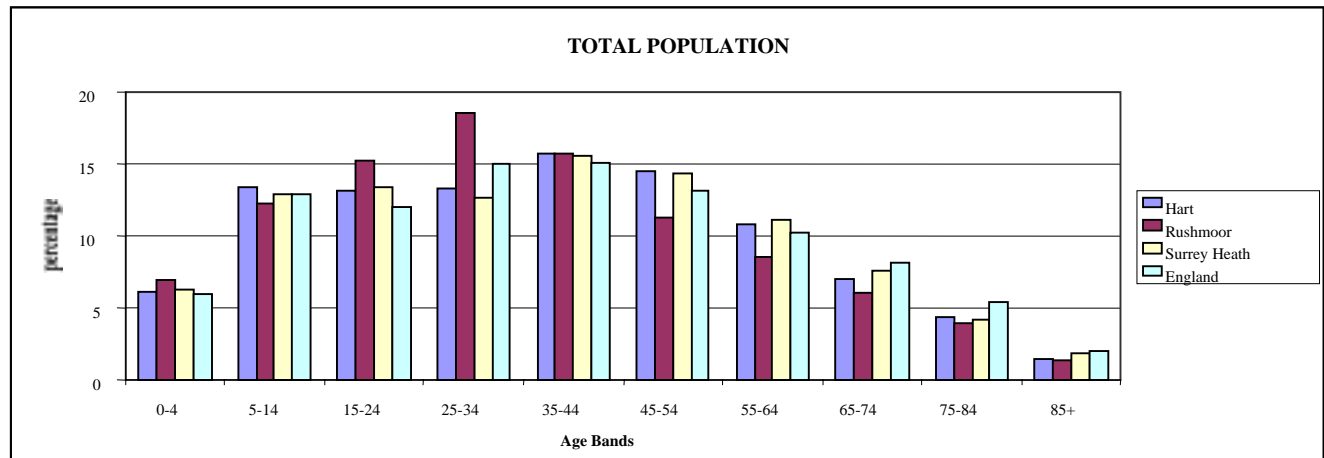
Hart District		Rushmoor Borough		Surrey Heath Borough (part)	
1	Church Crookham	17	Alexandra	34	Bagshot
2	Cron dall	18	Belle Vue	35	Frimley
3	Eversley	19	Cove	36	Frimley Green
4	Fleet Courtmoor	20	Empress	37	Heatherside
5	Fleet Pondtail	21	Fernhill	38	Lightwater
6	Fleet West	22	Grange	39	Mychett
7	Frogmore and Darby Green	23	Heron Wood	40	Old Dean
8	Hartley Wintney	24	Knellwood	41	Parkside
9	Hawley	25	Manor	42	St Michaels
10	Hook	26	Mayfield	43	St Pauls
11	Long Sutton	27	Newport	45	Town
12	Odiham	28	Queens	46	Watchetts
13	Whitewater	29	St Johns		
14	Yateley East	30	St Marks	Guildford Borough (part)	
15	Yatelev North	31	Westheath	32	Ash
				33	Ash Vale
				44	Tongham

# THE POPULATION

## Population age sex distributions of the three localities for 2001

The charts below help to illustrate some of the differences between the geographically based populations of Rushmoor, Hart and Surrey Heath. These are based on the County Council population estimates for 2001.

Sources: Hampshire and Surrey County Councils, Compendium of Clinical Indicators 2001



## Population figures of the three localities for 2001

Location	SEX	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
<b>HART</b>	<b>Total</b>	<b>5319</b>	<b>11611</b>	<b>11430</b>	<b>11578</b>	<b>13650</b>	<b>12629</b>	<b>9373</b>	<b>6082</b>	<b>3810</b>	<b>1256</b>	<b>86731</b>
	Female	2588	5619	5342	5651	6867	6371	4696	3112	2267	929	<b>43448</b>
	Male	2724	5997	6084	5929	6780	6250	4681	2969	1542	326	<b>43284</b>
<b>RUSHMOOR</b>	<b>Total</b>	<b>6154</b>	<b>10901</b>	<b>13518</b>	<b>16445</b>	<b>13947</b>	<b>10037</b>	<b>7613</b>	<b>5353</b>	<b>3481</b>	<b>1233</b>	<b>88677</b>
	Female	3019	5383	5773	7546	6646	4877	3836	2899	2177	912	<b>43054</b>
	Male	3137	5515	7753	8897	7302	5160	3777	2454	1306	323	<b>45626</b>
<b>SURREY HEATH</b>	<b>Total</b>	<b>5680</b>	<b>11720</b>	<b>12120</b>	<b>11480</b>	<b>14120</b>	<b>12990</b>	<b>10130</b>	<b>6860</b>	<b>3820</b>	<b>1700</b>	<b>90620</b>
	Female	2750	5530	5680	5730	6910	6610	5080	3510	2290	1220	<b>45310</b>
	Male	2950	6170	6450	5770	7200	6360	5040	3350	1540	450	<b>45280</b>
<b>ENGLAND ('000s)</b>	<b>Total</b>	<b>2999.7</b>	<b>6451.2</b>	<b>6005.9</b>	<b>7506</b>	<b>7555.5</b>	<b>6566.6</b>	<b>5112.1</b>	<b>4087.8</b>	<b>2718.7</b>	<b>993.5</b>	<b>49997</b>
	Female	1463	3141.6	2919	3647	3713.6	3284.2	2587.2	2176.8	1644.2	723.4	<b>25300</b>
	Male	1536.8	3309.6	3086.9	3858.9	3841.9	3282.4	2524.9	1911.1	1074.5	270.1	<b>24697</b>

### Warning:

Population estimates are based on the 1991 Census. The 2001 Census figures will be available during 2003.

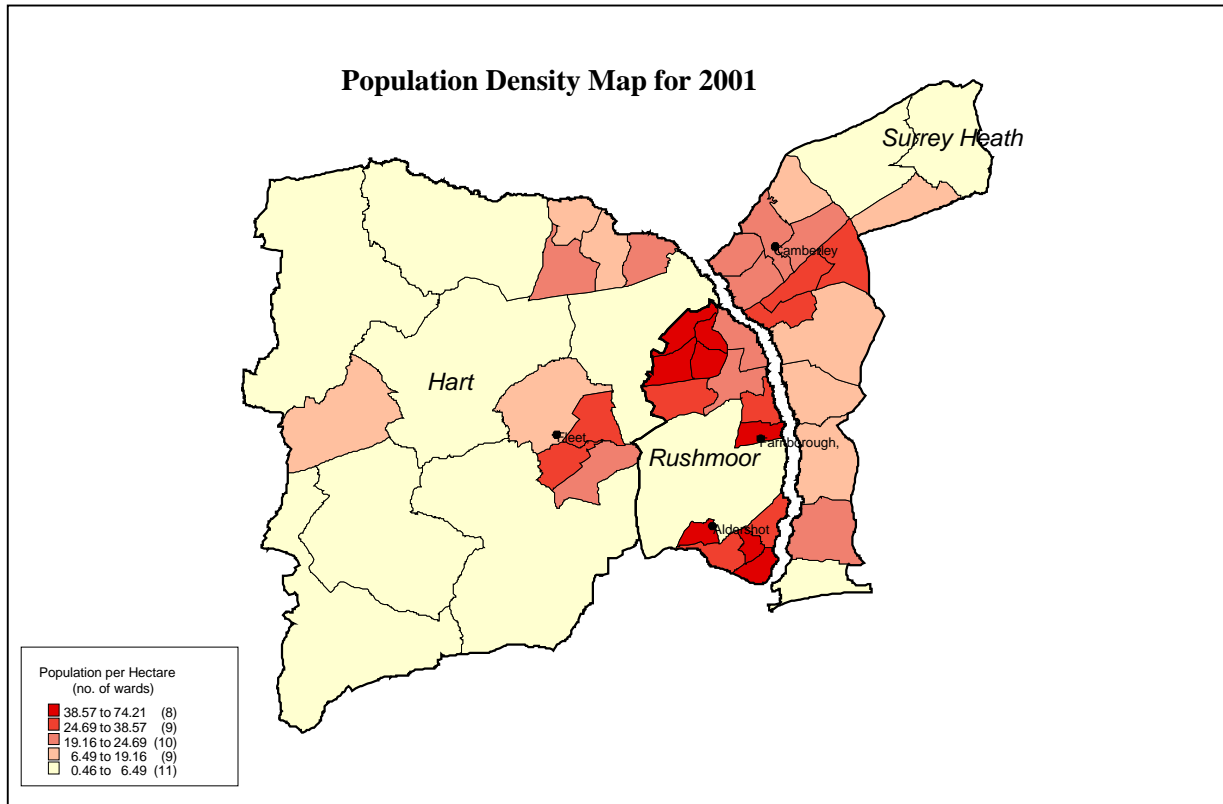
### Comments:

- There are a significantly higher number of 15-34 year olds, predominantly males, in the Rushmoor area compared to other local areas and to England as a whole.
- There is a significantly higher number of female 65 year olds and above, 30% in Hart, 47% in Rushmoor and 62% in Surrey Heath.
- Rushmoor has a population biased toward the younger age group and therefore does not relate to the population trends in England.
- Hart has the 8<sup>th</sup> highest number of males to females in the UK.

## Population distributions of the three localities by electoral ward

The map below shows where population density occurs.

Source: Hampshire and Surrey County Councils



Reproduced from Boundary-Line by permission of Ordnance Survey on behalf of The Controller of Her Majesty's Stationery Office. Crown copyright. All rights reserved.

### Comments:

- There are eight wards in which the majority of residents live Fernhill, St Johns, Westheath, St Marks, Alexandra, Newport, Mayfield and Heron Wood and all are in Rushmoor.

# Hart detailed population estimates for 2001

Source: Hampshire County Council

<b>Total Population</b>	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Church Crookham	438	945	815	831	1149	841	610	535	367	111	6645
Crondall	622	1184	846	1356	1420	941	687	413	254	108	7831
Eversley	94	234	182	172	304	275	210	136	69	20	1694
Fleet Courtmoor	336	793	877	655	847	1019	945	660	462	118	6710
Fleet Pondtail	358	828	849	669	974	1078	920	606	372	104	6758
Fleet West	535	1092	1155	1216	1305	1285	1069	718	471	237	9087
Frogmore and Darby Green	352	828	886	823	850	890	692	322	174	31	5842
Hartley Wintney	318	708	716	691	955	825	624	417	297	112	5664
Hawley	357	601	773	1041	793	691	543	385	178	66	5427
Hook	463	1045	803	876	1355	1152	567	369	284	102	7013
Long Sutton	86	178	164	169	217	216	175	93	44	9	1349
Odiham	358	691	957	816	773	642	394	339	279	87	5336
Whitewater	74	184	171	159	222	187	212	137	79	19	1443
Yateley East	296	700	692	615	687	744	619	406	210	61	5031
Yateley North	251	566	519	504	684	622	537	303	136	24	4149
Yateley West	381	1034	1025	985	1115	1221	569	243	134	47	6752
<b>Total Population</b>	<b>5319</b>	<b>11611</b>	<b>11430</b>	<b>11578</b>	<b>13650</b>	<b>12629</b>	<b>9373</b>	<b>6082</b>	<b>3810</b>	<b>1256</b>	<b>86731</b>

<b>Male Population</b>	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Church Crookham	217	470	421	425	563	426	317	244	130	22	3237
Crondall	312	614	417	680	696	469	337	201	100	26	3853
Eversley	53	104	93	80	145	146	115	60	33	6	834
Fleet Courtmoor	174	418	478	361	429	479	455	326	216	39	3375
Fleet Pondtail	182	456	463	345	494	519	458	315	167	30	3434
Fleet West	278	571	617	621	662	630	512	350	153	49	4443
Frogmore and Darby Green	181	436	470	413	426	428	350	172	76	11	2963
Hartley Wintney	167	365	361	340	452	409	309	197	122	32	2755
Hawley	174	298	420	544	402	345	266	198	70	20	2735
Hook	228	544	407	448	673	599	295	163	99	26	3482
Long Sutton	50	91	85	85	107	106	92	45	23	3	685
Odiham	194	338	558	430	371	320	210	159	111	24	2713
Whitewater	34	88	81	74	112	91	106	77	42	8	715
Yateley East	150	363	374	325	356	371	288	193	96	12	2525
Yateley North	129	310	280	252	348	296	267	160	55	6	2102
Yateley West	201	531	559	506	544	616	304	109	49	12	3433
<b>Total Male</b>	<b>2724</b>	<b>5997</b>	<b>6084</b>	<b>5929</b>	<b>6780</b>	<b>6250</b>	<b>4681</b>	<b>2969</b>	<b>1542</b>	<b>326</b>	<b>43284</b>

<b>Female Population</b>	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Church Crookham	220	476	395	405	585	414	292	292	238	89	3407
Crondall	310	572	429	675	723	471	351	212	153	82	3978
Eversley	40	133	88	92	158	127	95	76	37	14	860
Fleet Courtmoor	162	375	397	295	418	540	491	334	246	78	3336
Fleet Pondtail	176	369	387	325	480	558	461	290	205	73	3324
Fleet West	256	521	540	595	643	655	558	368	319	188	4644
Frogmore and Darby Green	168	391	415	409	425	461	342	150	97	20	2880
Hartley Wintney	152	344	355	351	503	415	315	220	176	81	2908
Hawley	182	301	354	497	392	346	278	186	108	46	2693
Hook	235	498	395	429	680	554	272	206	185	75	3531
Long Sutton	36	88	78	84	110	110	83	48	21	6	664
Odiham	164	355	401	386	402	321	184	180	167	63	2623
Whitewater	39	97	87	86	109	94	106	61	36	11	728
Yateley East	147	337	318	291	332	374	331	211	114	50	2506
Yateley North	122	257	239	252	337	327	271	143	81	18	2047
Yateley West	179	505	464	479	570	604	266	135	84	35	3319
<b>Total Female</b>	<b>2588</b>	<b>5619</b>	<b>5342</b>	<b>5651</b>	<b>6867</b>	<b>6371</b>	<b>4696</b>	<b>3112</b>	<b>2267</b>	<b>929</b>	<b>43448</b>

# Rushmoor detailed population estimates for 2001

Source: Hampshire County Council

<b>Total Population</b>	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Alexandra	370	535	666	1010	917	717	581	367	273	99	5533
Belle Vue	449	694	555	811	707	536	434	313	193	58	4749
Cove	585	979	906	1356	1347	821	513	307	169	43	7025
Empress	244	460	675	659	683	663	626	379	310	101	4800
Fernhill	408	758	833	1021	988	824	588	364	196	98	6081
Grange	332	610	671	843	680	573	488	368	272	87	4925
Heron Wood	264	618	487	507	592	476	456	455	309	97	4262
Knellwood	287	595	660	713	834	685	565	436	309	157	5240
Manor	318	692	791	926	994	822	606	418	272	134	5973
Mayfield	516	1085	920	979	869	578	441	315	167	29	5897
Newport	368	639	646	890	828	612	439	238	136	62	4857
Queens	911	1047	3312	3594	1515	466	183	118	53	17	11215
St. Johns	499	1050	990	1294	1392	978	630	453	297	80	7664
St. Marks	295	477	739	1099	772	627	489	394	308	129	5328
Westheath	308	662	667	743	829	659	574	428	217	42	5128
<b>Total Population</b>	<b>6154</b>	<b>10901</b>	<b>13518</b>	<b>16445</b>	<b>13947</b>	<b>10037</b>	<b>7613</b>	<b>5353</b>	<b>3481</b>	<b>1233</b>	<b>88677</b>

<b>Male Population</b>	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Alexandra	192	265	326	516	498	332	274	167	96	22	2687
Belle Vue	239	336	270	381	338	264	216	144	74	17	2283
Cove	305	511	491	698	704	451	266	133	61	12	3632
Empress	122	231	370	332	349	333	316	170	121	33	2375
Fernhill	207	385	416	537	499	414	302	168	66	19	3011
Grange	177	314	354	441	340	291	240	165	98	26	2450
Heron Wood	128	320	243	266	282	232	215	210	113	27	2036
Knellwood	149	303	347	364	418	344	269	195	123	40	2553
Manor	150	356	396	477	530	424	308	189	81	29	2940
Mayfield	261	542	460	495	413	301	224	143	60	5	2905
Newport	179	332	326	455	457	319	214	114	50	14	2462
Queens	473	527	2504	2311	892	290	96	51	19	4	7166
St. Johns	243	529	528	666	731	503	310	214	119	24	3864
St. Marks	151	236	372	566	402	333	260	183	122	31	2658
Westheath	161	328	350	392	449	329	267	208	103	20	2604
<b>Total Male</b>	<b>3137</b>	<b>5515</b>	<b>7753</b>	<b>8897</b>	<b>7302</b>	<b>5160</b>	<b>3777</b>	<b>2454</b>	<b>1306</b>	<b>323</b>	<b>45626</b>

<b>Female Population</b>	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Alexandra	178	269	339	494	419	386	307	200	177	77	2846
Belle Vue	210	356	284	430	368	271	218	168	119	42	2467
Cove	279	468	416	658	642	369	246	174	108	32	3394
Empress	123	229	307	327	335	330	311	209	189	68	2426
Fernhill	202	376	418	485	489	410	286	197	131	79	3070
Grange	155	296	317	402	338	281	248	203	174	61	2475
Heron Wood	138	298	245	241	310	245	241	245	196	70	2226
Knellwood	138	293	313	348	417	341	295	241	185	117	2687
Manor	167	335	396	448	466	398	298	229	191	105	3033
Mayfield	255	542	458	484	456	277	217	172	106	23	2992
Newport	189	306	319	436	371	294	225	124	85	48	2395
Queens	438	520	811	1283	624	176	86	67	36	13	4049
St. Johns	256	522	464	627	661	475	321	240	179	57	3800
St. Marks	145	239	368	532	370	294	229	211	186	98	2670
Westheath	146	334	318	351	380	330	308	219	115	22	2524
<b>Total Female</b>	<b>3019</b>	<b>5383</b>	<b>5773</b>	<b>7546</b>	<b>6646</b>	<b>4877</b>	<b>3836</b>	<b>2899</b>	<b>2177</b>	<b>912</b>	<b>43054</b>

## Surrey Heath detailed population estimates for 2001

Source: Surrey County Council

Total Population	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Ash	630	1330	1670	1360	1510	1390	1150	810	480	170	10500
Ash Vale	480	890	940	940	1290	970	730	540	310	140	7230
Tongham	130	290	320	260	330	310	190	160	120	40	2150
Bagshot	440	830	600	670	1110	840	530	330	230	80	5660
Frimley	340	690	660	730	860	740	620	490	250	110	5490
Frimley Green	550	1090	1250	910	1470	1220	660	380	230	130	7890
Heatherside	410	850	1050	1130	1090	1300	1020	440	160	90	7540
Lightwater	420	830	780	690	1120	1070	770	480	240	110	6510
Mytchett	330	680	550	520	800	680	520	370	210	80	4740
Old Dean	300	670	570	560	820	420	400	450	200	60	4450
Parkside	250	670	690	700	540	750	680	460	190	50	4980
St.Michaels	230	500	420	520	680	440	340	260	180	110	3680
St.Pauls	250	500	790	850	440	890	1020	660	260	100	5760
Town	410	800	640	600	810	560	440	330	210	180	4980
Watchetts	240	510	580	650	640	640	540	400	390	180	4770
Windlesham	270	590	610	390	610	770	520	300	160	70	4290
<b>TOTAL</b>	<b>5680</b>	<b>11720</b>	<b>12120</b>	<b>11480</b>	<b>14120</b>	<b>12990</b>	<b>10130</b>	<b>6860</b>	<b>3820</b>	<b>1700</b>	<b>90620</b>

Male Population	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Ash	330	700	920	710	780	700	570	380	200	50	5340
Ash Vale	250	470	530	480	700	490	360	250	130	40	3700
Tongham	60	150	190	150	170	150	100	70	50	10	1100
Bagshot	230	430	320	310	550	420	280	150	90	20	2800
Frimley	180	390	350	390	440	370	300	230	90	30	2770
Frimley Green	280	560	740	460	760	630	350	180	90	30	4080
Heatherside	210	420	520	560	560	600	510	240	70	20	3710
Lightwater	220	440	410	340	560	530	380	250	90	30	3250
Mytchett	170	350	300	260	410	350	260	180	90	20	2390
Old Dean	160	360	300	270	440	200	180	220	90	20	2240
Parkside	130	390	330	340	270	350	320	230	80	20	2460
St.Michaels	120	270	220	260	350	220	170	120	60	30	1820
St.Pauls	130	260	380	410	210	380	510	330	120	30	2760
Town	210	420	330	290	390	300	210	160	80	40	2430
Watchetts	130	250	300	340	320	290	280	200	140	40	2290
Windlesham	140	310	310	200	290	380	260	160	70	20	2140
<b>TOTAL</b>	<b>2950</b>	<b>6170</b>	<b>6450</b>	<b>5770</b>	<b>7200</b>	<b>6360</b>	<b>5040</b>	<b>3350</b>	<b>1540</b>	<b>450</b>	<b>45280</b>

Female Population	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Ash	300	620	750	640	730	690	580	430	280	120	5140
Ash Vale	230	420	410	460	590	480	370	280	180	100	3520
Tongham	60	140	130	110	170	160	90	80	70	20	1030
Bagshot	210	390	280	370	560	420	250	170	140	50	2840
Frimley	170	310	310	340	410	370	320	260	160	80	2730
Frimley Green	270	530	520	450	710	590	310	210	140	90	3820
Heatherside	200	430	530	570	530	690	510	200	100	70	3830
Lightwater	200	390	370	360	560	540	380	230	150	80	3260
Mytchett	160	320	250	270	390	330	260	190	110	60	2340
Old Dean	150	310	270	290	380	220	220	230	110	40	2220
Parkside	120	280	360	350	270	400	360	230	100	30	2500
St.Michaels	110	230	200	270	330	210	170	140	120	80	1860
St.Pauls	120	240	410	440	230	510	510	330	150	70	3010
Town	200	380	310	310	410	260	230	170	130	140	2540
Watchetts	120	260	280	310	320	350	260	210	250	140	2500
Windlesham	130	280	300	190	320	390	260	150	100	50	2170
<b>TOTAL</b>	<b>2750</b>	<b>5530</b>	<b>5680</b>	<b>5730</b>	<b>6910</b>	<b>6610</b>	<b>5080</b>	<b>3510</b>	<b>2290</b>	<b>1220</b>	<b>45310</b>

### Warning:

Surrey Heath population estimates were prepared in 1996 and controlled to the district level forecasts prepared at the same time. They were based on assumptions of fertility, mortality, household information and housing developments current at that time. Many of these assumptions have been superseded and recent population estimates suggest that the forecasts have underestimated the total population by 4%.

# Hart Forecast Population Change 2001-2006

Source: Hampshire County Council

Hart 2001	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Church Crookham	438	945	815	831	1149	841	610	535	367	111	6645
Crandall	622	1184	846	1356	1420	941	687	413	254	108	7831
Eversley	94	234	182	172	304	275	210	136	69	20	1694
Fleet Courtmoor	336	793	877	655	847	1019	945	660	462	118	6710
Fleet Pondtail	358	828	849	669	974	1078	920	606	372	104	6758
Fleet West	535	1092	1155	1216	1305	1285	1069	718	471	237	9087
Frogmore and Darby Green	352	828	886	823	850	890	692	322	174	31	5842
Hartley Wintney	318	708	716	691	955	825	624	417	297	112	5664
Hawley	357	601	773	1041	793	691	543	385	178	66	5427
Hook	463	1045	803	876	1355	1152	567	369	284	102	7013
Long Sutton	86	178	164	169	217	216	175	93	44	9	1349
Odiham	358	691	957	816	773	642	394	339	279	87	5336
Whitewater	74	184	171	159	222	187	212	137	79	19	1443
Yateley East	296	700	692	615	687	744	619	406	210	61	5031
Yateley North	251	566	519	504	684	622	537	303	136	24	4149
Yateley West	381	1034	1025	985	1115	1221	569	243	134	47	6752
<b>Total</b>	<b>5319</b>	<b>11611</b>	<b>11430</b>	<b>11578</b>	<b>13650</b>	<b>12629</b>	<b>9373</b>	<b>6082</b>	<b>3810</b>	<b>1256</b>	<b>86731</b>
Hart 2006	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Church Crookham	422	920	901	762	1055	840	714	541	394	137	6684
Crandall	606	1502	1090	1446	1652	1123	897	587	326	127	9355
Eversley	86	251	177	117	329	280	235	136	73	17	1702
Fleet Courtmoor	330	819	857	624	842	892	984	713	484	148	6692
Fleet Pondtail	302	745	860	593	925	988	1029	659	380	123	6606
Fleet West	686	1398	1354	1484	1799	1490	1387	923	636	264	11419
Frogmore and Darby Green	334	749	871	748	831	775	798	372	185	34	5697
Hartley Wintney	327	752	792	738	1031	853	726	447	311	103	6078
Hawley	320	598	813	950	772	627	633	393	226	70	5401
Hook	508	1082	856	908	1405	1198	820	416	285	112	7590
Long Sutton	85	186	166	154	230	211	186	103	42	10	1372
Odiham	347	648	1037	807	764	680	478	309	285	88	5442
Whitewater	84	177	194	181	176	206	190	155	101	19	1484
Yateley East	282	698	705	520	671	687	655	430	246	74	4969
Yateley North	254	586	512	423	705	605	526	342	162	33	4148
Yateley West	361	920	1003	871	1027	1057	796	324	152	50	6562
<b>Total</b>	<b>5334</b>	<b>12031</b>	<b>12188</b>	<b>11326</b>	<b>14214</b>	<b>12512</b>	<b>11054</b>	<b>6850</b>	<b>4288</b>	<b>1409</b>	<b>91201</b>
Percentage Change 2001-2006	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Church Crookham	-4%	-3%	11%	-8%	-8%	0%	17%	1%	7%	23%	1%
Crandall	-3%	27%	29%	7%	16%	19%	31%	42%	28%	18%	19%
Eversley	-9%	7%	-3%	-32%	8%	2%	12%	0%	6%	-15%	0%
Fleet Courtmoor	-2%	3%	-2%	-5%	-1%	-12%	4%	8%	5%	25%	0%
Fleet Pondtail	-16%	-10%	1%	-11%	-5%	-8%	12%	9%	2%	18%	-2%
Fleet West	28%	28%	17%	22%	38%	16%	30%	29%	35%	11%	26%
Frogmore and Darby Green	-5%	-10%	-2%	-9%	-2%	-13%	15%	16%	6%	10%	-2%
Hartley Wintney	3%	6%	11%	7%	8%	3%	16%	7%	5%	-8%	7%
Hawley	-10%	0%	5%	-9%	-3%	-9%	17%	2%	27%	6%	0%
Hook	10%	4%	7%	4%	4%	4%	45%	13%	0%	10%	8%
Long Sutton	-1%	4%	1%	-9%	6%	-2%	6%	11%	-5%	11%	2%
Odiham	-3%	-6%	8%	-1%	-1%	6%	21%	-9%	2%	1%	2%
Whitewater	14%	-4%	13%	14%	-21%	10%	-10%	13%	28%	0%	3%
Yateley East	-5%	0%	2%	-15%	-2%	-8%	6%	6%	17%	21%	-1%
Yateley North	1%	4%	-1%	-16%	3%	-3%	-2%	13%	19%	38%	0%
Yateley West	-5%	-11%	-2%	-12%	-8%	-13%	40%	33%	13%	6%	-3%
<b>Total</b>	<b>0%</b>	<b>4%</b>	<b>7%</b>	<b>-2%</b>	<b>4%</b>	<b>-1%</b>	<b>18%</b>	<b>13%</b>	<b>13%</b>	<b>12%</b>	<b>5%</b>

## Comments:

- There is a projected 5% increase across Hart with 26% increase projected in Fleet West
- There is a projected increase of people 65+ in Yateley, Fleet West, and Crandall indicating a potential demand for services e.g.: falls, fracture neck of femur.
- It is recommended that a close scrutiny of the growing 65+ population is undertaken in order to plan primary care services for the future.

## Rushmoor Forecast Population Change 2001 - 2006

Source: Hampshire County Council

Rushmoor 2001	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Alexandra	370	535	666	1010	917	717	581	367	273	99	5533
Belle Vue	449	694	555	811	707	536	434	313	193	58	4749
Cove	585	979	906	1356	1347	821	513	307	169	43	7025
Empress	244	460	675	659	683	663	626	379	310	101	4800
Fernhill	408	758	833	1021	988	824	588	364	196	98	6081
Grange	332	610	671	843	680	573	488	368	272	87	4925
Heron Wood	264	618	487	507	592	476	456	455	309	97	4262
Knellwood	287	595	660	713	834	685	565	436	309	157	5240
Manor	318	692	791	926	994	822	606	418	272	134	5973
Mayfield	516	1085	920	979	869	578	441	315	167	29	5897
Newport	368	639	646	890	828	612	439	238	136	62	4857
Queens	911	1047	3312	3594	1515	466	183	118	53	17	11215
St. Johns	499	1050	990	1294	1392	978	630	453	297	80	7664
St. Marks	295	477	739	1099	772	627	489	394	308	129	5328
Westheath	308	662	667	743	829	659	574	428	217	42	5128
<b>Total</b>	<b>6154</b>	<b>10901</b>	<b>13518</b>	<b>16445</b>	<b>13947</b>	<b>10037</b>	<b>7613</b>	<b>5353</b>	<b>3481</b>	<b>1233</b>	<b>88677</b>
Rushmoor 2006	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Alexandra	320	499	714	884	946	709	686	398	265	95	5518
Belle Vue	402	613	612	706	735	528	483	337	179	56	4651
Cove	498	935	964	1153	1430	832	549	321	176	38	6894
Empress	231	473	693	641	678	601	636	429	302	113	4797
Fernhill	403	706	890	939	1041	722	666	392	220	110	6086
Grange	321	543	735	763	673	567	567	362	248	90	4868
Heron Wood	257	715	551	449	676	495	473	436	312	104	4466
Knellwood	249	614	669	604	871	681	628	447	353	167	5283
Manor	351	689	859	922	1086	817	697	461	292	119	6291
Mayfield	479	1079	987	862	906	565	470	288	166	25	5829
Newport	352	689	720	777	857	614	528	269	135	51	4991
Queens	939	977	3523	3579	1677	488	201	165	83	23	11657
St Marks	301	445	765	1007	826	596	555	384	317	121	5315
St.Johns	463	933	1078	1070	1403	991	737	478	305	94	7550
Westheath	257	659	675	630	856	659	597	426	232	39	5032
<b>Total</b>	<b>5823</b>	<b>10569</b>	<b>14435</b>	<b>14986</b>	<b>14661</b>	<b>9865</b>	<b>8473</b>	<b>5593</b>	<b>3585</b>	<b>1245</b>	<b>89228</b>
Percentage Change 2001-2006	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	TOTAL
Alexandra	-14%	-7%	7%	-12%	3%	-1%	18%	8%	-3%	-4%	<b>0%</b>
Belle Vue	-10%	-12%	10%	-13%	4%	-1%	11%	8%	-7%	-3%	<b>-2%</b>
Cove	-15%	-4%	6%	-15%	6%	1%	7%	5%	4%	-12%	<b>-2%</b>
Empress	-5%	3%	3%	-3%	-1%	-9%	2%	13%	-3%	12%	<b>0%</b>
Fernhill	-1%	-7%	7%	-8%	5%	-12%	13%	8%	12%	12%	<b>0%</b>
Grange	-3%	-11%	10%	-9%	-1%	-1%	16%	-2%	-9%	3%	<b>-1%</b>
Heron Wood	-3%	16%	13%	-11%	14%	4%	4%	-4%	1%	7%	<b>5%</b>
Knellwood	-13%	3%	1%	-15%	4%	-1%	11%	3%	14%	6%	<b>1%</b>
Manor	10%	0%	9%	0%	9%	-1%	15%	10%	7%	-11%	<b>5%</b>
Mayfield	-7%	-1%	7%	-12%	4%	-2%	7%	-9%	-1%	-14%	<b>-1%</b>
Newport	-4%	8%	11%	-13%	4%	0%	20%	13%	-1%	-18%	<b>3%</b>
Queens	3%	-7%	6%	0%	11%	5%	10%	40%	57%	35%	<b>4%</b>
St. Johns	-40%	-58%	-23%	-22%	-41%	-39%	-12%	-15%	7%	51%	<b>-31%</b>
St. Marks	57%	96%	46%	-3%	82%	58%	51%	21%	-1%	-27%	<b>42%</b>
Westheath	-17%	0%	1%	-15%	3%	0%	4%	0%	7%	-7%	<b>-2%</b>
<b>Total</b>	<b>-5%</b>	<b>-3%</b>	<b>7%</b>	<b>-9%</b>	<b>5%</b>	<b>-2%</b>	<b>11%</b>	<b>4%</b>	<b>3%</b>	<b>1%</b>	<b>1%</b>

### Comment:

- There is a projected 1% overall increase for Rushmoor to 2006 with 42% individual increase in the St Marks ward.
- The 'baby boomers' are coming through reaching their 60<sup>th</sup> birthday by 2006.
- Queens ward is forecast to have an increase in older people, majority being female, which may indicate a projected increase in demand for services e.g.: falls, fracture neck of femur. This trend is similar in 85+ for St Johns ward.

## Surrey Heath Forecast Population Change 2001-2006

Source: Surrey County Council

<b>Surrey Heath 2001</b>	<b>0-15</b>	<b>16-59/64</b>	<b>60/65+</b>	<b>Total</b>
Ash	2100	6700	1700	<b>10500</b>
Ash Vale	1400	4600	1200	<b>7200</b>
Bagshot	1300	3600	700	<b>5700</b>
Frimley	1100	3400	1000	<b>5500</b>
Frimley Green	1800	5200	900	<b>7900</b>
Heatherside	1400	5300	900	<b>7500</b>
Lightwater	1300	4200	1000	<b>6500</b>
Mytchett	1100	2900	800	<b>4700</b>
Old Dean	1000	2600	800	<b>4500</b>
Parkside	1000	3100	800	<b>5000</b>
St.Michaels	800	2300	600	<b>3700</b>
St.Pauls	800	3700	1200	<b>5800</b>
Tongham	400	1300	400	<b>2100</b>
Town	1300	2900	800	<b>5000</b>
Watchetts	800	2900	1100	<b>4800</b>
Windlesham	900	2700	600	<b>4300</b>
<b>Total</b>	<b>18500</b>	<b>57400</b>	<b>14500</b>	<b>90700</b>
<b>Surrey Heath 2006</b>	<b>0-15</b>	<b>16-59/64</b>	<b>60/65+</b>	<b>Total</b>
Ash	1950	6600	1800	<b>10400</b>
Ash Vale	1450	4650	1250	<b>7350</b>
Bagshot	1350	3500	800	<b>5650</b>
Frimley	1050	3250	1100	<b>5450</b>
Frimley Green	1800	5450	1050	<b>8300</b>
Heatherside	1300	4950	1200	<b>7450</b>
Lightwater	1300	4050	1150	<b>6500</b>
Mytchett	1050	2850	850	<b>4700</b>
Old Dean	950	2600	850	<b>4400</b>
Parkside	950	2900	1000	<b>4850</b>
St.Michaels	700	2250	650	<b>3600</b>
St.Pauls	700	3300	1500	<b>5500</b>
Tongham	400	1350	350	<b>2100</b>
Town	1350	3000	900	<b>5200</b>
Watchetts	750	2750	1150	<b>4650</b>
Windlesham	850	2650	750	<b>4200</b>
<b>Total</b>	<b>17900</b>	<b>56100</b>	<b>16350</b>	<b>90300</b>
<b>Percentage Change 2001-2006</b>	<b>0-15</b>	<b>16-59/64</b>	<b>60/65+</b>	<b>Total</b>
Ash	-7%	-1%	6%	<b>-1%</b>
Ash Vale	4%	1%	4%	<b>2%</b>
Bagshot	4%	-3%	14%	<b>-1%</b>
Frimley	-5%	-4%	10%	<b>-1%</b>
Frimley Green	0%	5%	17%	<b>5%</b>
Heatherside	-7%	-7%	33%	<b>-1%</b>
Lightwater	0%	-4%	15%	<b>0%</b>
Mytchett	-5%	-2%	6%	<b>0%</b>
Old Dean	-5%	0%	6%	<b>-2%</b>
Parkside	-5%	-6%	25%	<b>-3%</b>
St.Michaels	-13%	-2%	8%	<b>-3%</b>
St.Pauls	-13%	-11%	25%	<b>-5%</b>
Tongham	0%	4%	-13%	<b>0%</b>
Town	4%	3%	13%	<b>4%</b>
Watchetts	-6%	-5%	5%	<b>-3%</b>
Windlesham	-6%	-2%	25%	<b>-2%</b>
<b>Total</b>	<b>-3%</b>	<b>-2%</b>	<b>13%</b>	<b>0%</b>

### Warning:

Surrey Heath ward forecasts require specific information about actual locations of housing developments, which are only available for a 5 year period (i.e. up to 2001 in 1996). Therefore the forecasts for 2006 are based on very little information and should be used with caution.

### Comments:

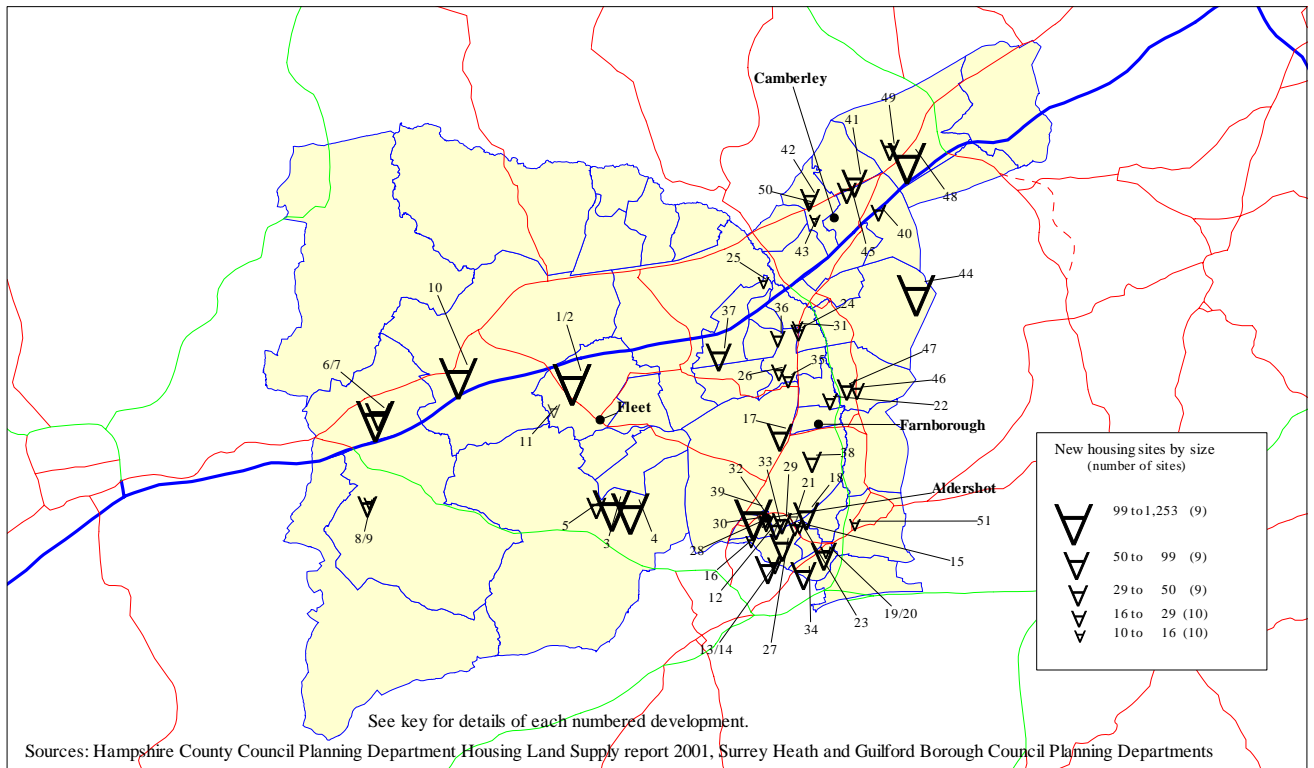
- There is no projected overall increase for Surrey Heath.

## Housing Developments

The map below shows where new housing is proposed over the next 5 years and corresponds to the table showing the development names, density of new dwellings and an indication of type of dwelling.

Source: Hampshire County Council, Surrey County Council

### Housing Developments planned in Blackwater Valley and Hart PCT



Reproduced from Boundary-Line by permission of Ordnance Survey on behalf of The Controller of Her Majesty's Stationery Office. Crown copyright. All rights reserved.

#### Comments:

- Overall Hampshire County Council structure plan assumes 42,000 additional dwellings to be built. A Blackwater Valley sub regional study will be undertaken. It is recommended that a Health Impact Assessment form a major part of the implications of the study.
- The total projected number of dwellings for the next 5 years are 2322 for Hart, 977 for Rushmoor and 575 for Surrey Heath.
- Project Caunnaght is a major initiative to redevelop the military town of Aldershot and may lead to significant releases of land for housing after 2006. Early estimates put the capacity at around 2000 dwellings.
- A housing needs survey undertaken by Rushmoor in 1998 identified that 350 new homes at affordable rents were needed per annum for the next five years. It also discovered 1500 concealed households the majority of which were single person households, 45% of these had incomes below £12,500 per annum. These people would prefer to own their houses but cannot afford to given the high housing prices and their low income.

## Housing development figures

Key	Development Name	Developer	Notes	Town	New Dwellings to 2006	Losses	Area in hectares	Dwellings per hectare
28	1-15 Upper Union Street, 20-22 Grosvenor Road	HOUSING ASSN		Aldershot	12	1	0.1	200.0
32	1-3 Union Street	PRIVATE		Aldershot	17	0	0.1	212.5
14	Boxalls Lane (HA)	HOUSING ASSN		Aldershot	16	0	0.6	26.7
13	Boxalls Lane (Private)	PRIVATE		Aldershot	89	1	3.2	27.8
12	Corner Birchett/Gordon Roads	PRIVATE		Aldershot	0	0	0.1	200.0
33	Hippodrome House	PRIVATE		Aldershot	40	0	0.2	250.0
16	Innisfail Laundry, Cranmore Lane	PRIVATE		Aldershot	10	0	0.6	17.9
38	Kitchener Road/Alanbrooke Road	PRIVATE		Aldershot	29	0	1.9	15.7
27	Manor Park College Annexe	PRIVATE	15% Affordable	Aldershot	60	0	2.7	22.2
29	MM House, Sebastapol Road and 135-155 High St	HOUSING ASSN		Aldershot	49	0	0.2	222.7
23	Mount Pleasant Road/East End Centre	PRIVATE		Aldershot	15	0	0.5	30.0
21	Ordnance Road Depot	PRIVATE	15% Affordable	Aldershot	0	0	1.3	30.8
34	Place Court and 6-18 Pool Road	HOUSING ASSN		Aldershot	63	41	0.7	96.9
39	Salamanca Park	PRIVATE		Aldershot	99	99	3.5	28.3
20	SEB Depot, Blackwater Way (HA)	HOUSING ASSN	Affordable	Aldershot	15	0	0.3	60.0
19	SEB Depot, Blackwater Way (Private)	PRIVATE		Aldershot	85	0	1.9	44.3
18	South of Ordnance Road	PRIVATE	30% Affordable	Aldershot	75	0	7.4	23.6
15	TA Centre	PRIVATE		Aldershot	20	0	0.3	71.4
30	Wellington Avenue	PRIVATE		Aldershot	0	0	0.1	200.0
				<b>Aldershot Total</b>	<b>694</b>	<b>142</b>	<b>25</b>	<b>33.9</b>
36	212-216 Prospect Road	PRIVATE		Farnborough	16	1	0.4	45.7
31	379 Farnborough Road	PRIVATE		Farnborough	10	1	0.1	90.9
26	82-98 Victoria Road	PRIVATE		Farnborough	26	4	0.3	89.7
17	Farnborough Aerodrome	PRIVATE	30% Affordable	Farnborough	90	0	2.8	32.1
24	Farnborough Hill	PRIVATE		Farnborough	18	1	0.7	25.0
35	Former PO and land adjoining Queensmead	PRIVATE		Farnborough	24	0	0.1	266.7
25	Green Hedges, Hawley Road	PRIVATE		Farnborough	15	0	0.6	27.3
37	Guillemont Fields	PRIVATE		Farnborough	56	56	2.6	21.5
22	RMC Depot, Sycamore Road	PRIVATE	4 Affordable	Farnborough	28	0	1.0	28.6
				<b>Farnborough Total</b>	<b>283</b>	<b>63</b>	<b>8.5</b>	<b>33.3</b>
2	Elvetham Heath (HA)	HOUSING ASSN		Fleet	255	0	7.1	35.9
1	Elvetham Heath (Private)	PRIVATE		Fleet	1253	0	48.6	25.8
3	Queen Elizabeth II Barracks	PRIVATE	25% Affordable	Fleet	200	0	17.0	23.5
5	Redfields Garden Centre	PRIVATE		Fleet	40	0	0.5	80.0
4	Wakefords Copse	PRIVATE	25% Affordable	Fleet	120	29	9.5	18.9
11	West of Hitches Lane	PRIVATE		Fleet	0	0	10.0	26.0
				<b>Fleet Total</b>	<b>1868</b>	<b>29</b>	<b>93</b>	<b>25.8</b>
10	Dilly Lane	PRIVATE	25% Affordable	Hartley Wintney	189	0	8.0	23.6
7	East of Holt Lane (HA)	HOUSING ASSN		Hook	60	0	2.7	26.1
6	East of Holt Lane (Private)	PRIVATE		Hook	145	1	8.2	26.2
				<b>Hook Total</b>	<b>205</b>	<b>1</b>	<b>11</b>	<b>26.1</b>
9	South East of Queens Road (HA)	HOUSING ASSN		North Warnborough	15	0	0.5	31.9
8	South East of Queens Road (Private)	PRIVATE		North Warnborough	45	0	1.4	31.7
				<b>N.Warnborough Total</b>	<b>60</b>	<b>0</b>	<b>1.9</b>	<b>31.7</b>
				<b>HAMPSHIRE TOTAL</b>	<b>3299</b>	<b>##</b>	<b>147</b>	<b>27.6</b>
40	Clewborough House School	PRIVATE	40% 1-2 Bedroom	Camberley	16	0	0.86	18.6
41	Collingwood College	PRIVATE	13 Affordable Houses, 40% 1-2 Bedroom	Camberley	50	0	1.53	32.7
42	Old Dean Road	PRIVATE	Affordable	Camberley	43	20	1.2	35.8
43	Portesbury Woods	PRIVATE		Camberley	10	2	0.93	10.8
44	Alma-Dettingen Barracks	PRIVATE	73 Affordable, 40% 1-2 Bedroom	Deeput	145	0	11.42	12.7
45	Lorraine Road	PRIVATE	Affordable	Camberley	35	0	1.97	17.8
46	Salisbury Terrace	PRIVATE	40% 1-2 Bedroom	Mytchett	18	2	0.51	35.3
47	Grange Nurseries/ 11 Coleford Bridge Road	PRIVATE	10 Affordable, 40% 1-2 Bedroom	Mytchett	41	3	1.76	23.3
48	Notcutts Nursery and Woodside Cottage	PRIVATE	38 Affordable, 40% 1-2 Bedroom	Bagshot	151	1	5.65	26.7
49	83 College Ride	PRIVATE	8 Affordable, 40% 1-2 Bedroom	Bagshot	31	1	1.46	21.2
50	Whitehill Farm	PRIVATE	40% 1-2 Bedroom	Camberley	10	0	0.65	15.4
51	Longacre	PRIVATE		Ash	14	0		
				<b>Surrey Heath Total</b>	<b>564</b>	<b>29</b>	<b>28</b>	<b>20.2</b>

## Practice List Sizes

The following tables show the total number of patients registered with the 21 Practices of Blackwater Valley and Hart PCT split by sex and age band.

Source: Exeter System, 30.06.2002

### *Practice Total List Size - 30 June 2002*

<i>PCT</i>	<i>Practice</i>	<i>Senior</i>	<i>Males</i>	<i>Female</i>	<i>Total</i>
	J82015	Dr IM Stuart	3673	3585	7258
	J82030	Dr MD Macleod	3576	3457	7033
	J82049	Dr SR Jones	5864	5633	11497
	J82052	Dr RS Guest	5544	5453	10997
	J82061	Dr AD Weaver	4285	4467	8752
	J82066	Dr J Wictome	6568	7113	13681
	J82067	Dr SP Linton	5924	5772	11696
	J82099	Dr ALH Sharp	5204	5151	10355
	J82110	Dr JC Healey	6712	6786	13498
	J82120	Dr GR Caird	4706	4756	9462
	J82125	Dr CA Headley	5439	5299	10738
	J82135	Dr MA Swift	5424	5491	10915
	J82138	Dr HCC Barns	7606	7768	15374
	J82142	Dr BF Romaya	4179	3868	8047
	J82178	Dr M Riggs	2466	3371	5837
	J82181	Dr SA Heywood	2620	2817	5437
	J82195	Dr WD Kay	2916	2789	5705
	J82198	Dr MS Rahman	1552	1227	2779
	J82206	Dr D Lister	2821	2775	5596
	J82628	Dr AH Williams	1287	1392	2679
	J82630	Dr V Kumar	1356	1293	2649
Summary for Blackwater Valley and Hart PCT (21 detail records)			89722	90263	179985

*Practice age sex breakdown - 30 June 2002*

Practice:	Senior Partner Name:		0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
J82015	Dr IM Stuart	Male:	202	574	432	557	654	440	393	252	141	28	3673
		Female:	192	507	405	531	546	441	407	288	200	68	3585
		Total:	394	1081	837	1088	1200	881	800	540	341	96	7258
J82030	Dr MD Macleod	Male:	210	419	417	607	610	454	384	264	161	50	3576
		Female:	236	396	447	610	505	383	306	260	216	98	3457
		Total:	446	815	864	1217	1115	837	690	524	377	148	7033
J82049	Dr SR Jones	Male:	332	757	778	875	950	854	716	428	155	19	5864
		Female:	295	742	664	872	886	838	701	357	208	70	5633
		Total:	627	1499	1442	1747	1836	1692	1417	785	363	89	11497
J82052	Dr RS Guest	Male:	289	692	730	833	831	818	798	379	146	28	5544
		Female:	266	672	615	731	826	884	779	396	213	71	5453
		Total:	555	1364	1345	1564	1657	1702	1577	775	359	99	10997
J82061	Dr AD Weaver	Male:	276	665	554	442	595	660	555	302	188	48	4285
		Female:	251	558	500	561	702	668	504	360	255	108	4467
		Total:	527	1223	1054	1003	1297	1328	1059	662	443	156	8752
J82066	Dr J Wictome	Male:	533	1066	878	974	1178	800	570	345	174	50	6568
		Female:	518	1117	812	1262	1243	791	552	423	292	103	7113
		Total:	1051	2183	1690	2236	2421	1591	1122	768	466	153	13681
J82067	Dr SP Linton	Male:	315	696	787	985	1044	734	586	444	265	68	5924
		Female:	319	639	654	900	919	640	579	531	403	188	5772
		Total:	634	1335	1441	1885	1963	1374	1165	975	668	256	11696
J82099	Dr ALH Sharp	Male:	333	767	527	695	851	672	678	410	220	51	5204
		Female:	294	651	506	697	845	695	681	406	271	105	5151
		Total:	627	1418	1033	1392	1696	1367	1359	816	491	156	10355
J82110	Dr JC Healey	Male:	419	877	680	1057	1183	886	802	520	225	63	6712
		Female:	415	836	661	986	1124	907	818	543	348	148	6786
		Total:	834	1713	1341	2043	2307	1793	1620	1063	573	211	13498
J82120	Dr GR Caird	Male:	282	517	532	784	762	640	556	328	247	58	4706
		Female:	251	554	492	707	722	654	546	381	332	117	4756
		Total:	533	1071	1024	1491	1484	1294	1102	709	579	175	9462
J82125	Dr CA Headley	Male:	294	767	716	871	948	772	573	308	159	31	5439
		Female:	312	733	659	770	929	740	525	317	225	89	5299
		Total:	606	1500	1375	1641	1877	1512	1098	625	384	120	10738
J82135	Dr MA Swift	Male:	358	716	553	724	1022	724	605	420	237	65	5424
		Female:	323	639	509	728	942	734	609	439	360	208	5491
		Total:	681	1355	1062	1452	1964	1458	1214	859	597	273	10915
J82138	Dr HCC Barns	Male:	457	1022	768	956	1361	1187	999	500	276	80	7606
		Female:	408	1015	771	900	1427	1170	896	534	441	206	7768
		Total:	865	2037	1539	1856	2788	2357	1895	1034	717	286	15374

Practice:	Senior Partner Name:		0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
J82142	Dr BF Romaya	Male:	237	509	525	643	703	587	515	306	131	23	4179
		Female:	200	465	472	573	625	522	426	287	217	81	3868
		Total:	437	974	997	1216	1328	1109	941	593	348	104	8047
J82178	Dr M Riggs	Male:	309	449	282	409	421	238	181	126	35	16	2466
		Female:	262	436	365	744	599	334	272	172	121	66	3371
		Total:	571	885	647	1153	1020	572	453	298	156	82	5837
J82181	Dr SA Heywood	Male:	213	455	368	455	432	328	217	99	47	6	2620
		Female:	224	511	391	480	459	320	217	113	70	32	2817
		Total:	437	966	759	935	891	648	434	212	117	38	5437
J82195	Dr WD Kay	Male:	275	426	271	542	625	344	241	126	56	10	2916
		Female:	236	372	299	593	564	313	194	133	65	20	2789
		Total:	511	798	570	1135	1189	657	435	259	121	30	5705
J82198	Dr MS Rahman	Male:	88	158	147	305	334	195	153	91	59	22	1552
		Female:	71	152	158	241	184	107	100	79	73	62	1227
		Total:	159	310	305	546	518	302	253	170	132	84	2779
82206	Dr D Lister	Male:	190	512	375	374	558	463	223	86	33	7	2821
		Female:	165	503	327	387	608	396	201	99	71	18	2775
		Total:	355	1015	702	761	1166	859	424	185	104	25	5596
J82628	Dr AH Williams	Male:	95	177	98	151	213	187	187	105	60	14	1287
		Female:	99	188	82	174	235	186	173	127	74	54	1392
		Total:	194	365	180	325	448	373	360	232	134	68	2679
J82630	Dr V Kumar	Male:	99	167	175	303	259	172	93	47	26	15	1356
		Female:	91	160	193	297	207	119	79	46	60	41	1293
		Total:	190	327	368	600	466	291	172	93	86	56	2649
Total for Blackwater Valley and Hart PCT			0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Male:			5806	1238	1059	1354	1553	1215	1002	588	304	75	8972
Female:			5428	1184	998	1374	1509	1184	956	629	451	195	9026
Total:			11234	2423	2057	2728	3063	2399	1959	1217	756	270	17998

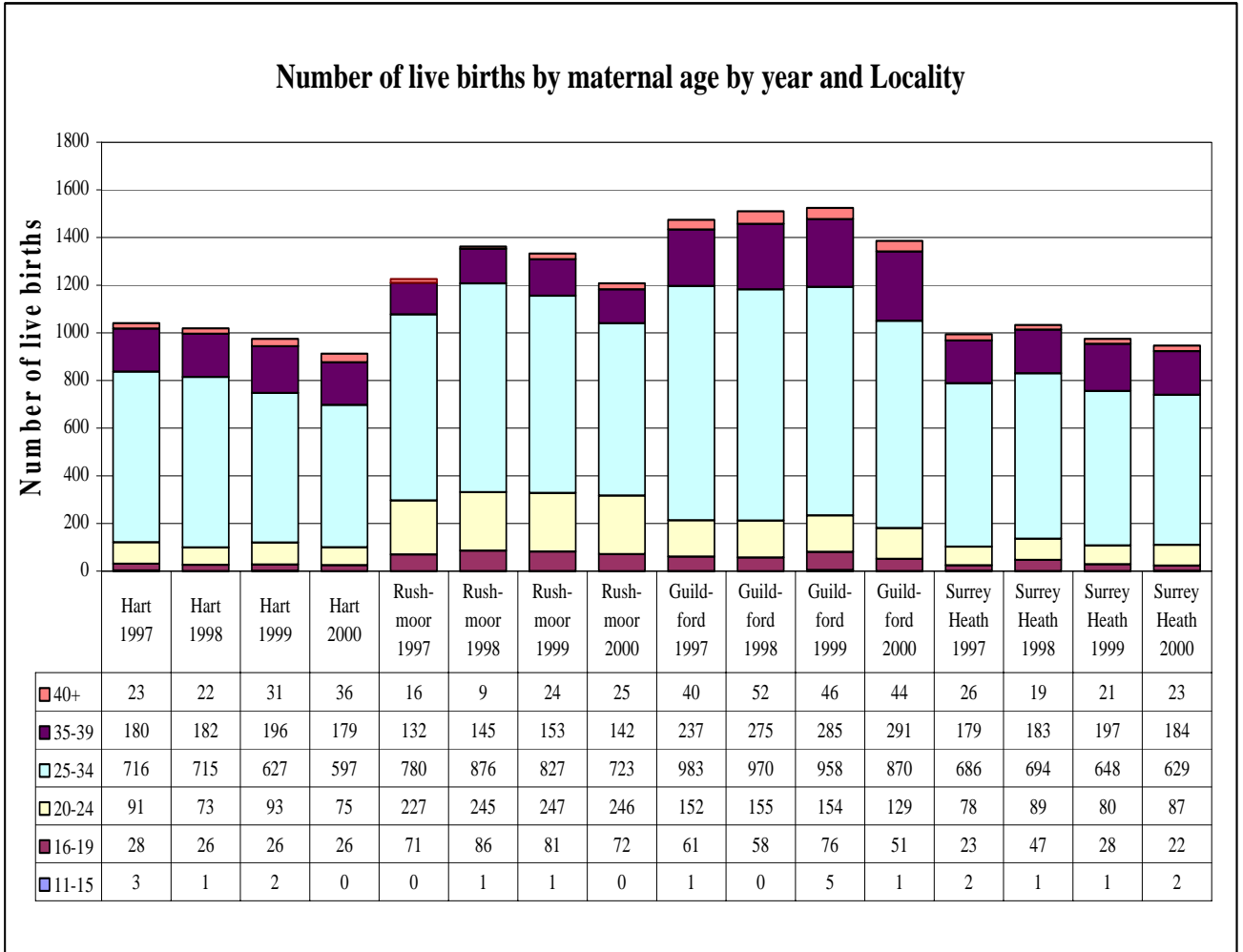
**Warning:**  
The practice list sizes will vary from the resident population figures as patients can be registered with a practice and live out side of the PCT geographical boundaries. For example Dr Weaver and partners have a surgery in Basing ward which is part of Basingstoke and Deane borough council.

# BIRTHS

## Births by Maternal Age

The following table gives a breakdown of the number of children born by the age of the mother for each locality, including Guildford to give a local comparison.

Source: Department of Health Compendium of Clinical Indicators 1998-2001



### Warning:

The data is only available at total local authority level. *Surrey Heath* as described in this report comprises of Surrey Heath Borough, except Bisely, Chobham and West End wards and only three wards in Guildford Borough Council, namely Ash, Ash Vale and Tongham.

The table below shows the percentage of live births in NHS hospitals split into maternal age band over a four year period.

Source: Department of Health Compendium of Clinical Indicators 1998-2001

Locality	Age Band					
	11-15	16-19	20-24	25-34	35-39	40+
Hart 1997	0.3	2.7	8.7	68.8	17.3	2.2
Hart 1998	0.1	2.6	7.2	70.2	17.9	2.2
Hart 1999	0.2	2.7	9.5	64.3	20.1	3.2
Hart 2000	0.0	2.8	8.2	65.4	19.6	3.9
Rushmoor 1997	0.0	5.8	18.5	63.6	10.8	1.3
Rushmoor 1998	0.1	6.3	18.0	64.3	10.6	0.7
Rushmoor 1999	0.1	6.1	18.5	62.0	11.5	1.8
Rushmoor 2000	0.0	6.0	20.4	59.9	11.8	2.1
Guildford 1997	0.1	4.1	10.3	66.7	16.1	2.7
Guildford 1998	0.0	3.8	10.3	64.2	18.2	3.4
Guildford 1999	0.3	5.0	10.1	62.9	18.7	3.0
Guildford 2000	0.1	3.7	9.3	62.8	21.0	3.2
Surrey Heath 1997	0.2	2.3	7.8	69.0	18.0	2.6
Surrey Heath 1998	0.1	4.5	8.6	67.2	17.7	1.8
Surrey Heath 1999	0.1	2.9	8.2	66.5	20.2	2.2
Surrey Heath 2000	0.2	2.3	9.2	66.4	19.4	2.4
England 1997	0.2	6.8	18.3	60.9	11.7	2.0
England 1998	0.2	7.2	17.7	60.2	12.5	2.2
England 1999	0.2	7.4	17.7	59.2	13.2	2.3
England 2000	0.2	7.2	17.7	58.2	14.2	2.5

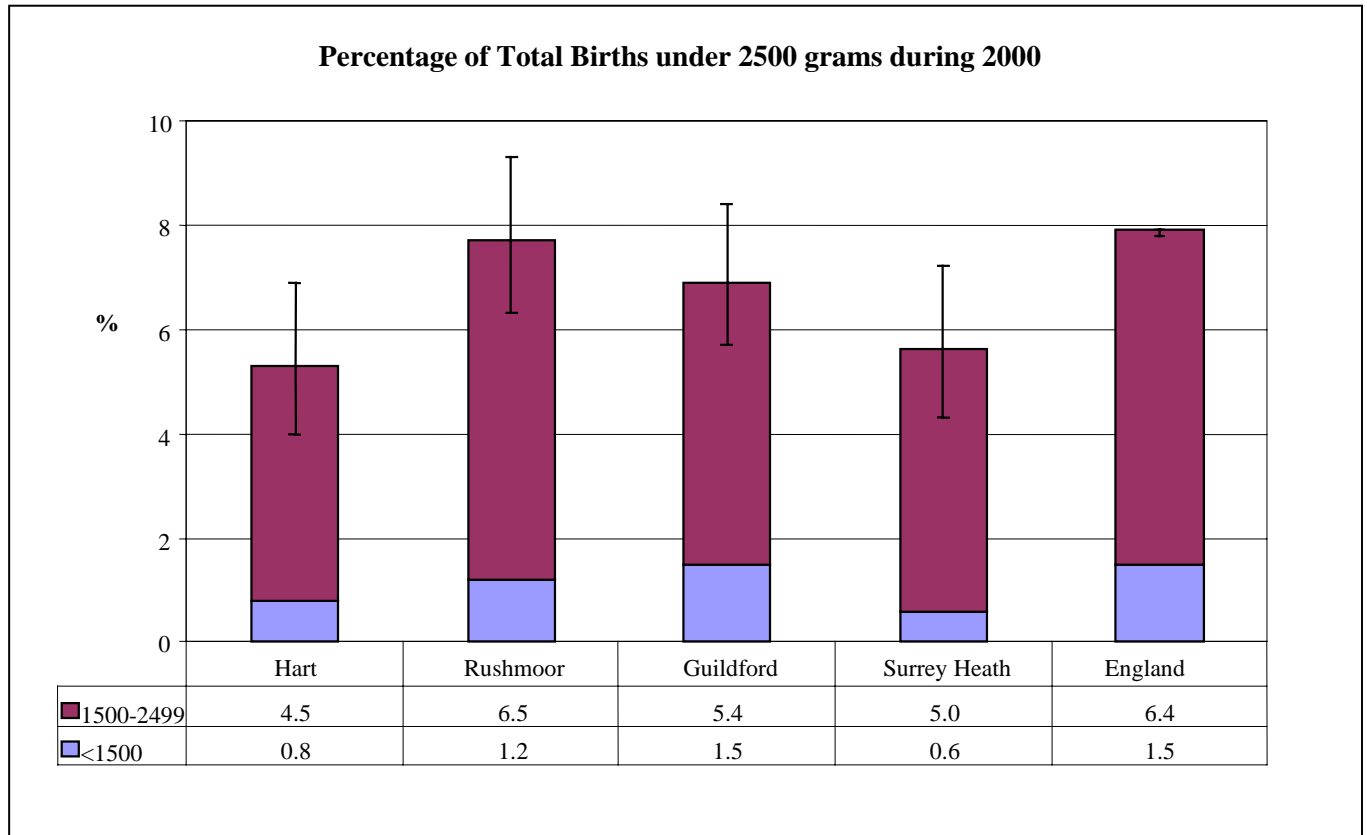
Comments:

- There is an increase in births for mothers aged 40 or more.
- There is a decrease in mothers aged between 25-34 years old.
- Rushmoor has double the births for 16-34 year olds to Hart and Surrey Heath but is comparable to the rates for England as a whole. Therefore more services are required for ante-natal care and children's services.

## Low Birth Weights

Low birth weight is used as an indicator of deprivation and inequality. The table shows the percentage of live and stillborn babies with a birth weight under 2500 grams.

Source: Department of Health Compendium of Clinical Indicators 2000



### Warning:

The data for births is only available at local authority level. *Surrey Heath* as described in this report comprises of Surrey Heath Borough, except Bisely, Chobham and West End wards and only three wards in Guildford Borough Council, namely Ash, Ash Vale and Tongham.

The confidence interval detailed in the above chart show the 95% upper and lower limits for the total births under 2500 grams only.

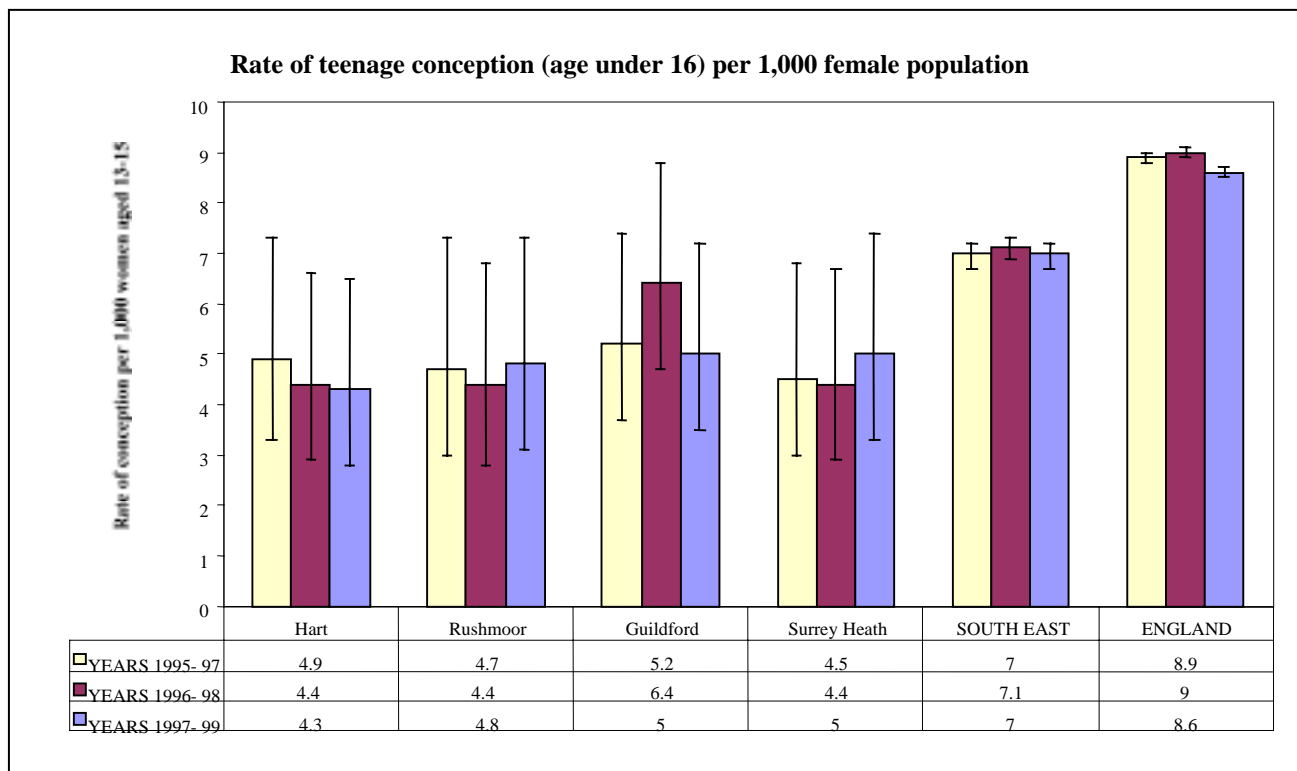
### Comments:

- Rushmoor, with its significant deprivation is showing a related higher number of low birth weight babies.
- For more detail on birth and pregnancy see CESDI Reports.

## Teenage Pregnancy

Teenage Pregnancy is a public health issue at the national level with England having the highest rates in Europe. A national strategy has been developed with the requirement for locally focused strategic approaches to ameliorate this issue. In Hampshire the lead for this sits with local government. Blackwater Valley and Hart has a particular issue with high rates in parts of Rushmoor where there has been a tradition of young women leaving school with few expectations other than having children when very young.

Source: Department of Health Compendium of Clinical and Health Indicators 1998-2001, Teenage Conception 1992-1997

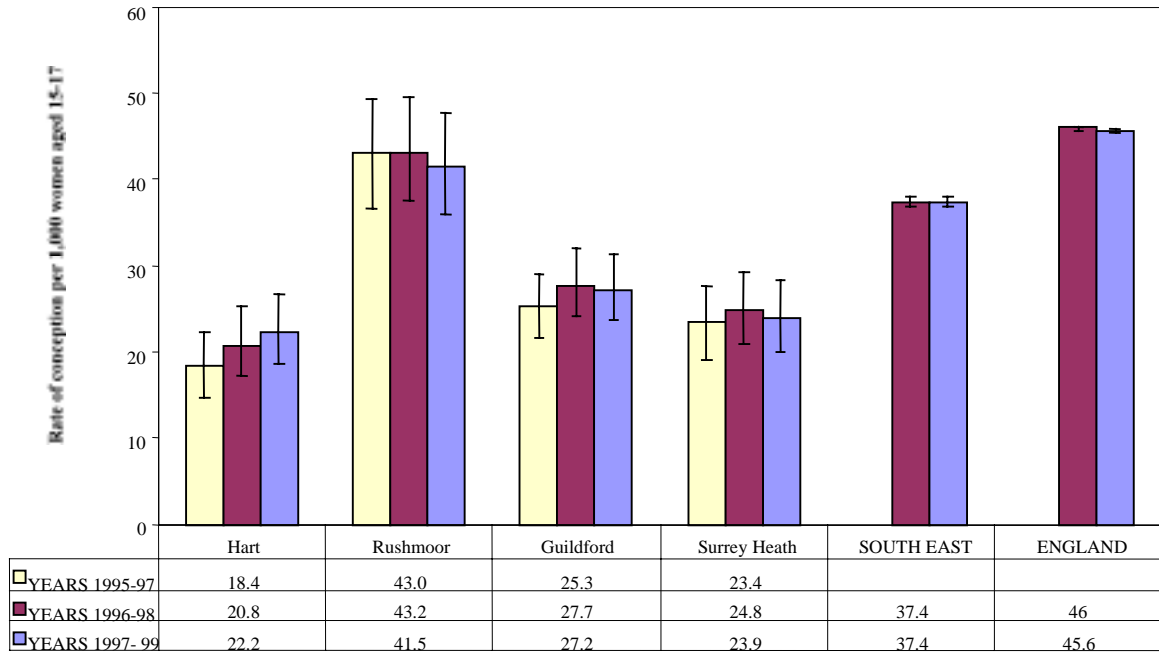


### Warning:

The data for teenage conceptions is only available at local authority level. This differs from *Surrey Heath* as described in this report which comprises of Surrey Heath Borough, except Bisely, Chobham and West End wards and only three wards in Guildford Borough Council, namely Ash, Ash Vale and Tongham.

The above chart calculates the rates of conception from the numbers of conceptions for females under 16 year olds with the population of 13-15 year olds.

**Rate of teenage conception (age under 18) per 1,000 population**



**Warning:**

Data unavailable for South East Region and England for 1995-1997

The above chart includes all conceptions under 18 and calculates the rate using the population of women aged 15-17.

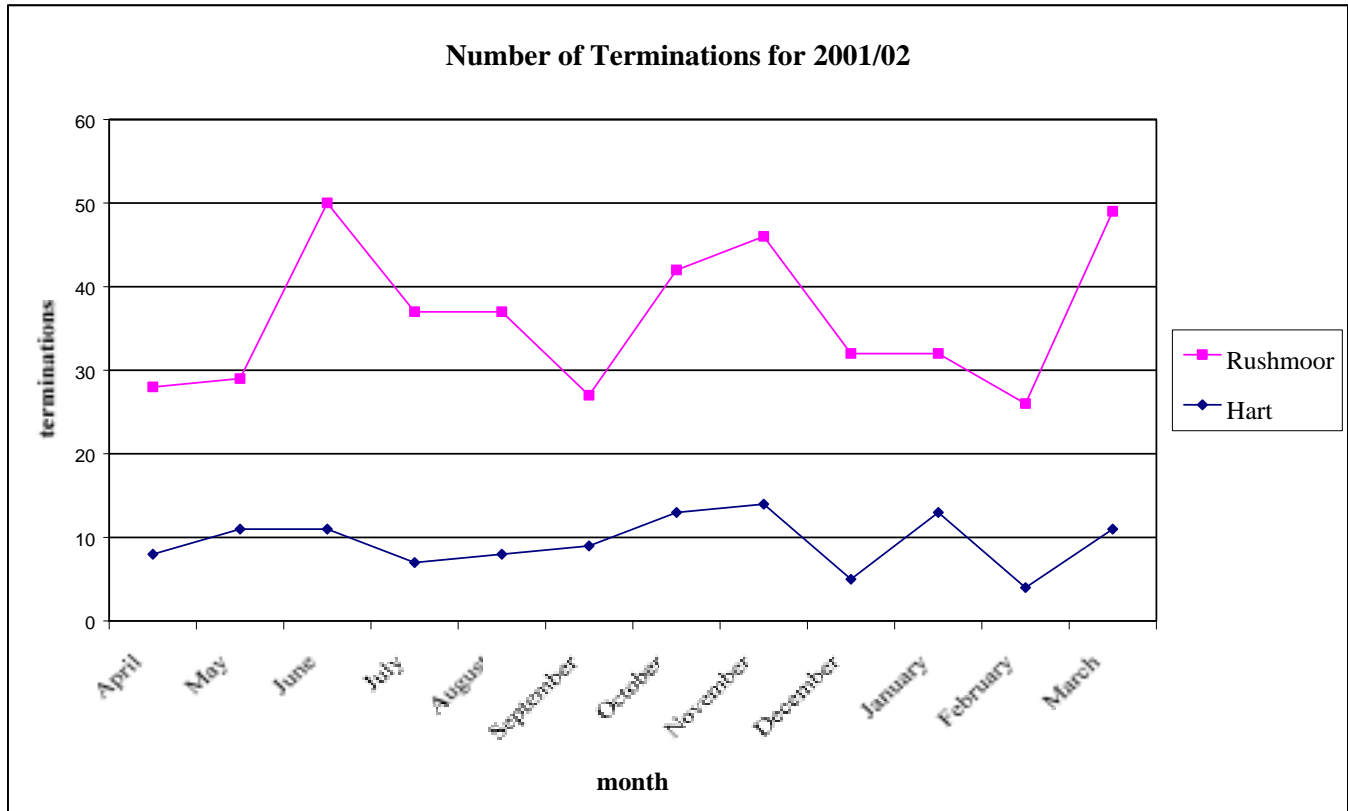
**Comments:**

- The majority of conceptions under 16 ends in abortion
- Rushmoor has significantly more conceptions in the 15-17 age band than the other localities and the South East Region, although it remains slightly less than the rate for England.
- Government targets are to reduce the rate of teenage conceptions amongst under 18s by 50% by 2010 and an interim target of 15% by 2004. This would mean a reduction of 6 in Hart and 10 in Rushmoor by 2004 and a further 13 in Hart and 22 in Rushmoor by 2010.

## Number of Terminations during 2001/02

The chart below shows the number of terminations carried out during the financial year of 2001/02.

Source: Marie Stopes International, CDS Inpatients



### Warning:

The above data includes the women registered with the GP Practices of Blackwater Valley and Hart PCT.

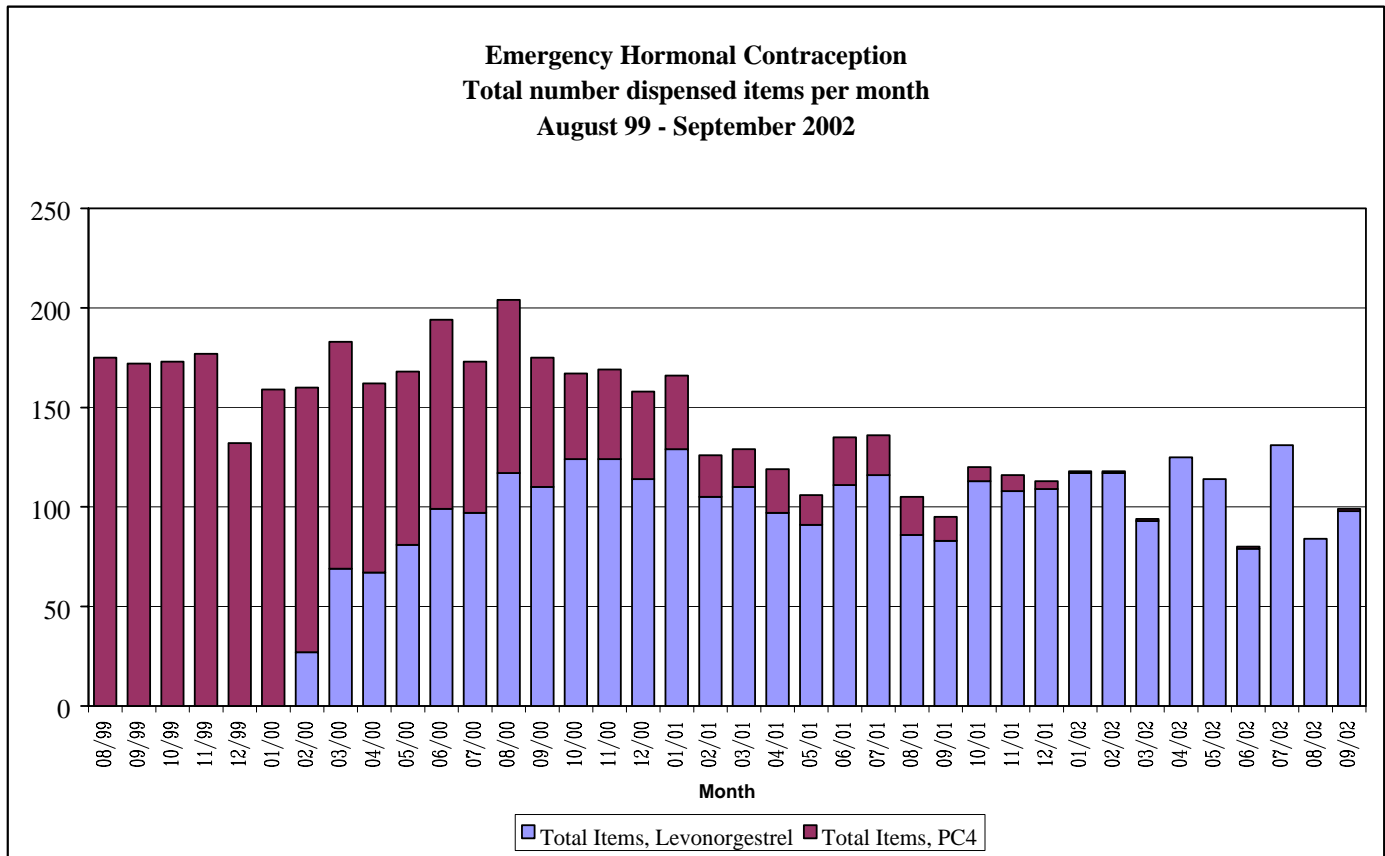
### Comments:

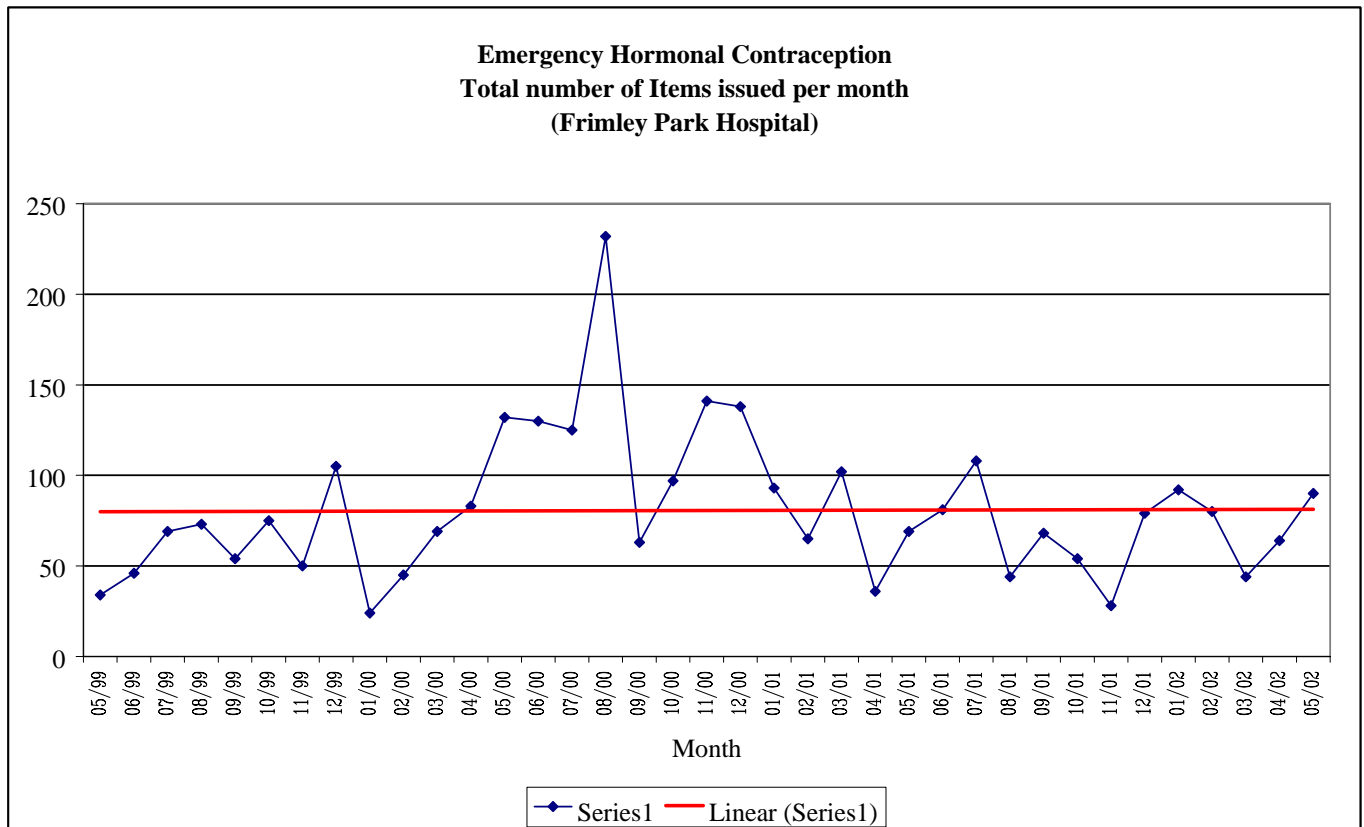
- There were 431 abortions carried out during the year. 75% of these were carried out at Marie Stopes International Hospital.
- 13-15 year olds accounted for 3.4% of the total number of abortions.
- 16-17 year olds accounted for 8% of the total number of abortions.

## Emergency Contraception

The following charts show the number of emergency contraception dispensed per month (the morning after pill) and the number of items issued by Frimley Park Hospital. Levonelle-2 (Levonorgestrel) came on the market in February 2000. It is the first progestogen-only oral preparation to be licensed for use as an emergency contraceptive in the UK.

Source: UK Drug Information Pharmacists Group, Personal correspondence North & Mid Hampshire Local Pharmaceutical Committee, Frimley Park Hospital Pharmacy Dept.



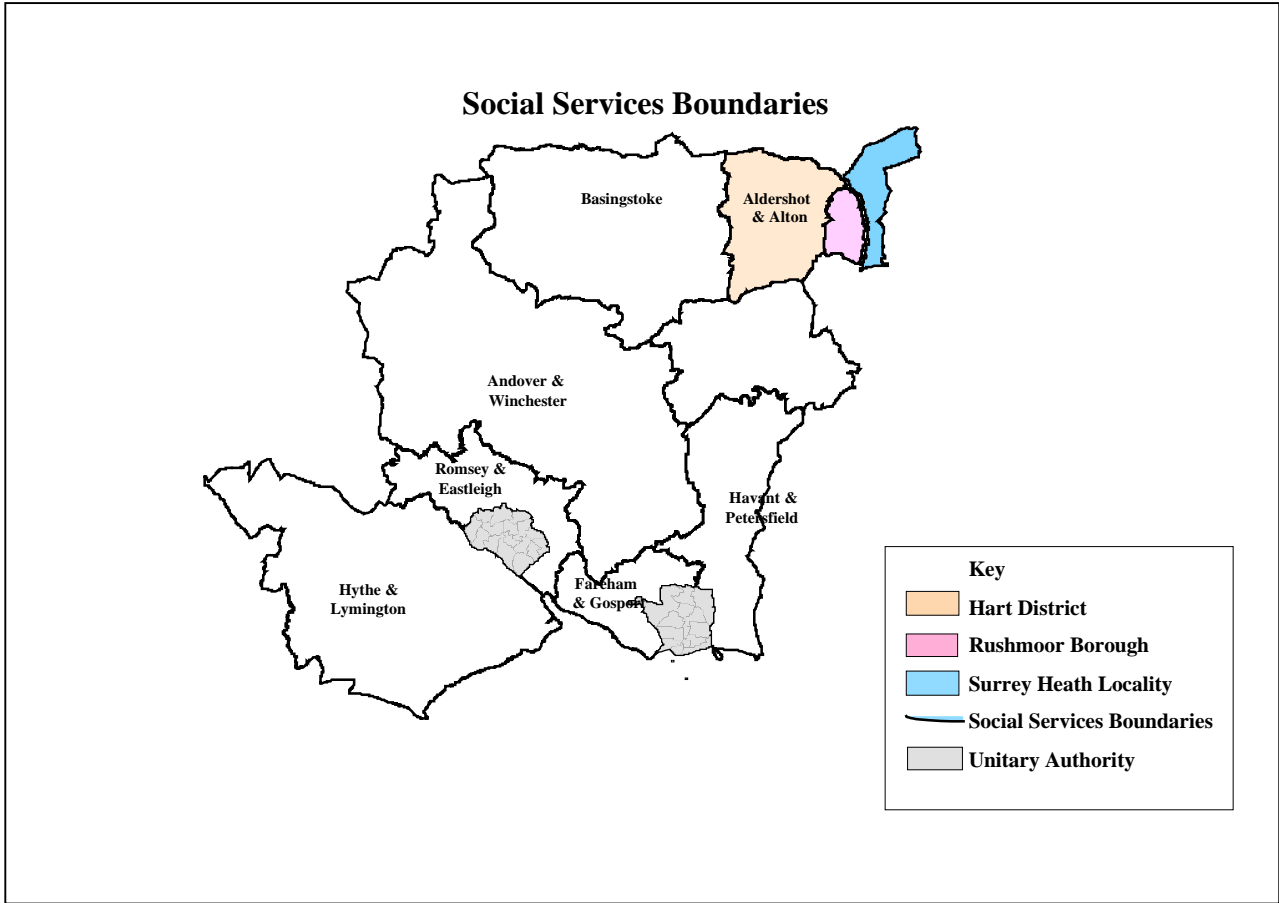


**Warning:**  
The commonly used term, the morning after pill is misleading as emergency contraception can be used up to 72 hours after sexual intercourse.

- Comments:**
- Levonelle-2 is more expensive than Schering PC4. However it is suggested that the improved reliability and tolerability, and potentially improved compliance may offset this cost and the cost to the NHS of pregnancy.
  - The lack of an oestrogen component in Levonelle-2 results in fewer restrictions and contraindications to its use, therefore making oral emergency contraception more accessible to a larger number of women for whom previously this method was not advised (e.g. those with cardiovascular complications). Nausea and vomiting is also significantly reduced improving compliance.
  - Levonelle attained a non-prescription status in January 2001. It is the first postcoital preparation available without a prescription, and has superseded PC4.
  - Local anecdotal evidence from Community Pharmacies suggests that over the counter purchase is more common in older age groups rather than teenagers. The cost at £20 may be deterring young people from its use. It is recommended that subsidy could be introduced for young people.
  - The overall trend in supply of EHC from Frimley Park Hospital is linear. That is after an initial increase in use when it was introduced with substantial publicity the usage has dropped back. We would have wanted to see an increase in usage.
  - It is recommended that the PCT explore the use of Intra-Uterine Contraceptive Device (IUCD), commonly known as the coil, for emergency contraception and insertion following abortion.
  - It is recommended to consider providing free emergency contraception from community pharmacies.

# Social Services Data

The map below shows the geographical boundaries used by Social Services and how these relate to the three localities in this report.



Reproduced from Boundary-Line by permission of Ordnance Survey on behalf of The Controller of Her Majesty's Stationery Office. Crown copyright. All rights reserved.

## Physically Disabled Clients

The tables below show the numbers of people on the Hampshire Social Services Physically Disabled Register and those counted but not on the register. It shows the Aldershot/Alton area compared to the whole of Hampshire. The figures are split by type of disability.

Source: Hampshire Social Services Client System

### Number of Physically Disabled Clients (Registered)

Type of disability	Aldershot /Alton	%	Hampshire	%
<b>Total Clients</b>	<b>4279</b>		<b>25528</b>	
Blind	505	12	3046	12
Part Sighted	474	11	2889	11
Deaf with Speech	158	4	951	4
Deaf without Speech	34	1	319	1
Hard of Hearing	429	10	4383	17
Physically Very Severe	128	3	978	4
Physically Apprec	2030	47	10443	41
Physically Other	575	13	2531	10
Unclassified	89	2	726	3

### Number of Physical Disabled Clients (Not Registered)

Area	Total	%	Total	%
<b>Total Clients</b>	<b>1553</b>		<b>10780</b>	
Blind	18	1	112	1
Part Sighted	35	2	158	1
Deaf with Speech	2	0	99	1
Deaf without Speech	4	0	35	0
Hard of Hearing	54	3	599	6
Phys Very Severe	38	2	137	1
Phys Apprec	112	7	3760	35
Phys Other	26	2	486	5
Unclassified	1255	81	5354	50

#### Warning:

The table double counts clients registering with more than one disability.

#### Comments:

- 50% of people in Aldershot and Alton registered as disabled are classified as having a very severe or appreciable physical disability. This is a higher percentage than Hampshire as a whole.

**Numbers of New Registrations of Children with Disabilities,  
By Presenting Problem and Authority  
Between 01-Jan-2001 and 31-Dec-2001**

<b>Presenting Problem</b>	<b>Number of New Registrations:</b>		
	<b>Hampshire</b>	<b>Portsmouth</b>	<b>All authorities</b>
<b>Visual Impairment</b>	<b>23</b>	<b>4</b>	<b>27</b>
Blind	14	2	16
Partially sighted	9	2	11
<b>Hearing Impairment</b>	<b>17</b>	<b>13</b>	<b>30</b>
Deaf with speech	5	6	11
Deaf without speech	0	2	2
Hard of hearing	12	5	17
<b>Physical Categories</b>	<b>61</b>	<b>13</b>	<b>74</b>
Physical	45	9	54
Physical severe	16	4	20
Physical other	0	0	0
<b>Learning Difficulties</b>	<b>42</b>	<b>30</b>	<b>72</b>
Learning Difficulties	23	15	38
Severe learning difficulties	19	15	34
<b>Mental Health</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>Unclassified</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total number of disabilities</b>	<b>143</b>	<b>61</b>	<b>204</b>

<b>Presenting Problem</b>	<b>Percentage of New Registrations:</b>		
	<b>Hampshire</b>	<b>Portsmouth</b>	<b>All authorities</b>
<b>Visual Impairment</b>	<b>16.1</b>	<b>6.6</b>	<b>13.2</b>
Blind	9.8	3.3	7.8
Partially sighted	6.3	3.3	5.4
<b>Hearing Impairment</b>	<b>11.9</b>	<b>21.3</b>	<b>14.7</b>
Deaf with speech	3.5	9.8	5.4
Deaf without speech	0.0	3.3	1.0
Hard of hearing	8.4	8.2	8.3
<b>Physical Categories</b>	<b>42.7</b>	<b>21.3</b>	<b>36.3</b>
Physical	31.5	14.8	26.5
Physical severe	11.2	6.6	9.8
Physical other	0.0	0.0	0.0
<b>Learning Difficulties</b>	<b>29.4</b>	<b>49.2</b>	<b>35.3</b>
Learning Difficulties	16.1	24.6	18.6
Severe learning difficulties	13.3	24.6	16.7
<b>Mental Health</b>	<b>0.0</b>	<b>1.6</b>	<b>0.5</b>
<b>Unclassified</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Total number of disabilities</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Warning:**

The table double counts children registering with more than one disability

**Comments:**

- The learning difficulties data can be used to project number of people requiring adult support year on year.

## Looked After Children

The following table shows the numbers of Looked After Children (LAC) as at 30th September 2002 by Hampshire County Council Social Service Area.

Source: Hampshire County Council Social Services QP MAP Sep 2002

Looked After Children by Social Service Area as at 30 <sup>th</sup> September 2002.			
Social Service Area	All LAC as at Sep 2002	LAC aged 10+ years as at Sep 2002	LAC aged < 10 years as at Sep 2002
Aldershot / Alton	159	85	74
Basingstoke	141	71	70
Eastleigh / Romsey	54	27	27
Fareham / Gosport	139	85	54
Havant / Petersfield	180	76	104
New Forest	100	46	54
Winchester / Andover	141	71	70
Other	3	2	1
Total Looked After Children All SS Areas	917	463	454

### Warning:

Only data concerning Hampshire County Council Social Services Looked After Children is shown in the above table, Portsmouth and Southampton Unitary City Council's LAC data is not included. The figures shown in the above table is that data that was available as at 30<sup>th</sup> September 2002 from the Hampshire County Council Social Services System (HCCSSS) and submitted for the QP MAP 2002. Any further information drawn from the HCC SSS will be similar to but not the same as that data submitted for the QP MAP.

### Comments:

- A quarter of looked after young women had a child by the age of 16 and nearly half are mothers within 18-24 months of leaving care. Looked after young women are more at risk from some of the vulnerabilities and/or risk factors associated with teenage pregnancy. Source : Guidance for field and social workers, residential social workers and foster carers on providing information and referring young people to contraceptive and sexual health services. DOH

## Child Protection Register

The following table shows the numbers of children on the Child Protection Register (CPR) covering the years from 1995 to 2002 split by quarter.

Source: Hampshire County Council Social Services

Year	Quarter	Area								Total
		Alton/ Aldershot	Basing-stoke	Eastleigh /Romsey	Fareham/ Gosport	Havant/ Petersfield	New Forest	Other	Winchester /Andover	
1995	2	37	35	19	36	69	20	0	41	259
	3	46	46	29	29	66	25	3	38	282
	4	67	44	32	36	69	39	2	33	322
	<i>average</i>	<i>50</i>	<i>42</i>	<i>27</i>	<i>34</i>	<i>68</i>	<i>28</i>	<i>2</i>	<i>37</i>	<i>287</i>
1996	1	64	39	33	43	79	32	0	29	319
	2	58	40	32	40	71	36	0	42	319
	3	56	26	27	51	67	30	0	47	304
	4	53	29	28	55	74	37	0	48	324
<i>average</i>	<i>58</i>	<i>34</i>	<i>30</i>	<i>47</i>	<i>73</i>	<i>34</i>	<i>0</i>	<i>42</i>	<i>317</i>	
1997	1	38	27	22	44	80	36	0	33	280
	2	47	20	27	41	97	45	6	45	328
	3	55	30	26	36	89	56	0	69	361
	4	66	34	28	32	110	47	0	61	378
<i>average</i>	<i>52</i>	<i>28</i>	<i>26</i>	<i>38</i>	<i>94</i>	<i>46</i>	<i>2</i>	<i>52</i>	<i>337</i>	
1998	1	74	42	24	42	101	51	0	41	375
	2	63	27	23	53	106	51	0	32	355
	3	68	30	34	69	85	35	0	46	367
	4	61	35	27	81	79	30	0	51	364
<i>average</i>	<i>67</i>	<i>34</i>	<i>27</i>	<i>61</i>	<i>93</i>	<i>42</i>	<i>0</i>	<i>43</i>	<i>365</i>	
1999	1	72	32	30	72	97	42	0	48	393
	2	66	39	25	68	84	33	0	51	366
	3	85	49	21	63	70	41	0	63	392
	4	88	51	30	74	93	43	0	62	441
<i>average</i>	<i>78</i>	<i>43</i>	<i>27</i>	<i>69</i>	<i>86</i>	<i>40</i>	<i>0</i>	<i>56</i>	<i>398</i>	
2000	1	103	90	22	67	81	47	0	55	465
	2	106	92	25	83	85	37	0	58	486
	3	82	87	28	84	75	24	0	68	448
	4	64	86	24	81	72	17	0	50	394
<i>average</i>	<i>89</i>	<i>89</i>	<i>25</i>	<i>79</i>	<i>78</i>	<i>31</i>	<i>0</i>	<i>58</i>	<i>448</i>	
2001	1	77	88	35	73	61	41	0	57	432
	2	85	77	33	82	63	45	0	46	431
	3	80	66	27	72	74	38	0	65	422
	4	76	54	30	71	75	38	0	63	407
<i>average</i>	<i>80</i>	<i>71</i>	<i>31</i>	<i>75</i>	<i>68</i>	<i>41</i>	<i>0</i>	<i>58</i>	<i>423</i>	
2002	1	68	55	35	65	87	33	0	64	407
	2	75	64	21	31	85	19	1	51	347
	3	61	72	19	26	111	31	1	58	379
<i>average</i>	<i>68</i>	<i>64</i>	<i>25</i>	<i>41</i>	<i>94</i>	<i>28</i>	<i>1</i>	<i>58</i>	<i>378</i>	

### Warning:

Only data concerning Hampshire County Council Social Services CPR data is shown in the above table, Portsmouth and Southampton Unitary City Council's CPR data is not included.

The figures shown in the above table is that data that was available as at the end of financial Q3/2002 from the Hampshire County Council Social Services System (HCC SSS). Any further information drawn from the HCC SSS will be similar to but not the same as that data submitted for the above table.

### Comments:

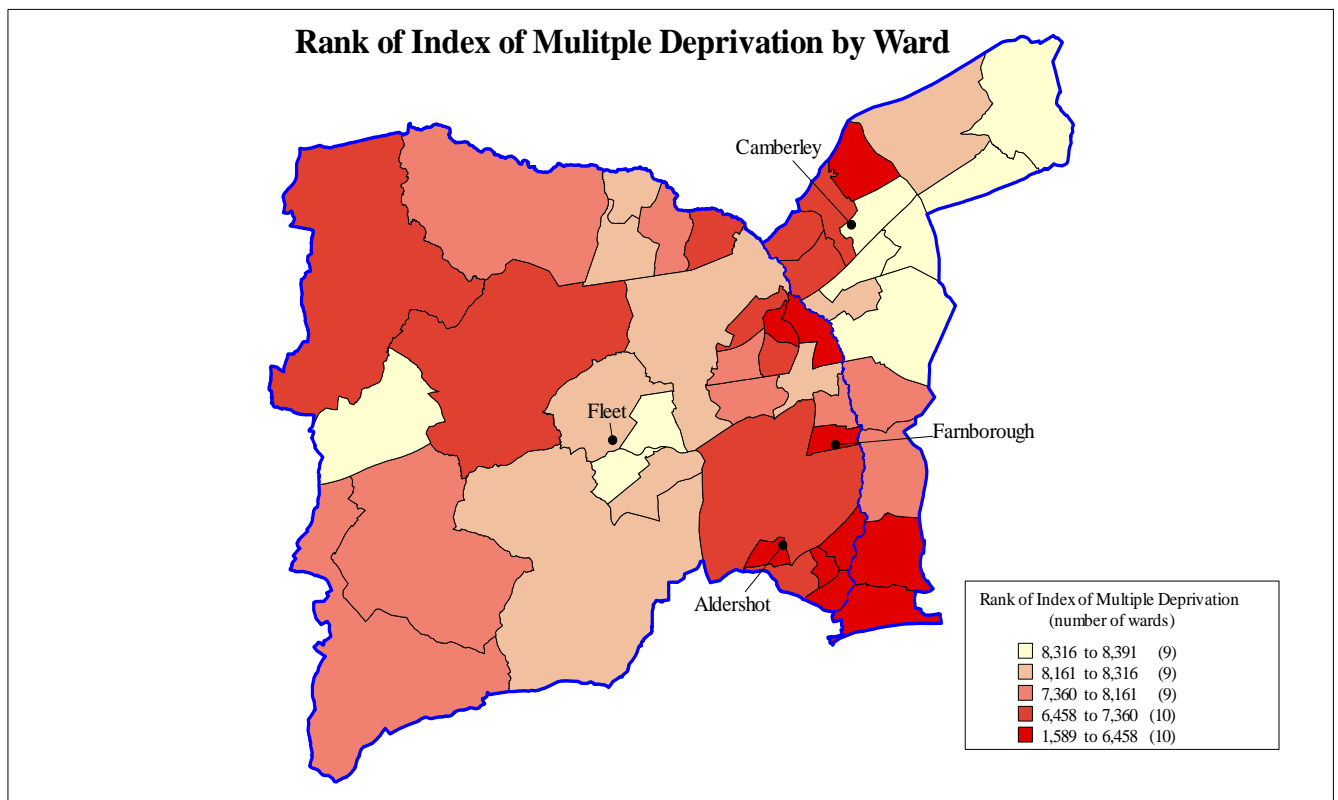
- The numbers on the CPR for HCC SS show an increasing trend until the end of Q4 / 2000. There has been a decline in these numbers from Q1 / 2001 until the end of Q3 / 2002.
- It is recommended that the rates for each area are ascertained to determine whether those for Blackwater Valley and Hart are high or low in comparison to other areas.

## Indices of Deprivation

In 1999 The Department of Transport, Environment and The Regions (DETR) commissioned Oxford University to review and update the 1998 Index of Local Deprivation. The new Index of Multiple Deprivation 2000 is a detailed ward level index. The index is based on the premise that multiple deprivation (IMD) is made up of the separate dimensions, or 'domains' of deprivation; the IMD includes six domains of deprivation:

- Income
- Employment
- Health Deprivation and Disability
- Education Skills and Training
- Housing
- Geographical Access to Services

In addition data is presented in a supplementary Child Poverty Index (based on the Income domain).



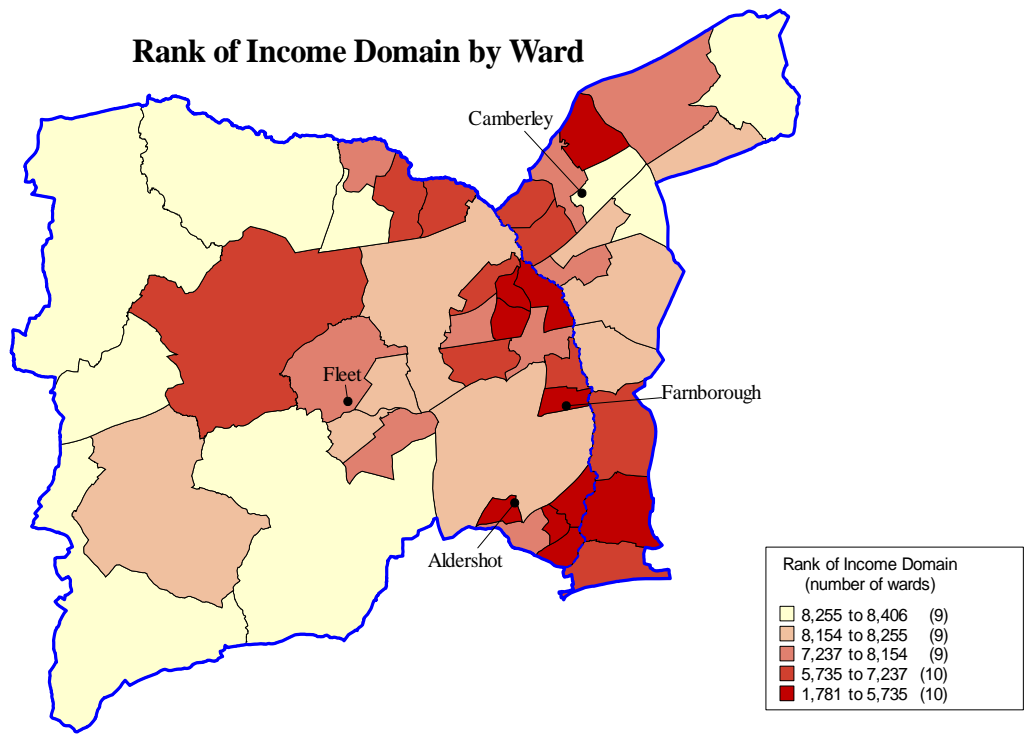
Reproduced from Boundary-Line by permission of Ordnance Survey on behalf of The Controller of Her Majesty's Stationery Office. Crown copyright. All rights reserved.

## Levels of Deprivation

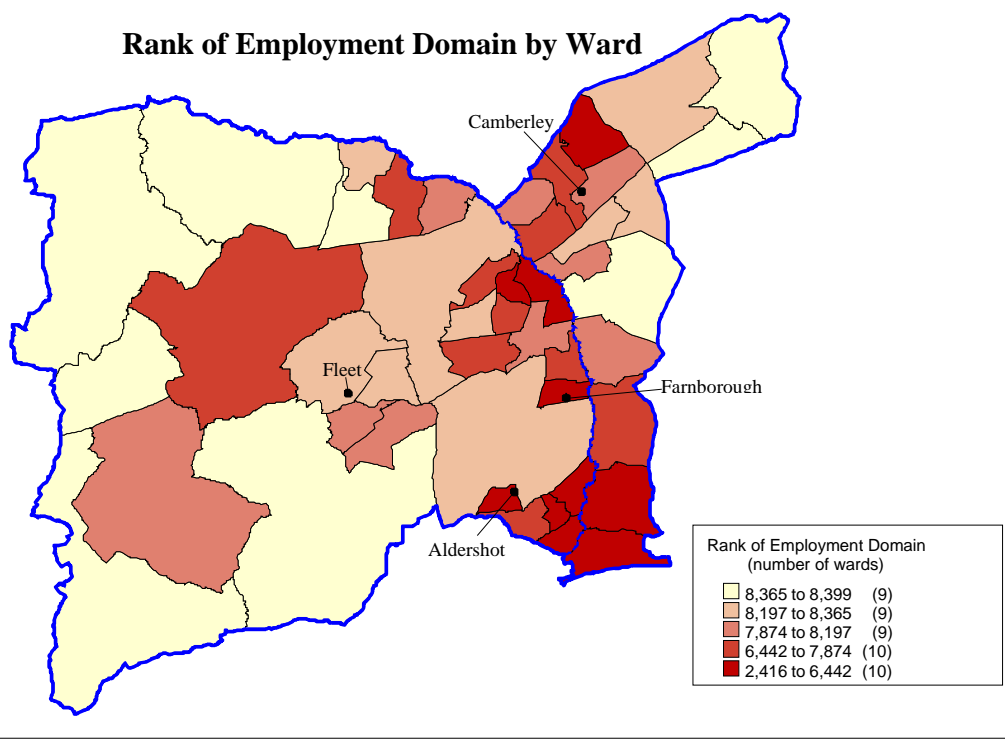
Source: Department of the Environment, Transport and the Regions, Indices of Deprivation 2000. The Index has been constructed by the Index Team at Oxford University.

	Rank of Index of Multiple Deprivation	Rank of Income	Rank of Employment	Rank of Health	Rank of Education	Rank of Housing	Rank of Access	Rank of Child Poverty Index
<b>HART</b>								
Church Crookham	8288	8098	7973	7982	6521	8105	3746	8120
Crandall	8249	8383	8398	8393	7804	7368	1987	8246
Eversley	7974	8270	8392	8321	7416	7152	1200	7020
Fleet Courtmoor	8365	8170	8191	8267	8131	7327	3339	7438
Fleet Pondtail	8383	8232	8315	8327	7686	7148	4140	7932
Fleet West	8277	7722	8259	8248	8329	6479	3046	7151
Frogmore and Darby Green	7356	6842	8172	8299	2796	3702	7287	4819
Hartley Wintney	7031	6871	7119	7584	6858	4680	1589	5755
Hawley	8290	8176	8316	8303	8105	5669	3207	7373
Hook	8316	8275	8368	8371	6141	7605	3789	8113
Long Sutton	7360	8352	8385	8366	8326	5981	424	8182
Odiham	7926	8175	7969	7939	5601	5192	2995	7659
Whitewater	7191	8406	8399	8370	7854	8178	233	8201
Yateley East	7794	6672	7735	7345	6331	4504	4618	6163
Yateley North	8194	7324	8290	8250	7627	5967	3310	6073
Yateley West	8260	8327	8376	8352	7497	5801	2925	8094
<b>RUSHMOOR</b>								
Alexandra	3456	4910	4035	3656	2273	644	6663	4220
Belle Vue	3233	2383	4477	4026	1728	2280	7096	2503
Cove	7448	5989	7444	7112	5395	3840	6578	5589
Empress	8200	7415	8136	8296	7187	3200	6876	6372
Fernhill	7185	6242	7362	6955	4934	4172	4829	5638
Grange	4494	3433	6041	6089	2397	2898	5020	2666
Heron Wood	1589	1781	2416	1388	1385	1255	3478	1397
Knellwood	7560	6953	7511	6586	7449	4402	3045	6850
Manor	6600	7353	7176	5942	3468	3129	4610	7557
Mayfield	2684	2083	4206	4532	1440	1081	6603	2066
Newport	4680	5658	6203	6217	2045	962	6335	5549
Queens	7119	8223	8314	8345	2119	2454	7298	6754
St. Johns	8058	7581	8231	8175	5062	5365	4617	6308
St. Marks	5830	5621	5950	4819	6061	1375	7247	5141
Westheath	6458	5599	7079	7097	3664	2425	7221	4258
<b>SURREY HEATH</b>								
Ash	4601	4679	5723	5058	2643	2212	4762	4320
Ash Vale	7671	6902	7576	7090	6644	5444	3023	6255
Bagshot	8254	7433	8197	8309	7488	4256	5529	6501
Bisley	8367	7989	8264	8190	7838	8375	3316	7435
Chobham	7432	6540	8046	7809	6927	3348	2901	5600
Frimley	8161	7340	7874	7701	6935	5626	4588	7219
Frimley Green	8360	8174	8384	8344	7015	7424	3744	8051
Heatherside	8391	8338	8342	8341	8149	7974	3647	8070
Lightwater	8343	8194	8381	8372	7910	6984	3093	7965
Mytchett	7977	8154	8077	8008	6533	5170	2516	7899
Old Dean	3969	2790	5633	5380	3106	1556	5703	2651
Parkside	8372	8235	8245	8255	7595	6957	3972	7951
St. Michaels	6696	5735	7966	8150	5874	1277	4982	3265
St. Pauls	8333	8255	7949	8154	7608	8405	3102	8372
Tongham	5065	5847	5733	5697	4465	1596	2830	4483
Town	6648	7237	6442	6427	7831	1231	4270	6906
Watchetts	7115	6097	7189	6669	5370	3514	5513	5317
West End	8263	8177	8360	8289	7958	7709	2138	8158
Windlesham	8323	8362	8365	8386	8006	8411	2271	8349

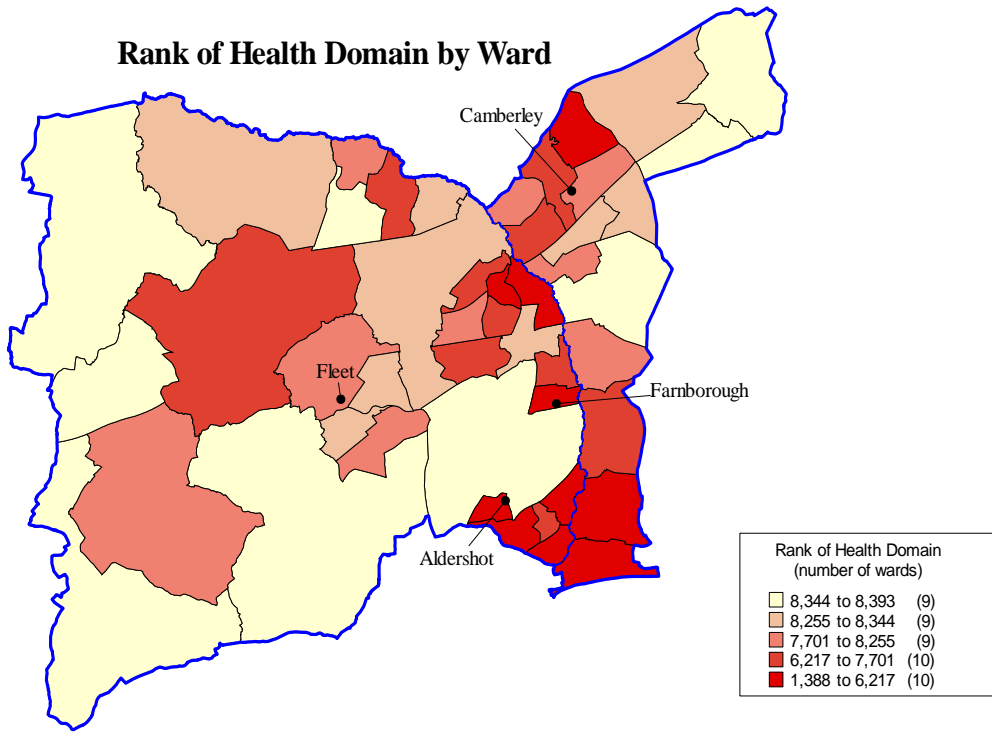
### Rank of Income Domain by Ward



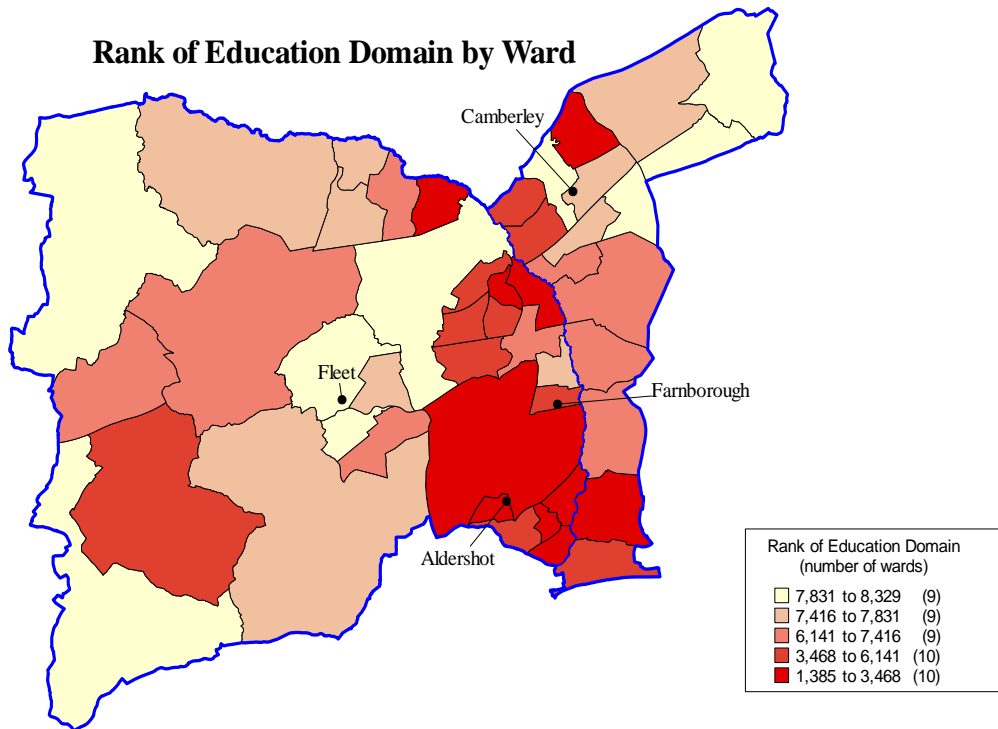
### Rank of Employment Domain by Ward



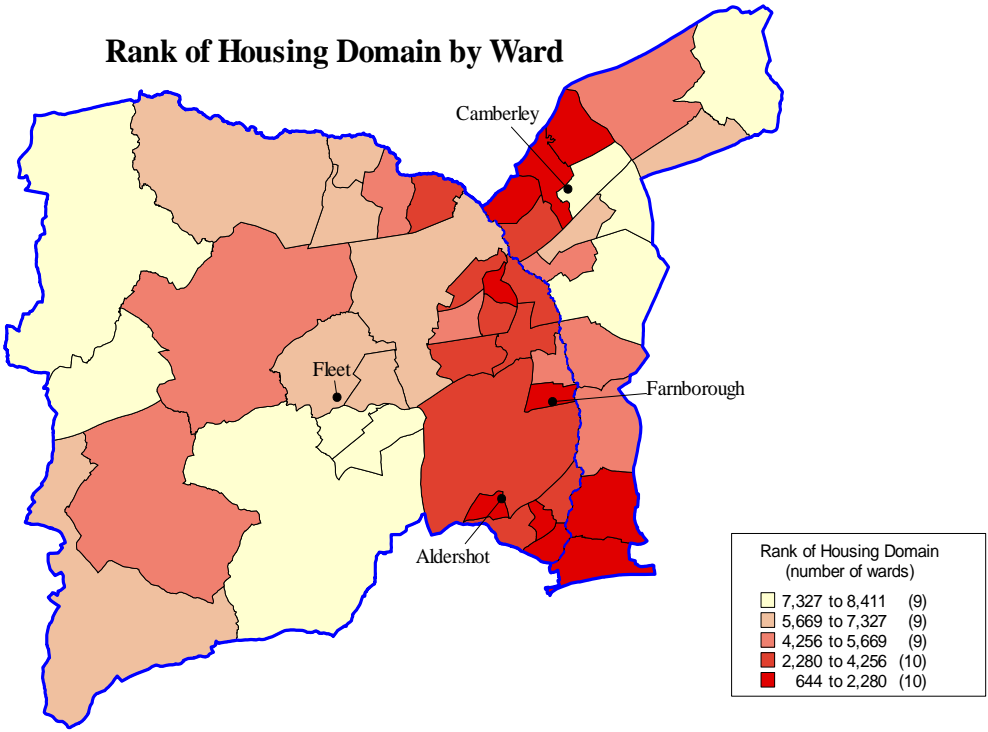
### Rank of Health Domain by Ward



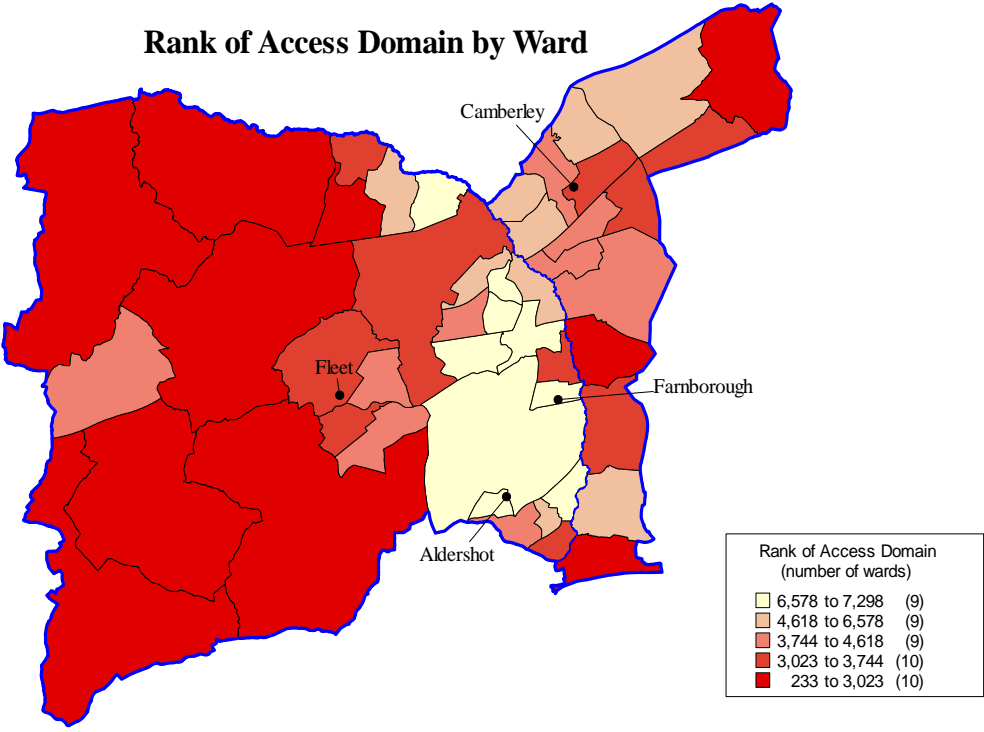
### Rank of Education Domain by Ward

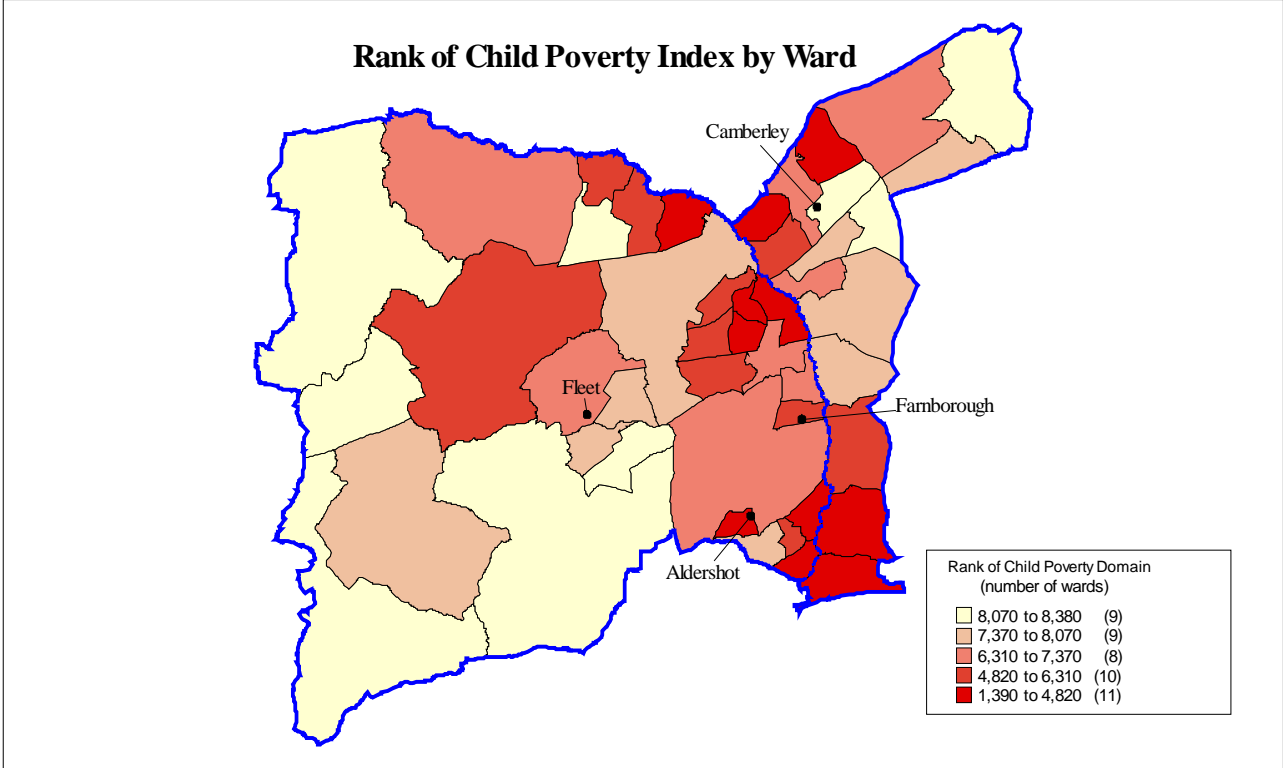


### Rank of Housing Domain by Ward



### Rank of Access Domain by Ward





**Comments:**

- The area is one of relative affluence within England.
- The map of IMD shows the most deprived areas in this locality are Heron Wood, Newport, Belle Vue, Alexandra, St Marks, Grange and Mayfield and most deprived in Surrey Heath are Ash, Ashvale and Tongham.
- The map of the child poverty index shows Frogmore Darby Green, Mayfield, Westheath, Grange and Alexandra wards as the most deprived in this domain in Hampshire and Ash, Old Dean, Tongham, and St Michaels in Surrey Heath
- The map of access to services is almost a negative image of the other domains, with rural areas suffering from poor access to services across Hart
- The map of educational achievement adds Yateley North and Queens wards to the most deprived in this domain.
- The map of health adds Manor ward to the most deprived in this domain.
- The map of income adds Westheath to the most deprived in this domain.
- The map of housing adds 2 areas in Surrey Heath: St Michaels and Old Dean.

## People Claiming Benefits

### Attendance Allowance & Disability Living Allowance

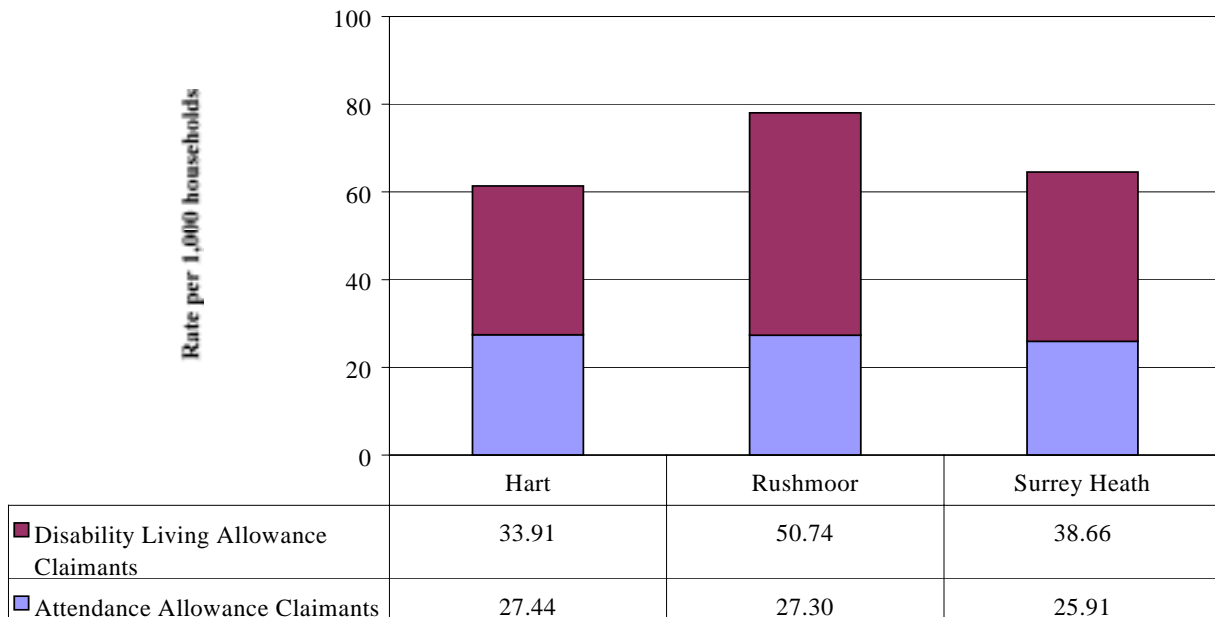
Attendance Allowance (introduced 6 December 1971) is a benefit for people over the age of 65 who are so severely disabled, physically or mentally that they need a great deal of help with personal care or supervision. They could need either frequent attention coping with their bodily functions or continual supervision to stop them hurting themselves or others. This could be either during the day or at night. If they need help both night and day they get a higher rate of benefit. People who have a terminal illness, and are unlikely to live longer than 6 months can claim Accident Allowance under the 'special rules' provisions. This means that they will automatically receive the higher rate of Attendance Allowance even if they have no care or supervision needs and without the need to satisfy the normal 6-month qualifying criteria.

Disability Living Allowance (introduced 1 April 1992) is a benefit for people who become disabled before the age of 65. It replaced and extended Attendance Allowance and Mobility Allowance. People who could not qualify for Mobility Allowance or Attendance Allowance can get the lower rates of Disability Living Allowance. Disability Living Allowance is payable to people who are disabled and need help with personal care, getting around or both. It consists of two components and claimants may receive both:

- The care component for people who need help with personal care
- The mobility component for people who need help with getting around

Source: Office for National Statistics via neighbourhood statistics website.

**Attendance Allowance and Disability Living Allowance Claimants as at May 1999**



#### Comments:

- As expected Rushmoor has a higher rate of claimants for Disability Living Allowance but as there are less people over the age of 65 the attendance allowance claimants are similar to Hart and Surrey Heath.

## Incapacity Benefit Claimants

Incapacity Benefit replaced Sickness Benefit and Invalidity Benefit from 13 April 1995. It is paid to people who are assessed as being incapable of work and who meet the same contribution conditions as for Sickness Benefit. The only change is that those who do not satisfy the contribution conditions do not have them treated as satisfied, if they cannot work because of an industrial accident or prescribed disease.

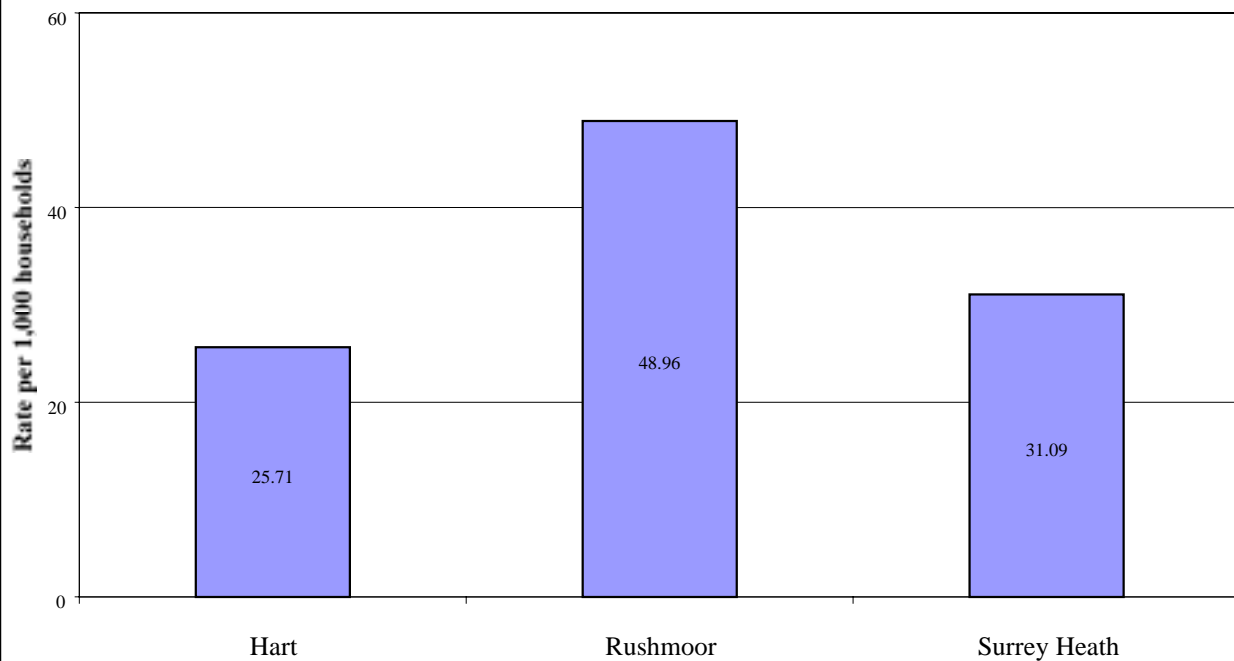
For people under state pension age there are two short-term rates: the lower rate, IBst(L), is paid for the first 28 weeks of sickness and the higher rate, IBst(H), for weeks 29 to 52. Employees receive Statutory Sick Pay (SSP) for the first 28 weeks of sickness, after which they normally move on to Incapacity Benefit. People unable to get SSP can claim Incapacity Benefit if they satisfy the contribution conditions.

The long-term rate, IBLT, of Incapacity Benefit applies to people under state pension age who have been sick for more than a year. People with a terminal illness or who are receiving the highest rate care component of Disability Living Allowance get the long-term rate from week 29.

For people over state pension age, the short-term rate of Incapacity Benefit, based on Retirement Pension entitlement, is paid for up to a year if incapacity began before pension age. The long-term rate is not paid for people over pension age.

Source: Office for National Statistics via neighbourhood statistics website.

**Incapacity Benefit Claimants as at August 1999**

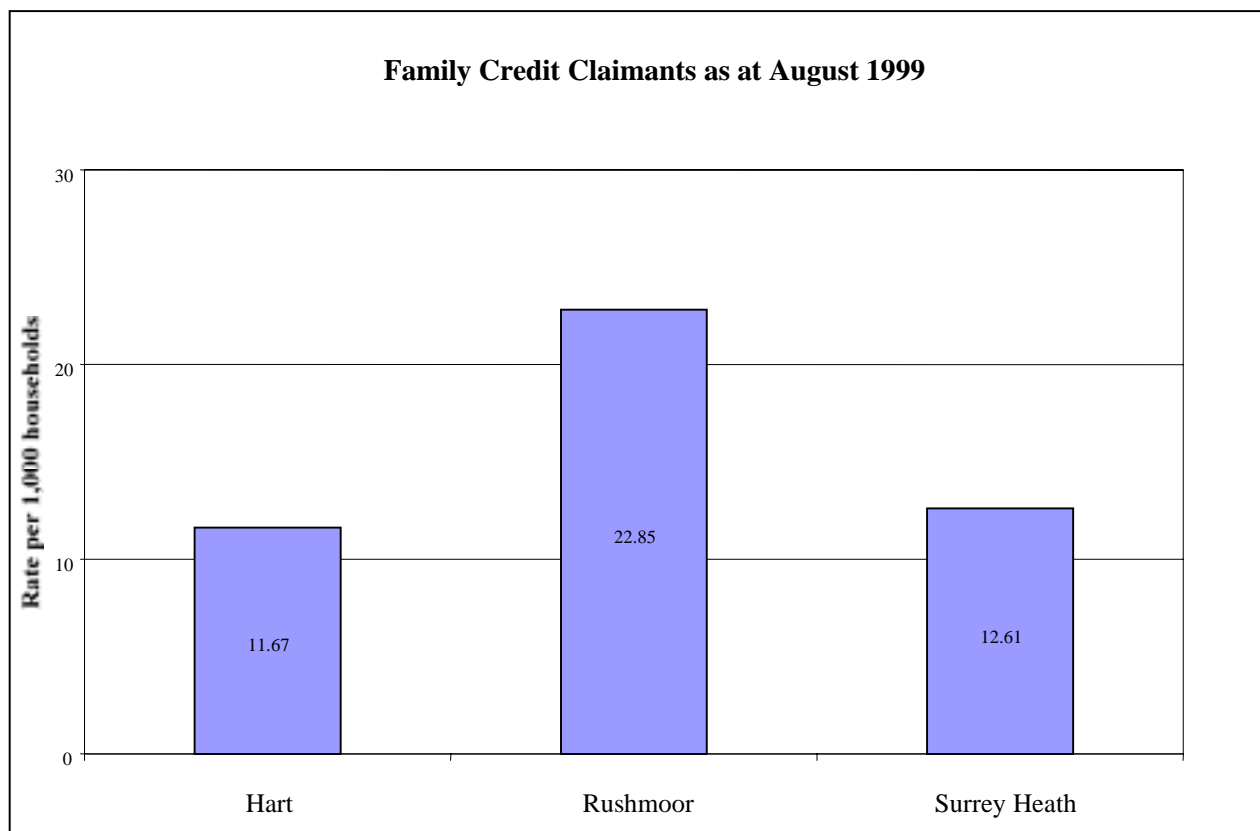


## Family Benefit Claimants

Family Credit (introduced 1 April 1988) is a weekly tax-free Social Security benefit for families of working people who are responsible for bringing up at least one child under the age of 16 (or under 19 in full-time education up to A-level or equivalent standard). Both two-parent and one-parent families can get Family Credit.

The claimant or their partner (if they have one) must be working for 16 hours or more a week. The work can be in more than one job, but the hours worked by a couple cannot be added together. Family Credit is available for families in self-employed as well as for those who are employed by somebody else. The amount of Family Credit that a working family can get depends on the number and ages of the children in the family; weekly net earnings and other income; the amount of certain childcare charges paid; and the number of hours worked. Family Credit is awarded for a fixed period of 26 weeks. Normally the amount of the award will not change during that 26 weeks, even if family circumstances, earning or savings change.

Source: Office for National Statistics via neighbourhood statistics website



## Income Support Claimants

Income Support (introduced 11 April 1998) can be paid to a person who:

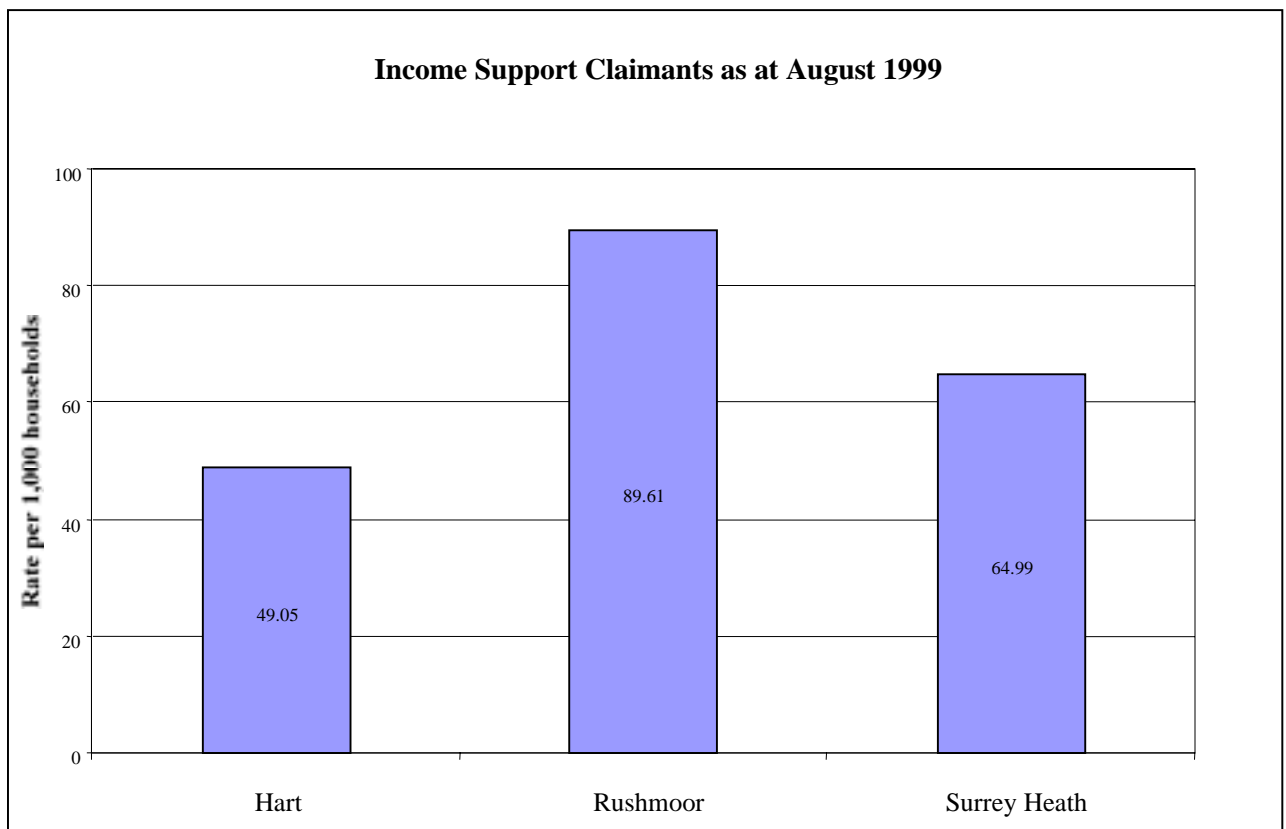
Is aged 16 or over and

- Is not working 16 or more hours a week and
- Has less money coming in than the law says they need to live on

Income Support (IS) is a non-contributory benefit. From October 1996, the Jobseeker's Allowance replaced IS for unemployed people. In general IS is now only available to people who are not required to be available for work such as pensioners, lone parents and sick and disabled people. The conditions for entitlement are in the IS regulations.

Dependant: A person who is not a Partner and whose resources and requirements are included with those of the claimant.

Source: Office for National Statistics via neighbourhood statistics website



Comments:

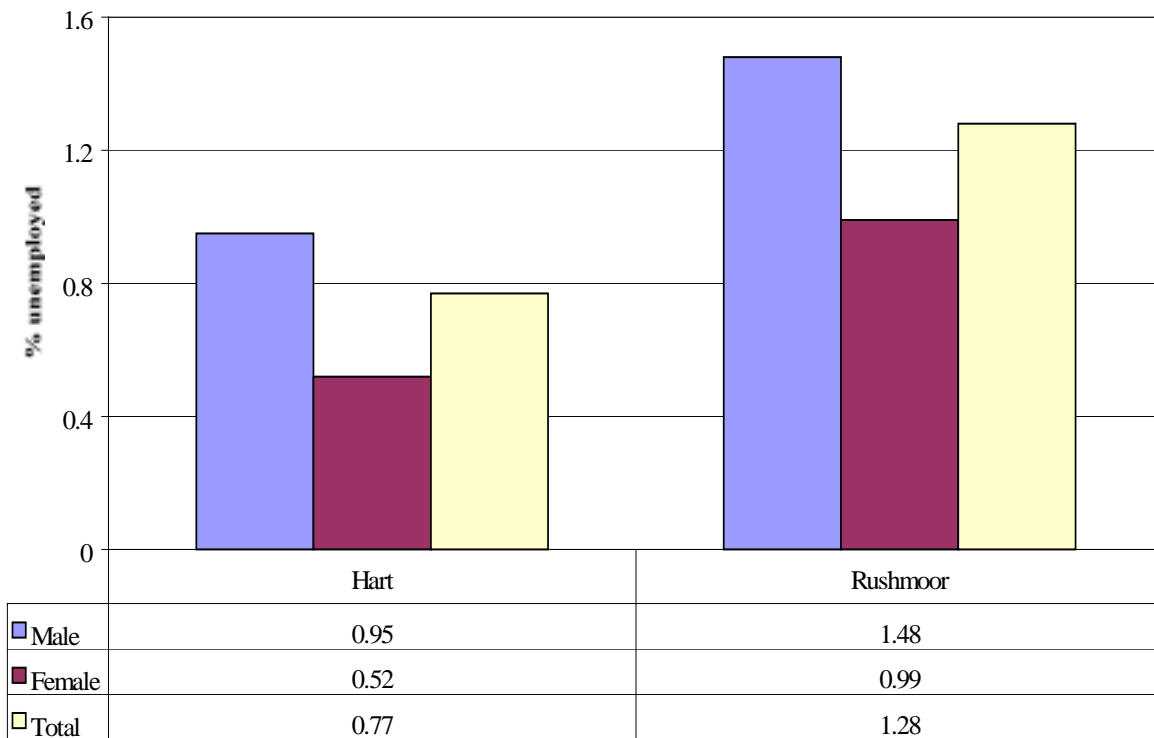
- Rushmoor is consistently showing the highest rates of claimants across family credit, income support and incapacity benefit.

## Unemployment Rate

The chart and table below show the numbers and percentage of people who are registered as unemployed as a percentage of the economically active population.

Source: Hampshire County Council

**Unemployment Rate as at September 2002**



### Comments:

- The rate of unemployment is extremely low.
- Targeted activity and incentives to improve lifestyles and uptake of services would help to reduce the health and social well being of unemployment.

The table below shows the numbers of people unemployed by electoral ward.

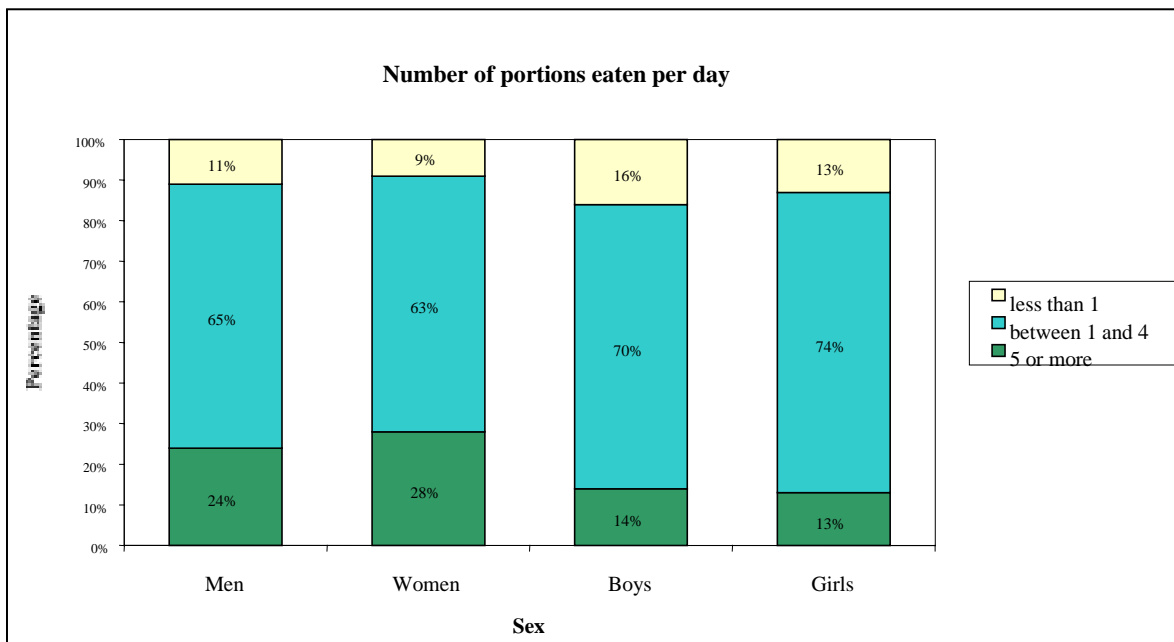
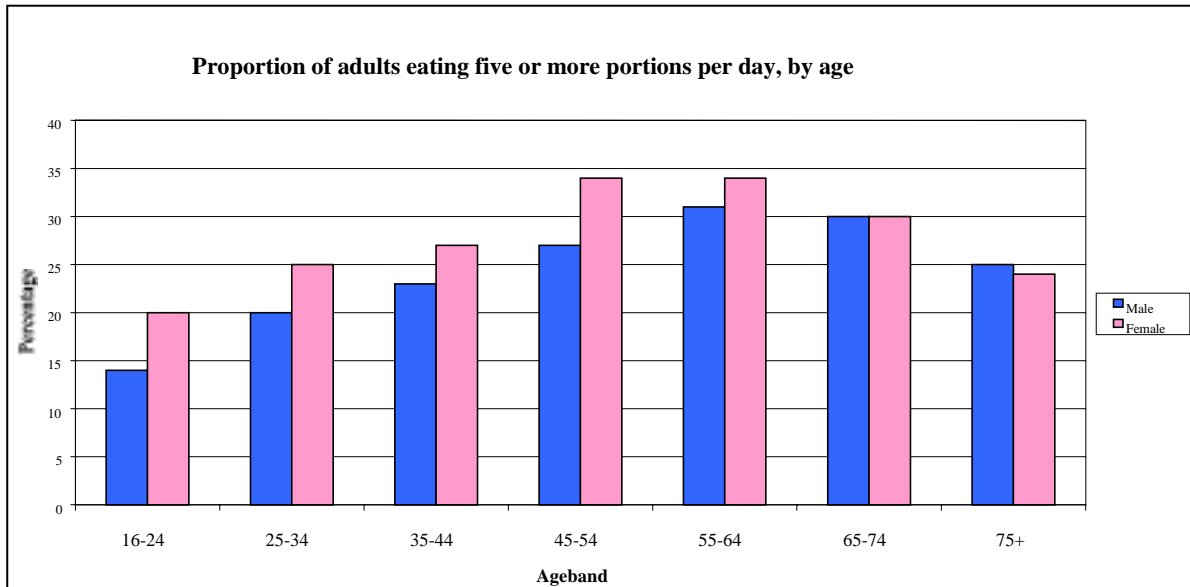
Ward Name	Males			Females			Total		
	Number unemployed	Number economically active	Rate	Number unemployed	Number economically active	Rate	Number unemployed	Number economically active	Rate
Church Crookham	36	1818	2.0%	6	1416	0.4%	42	3234	1.3%
Crondall	10	2733	0.4%	11	1418	0.8%	21	4151	0.5%
Everslev	3	540	0.6%	2	400	0.5%	5	940	0.5%
Fleet Courtmoor	17	2035	0.8%	3	1367	0.2%	20	3402	0.6%
Fleet Pondtail	19	1973	1.0%	6	1478	0.4%	25	3451	0.7%
Fleet West	29	2239	1.3%	19	1711	1.1%	48	3950	1.2%
Frogmore and Darby Green	18	1806	1.0%	6	1456	0.4%	24	3262	0.7%
Hartley Wintney	16	1607	1.0%	6	1264	0.5%	22	2871	0.8%
Hawley	16	2059	0.8%	5	1372	0.4%	21	3431	0.6%
Hook	26	2095	1.2%	10	1594	0.6%	36	3689	1.0%
Long Sutton	1	440	0.2%	2	342	0.6%	3	782	0.4%
Odiham	5	1533	0.3%	2	923	0.2%	7	2456	0.3%
Whitewater	5	475	1.1%	2	358	0.6%	7	833	0.8%
Yateley East	19	1497	1.3%	5	1075	0.5%	24	2572	0.9%
Yateley North	9	1300	0.7%	6	1016	0.6%	15	2316	0.6%
Yateley West	21	2136	1.0%	8	1684	0.5%	29	3820	0.8%
<b>Hart Total</b>	<b>250</b>	<b>26286</b>	<b>1.0%</b>	<b>99</b>	<b>18874</b>	<b>0.5%</b>	<b>349</b>	<b>45160</b>	<b>0.8%</b>
Alexandra	46	1697	2.7%	14	1406	1.0%	60	3103	1.9%
Belle Vue	31	1278	2.4%	14	1025	1.4%	45	2303	2.0%
Cove	32	2199	1.5%	13	1611	0.8%	45	3810	1.2%
Empress	18	1445	1.2%	4	1054	0.4%	22	2499	0.9%
Fernhill	25	1984	1.3%	8	1569	0.5%	33	3553	0.9%
Grange	27	1439	1.9%	18	1110	1.6%	45	2549	1.8%
Heron Wood	35	1027	3.4%	10	838	1.2%	45	1865	2.4%
Knellwood	21	1394	1.5%	2	1176	0.2%	23	2570	0.9%
Manor	35	1777	2.0%	16	1356	1.2%	51	3133	1.6%
Mayfield	33	1645	2.0%	14	1300	1.1%	47	2945	1.6%
Newport	21	1552	1.4%	18	1211	1.5%	39	2763	1.4%
Queens	36	6971	0.5%	43	2438	1.8%	79	9409	0.8%
St Johns	22	2350	0.9%	12	1757	0.7%	34	4107	0.8%
St Marks	31	1674	1.9%	8	1243	0.6%	39	2917	1.3%
Westheath	32	1604	2.0%	8	1223	0.7%	40	2827	1.4%
<b>Rushmoor Total</b>	<b>445</b>	<b>30036</b>	<b>1.5%</b>	<b>202</b>	<b>20317</b>	<b>1.0%</b>	<b>647</b>	<b>50353</b>	<b>1.3%</b>
<b>Blackwater Valley and Hart PCT Total</b>	<b>695</b>	<b>56322</b>	<b>1.2%</b>	<b>301</b>	<b>39191</b>	<b>0.8%</b>	<b>996</b>	<b>95513</b>	<b>1.0%</b>

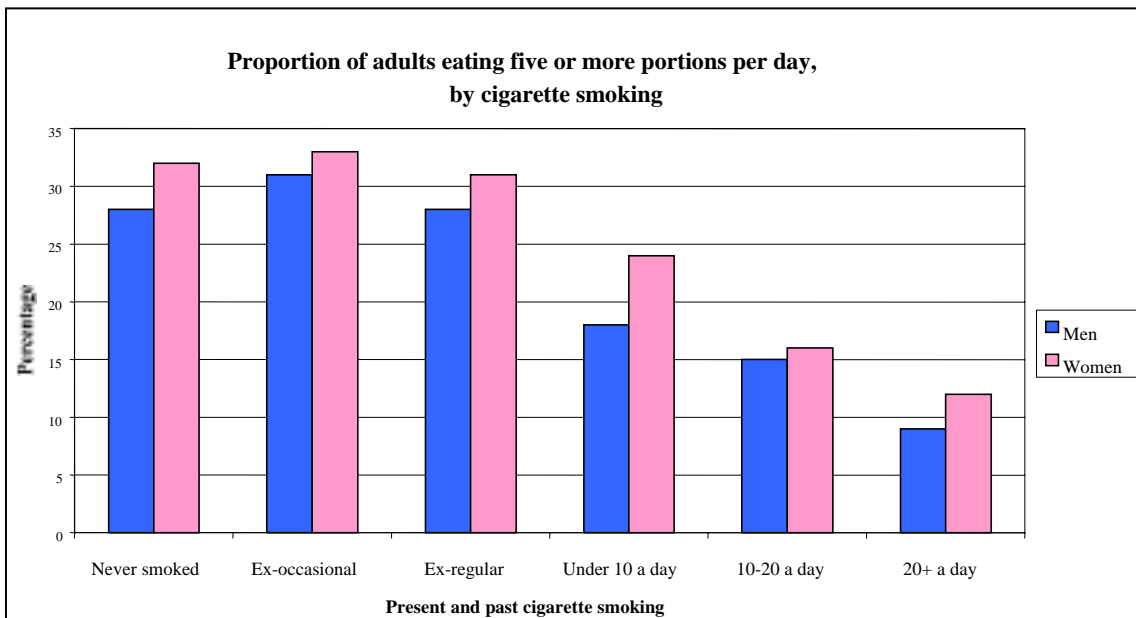
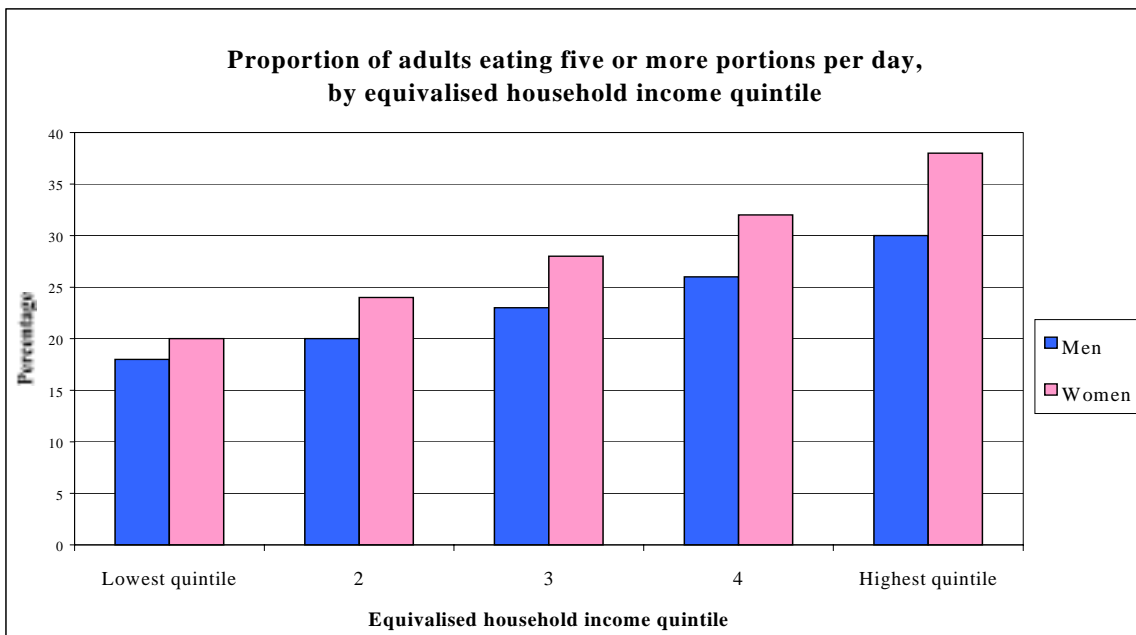
# LIFESTYLE

## Fruit and Vegetable Consumption

The following charts show the fruit and vegetable consumption for England as a whole. It is assumed the locality in this report would have a similar pattern.

Source: Health Survey for England 2001





**Warning:**  
The above charts are based on the national results of the Health Survey for England 2001. They are not available at PCT or local authority level.

- Comments:**
- Eating five or more portions of fruit and vegetables per day will substantially improve health and reduce diseases and disability of local people. Substantial and sustained effort is required to increase the present level of consumption amongst children and their parents.
  - Lower levels of consumption are found in the less affluent and amongst those who smoke.
  - Local surveys would provide a more accurate level of consumption and provide a baseline on which to base targeted programmes.

## Smoking

The following table shows the numbers of people predicted to smoke based on the pattern for England as published in the Health Survey for England 1996.

Smokers	Health Survey for England, 1996		Predicted Number in Hart		Predicted Number in Rushmoor		Predicted Number in Surrey Heath	
	% Men	% Women	Men	Women	Men	Women	Men	Women
Current cigarette smokers	28%	26%	9507	9022	10202	8892	9944	9480
Age Group								
16 – 24	35%	34%	1917	1634	2526	1804	2032	1738
25 – 34	36%	33%	2134	1865	3203	2490	2077	1891
35 – 44	31%	28%	2102	1923	2264	1861	2232	1935
45 – 54	30%	29%	1875	1848	1548	1414	1908	1917
55 – 64	22%	24%	1030	1127	831	921	1109	1219
65 – 74	21%	19%	623	591	515	551	704	667
75+	12%	11%	224	352	195	340	239	386

### Comments:

- It is recommended that more accurate local information is sought to enable targeting of areas with the highest rates.

## Smoking Cessation Services

The Smoking Cessation Service was established in October 2000 running courses and offering advice to the local population on how to quit smoking. The table below shows the number and rate of people who have accessed the Smoking Cessation Service and been given an invitation to attend a course to quit smoking. The chart shows the outcomes of the people who were offered a place on a course.

Source: Smoking Cessation Database managed by the Smoking Cessation Service of North and Mid Hampshire

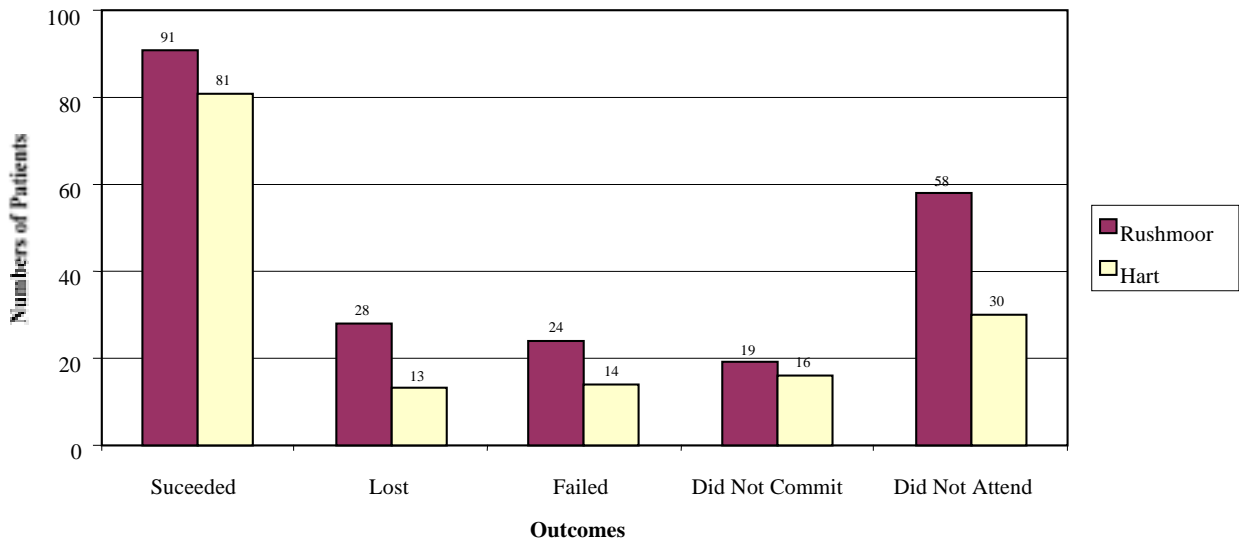
### Patients setting a quit date during 2001/02 split by ward.

Ward Name	Count	Population	Rate per 1,000
Church Crookham	15	5164	2.90
Cron dall	7	5927	1.18
Eversley	2	1339	1.49
Fleet Courtmoor	6	5495	1.09
Fleet Pondtail	7	5487	1.28
Fleet West	13	7346	1.77
Frogmore and Darby Green	17	4586	3.71
Hartley Wintney	15	4569	3.28
Hawley	16	4419	3.62
Hook	8	5419	1.48
Long Sutton	1	1075	0.93
Odiham	9	4220	2.13
Whitewater	3	1170	2.56
Yateley East	10	3952	2.53
Yateley North	15	3281	4.57
Yateley West	10	5214	1.92
<b>Hart Total</b>	<b>154</b>	<b>68663</b>	<b>2.24</b>
Alexandra	18	4582	3.93
Belle Vue	17	3556	4.78
Cove	14	5378	2.60
Empress	7	4035	1.73
Fernhill	11	4844	2.27
Grange	11	3928	2.80
Heron Wood	25	3310	7.55
Knellwood	9	4287	2.10
Manor	12	4895	2.45
Mayfield	19	4205	4.52
Newport	19	3793	5.01
Queens	12	9180	1.31
St. Johns	18	6024	2.99
St. Marks	8	4516	1.77
Westheath	20	4093	4.89
<b>Rushmoor Total</b>	<b>220</b>	<b>70626</b>	<b>3.12</b>
<b>TOTAL</b>	<b>374</b>	<b>139289</b>	<b>2.69</b>

#### Warning:

The above population figures are for those people of 16 years and over.

**Blackwater Valley and Hart PCT  
Outcomes from the Quit Smoking Service 2001/02**



**Warning:**

The above data is only available for Blackwater Valley and Hart PCT

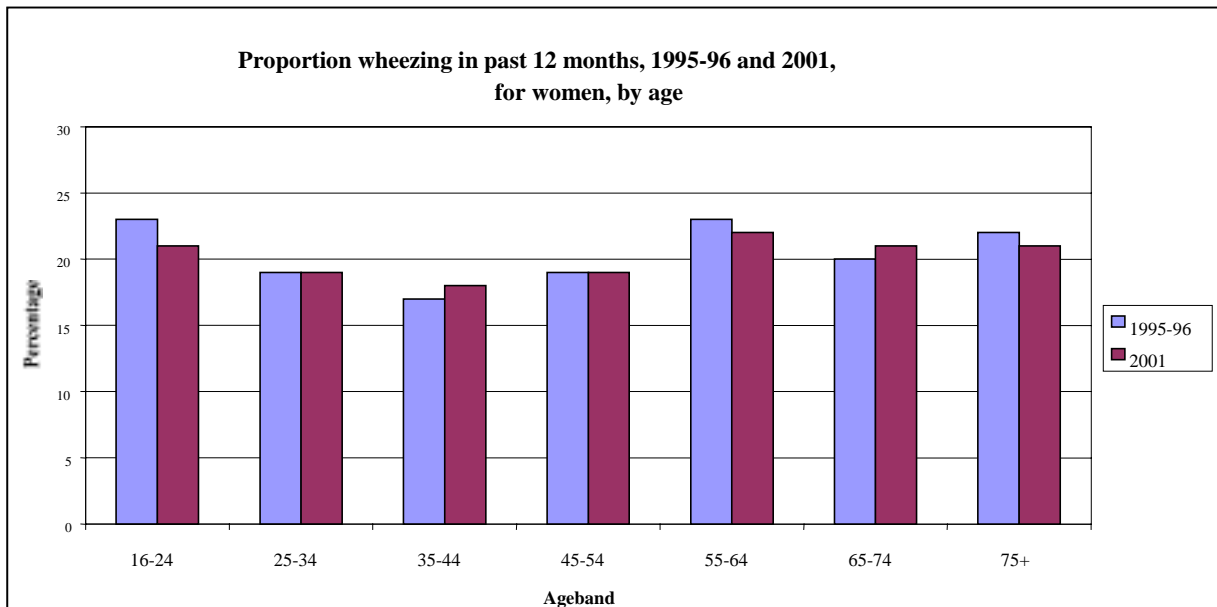
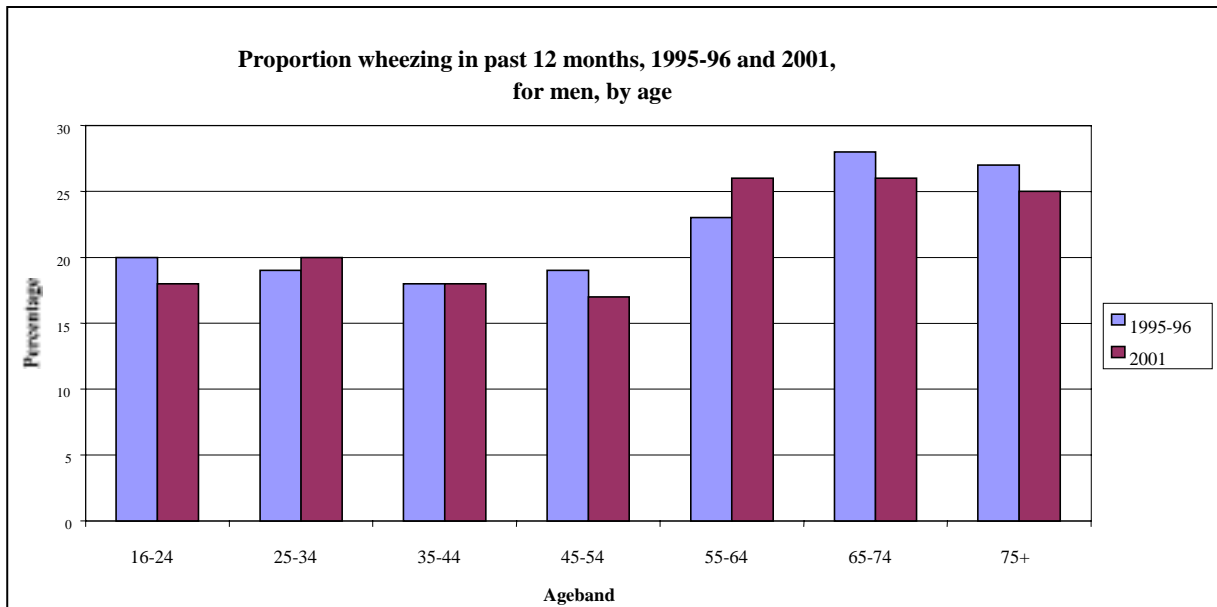
**Comments:**

- Smoking cessation and prevention services would contribute 7% of the 20% target for reduction in cancer mortality.
- The service has shown the highest quit rate per head of population in the most deprived areas of Rushmoor and Hart.
- Increased investment would bring significant gain towards achieving the cancer mortality targets.
- The above chart measures the outcome at four weeks after the person's date for quitting smoking. Success rates are calculated as a percentage of people attending the courses. Rushmoor had a success rate of 79% and Hart's was 85%.

## Adults' respiratory symptoms and atopic conditions

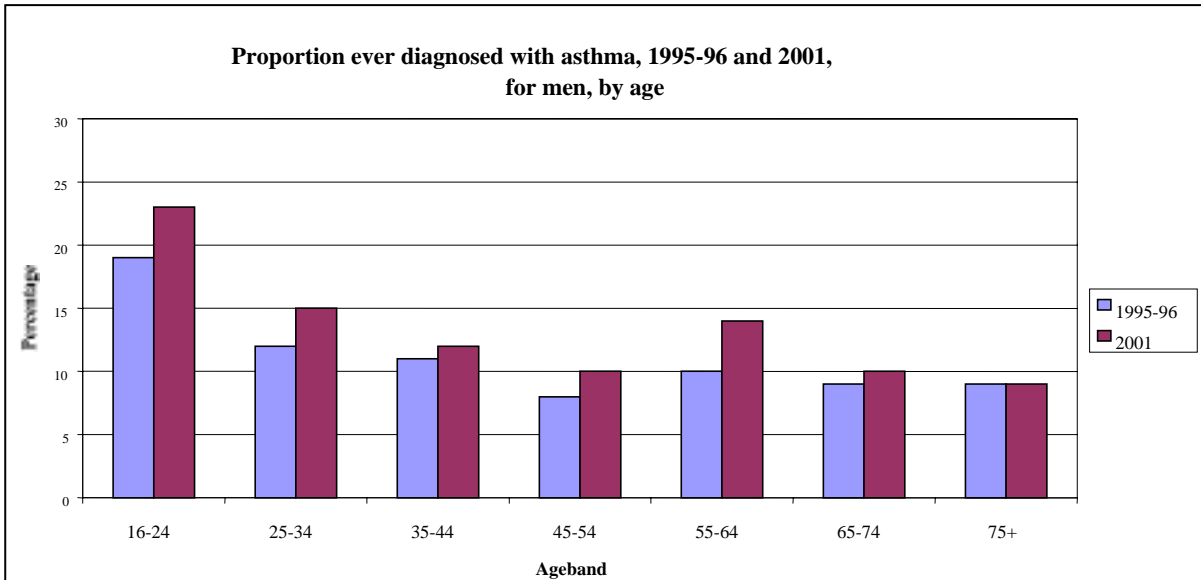
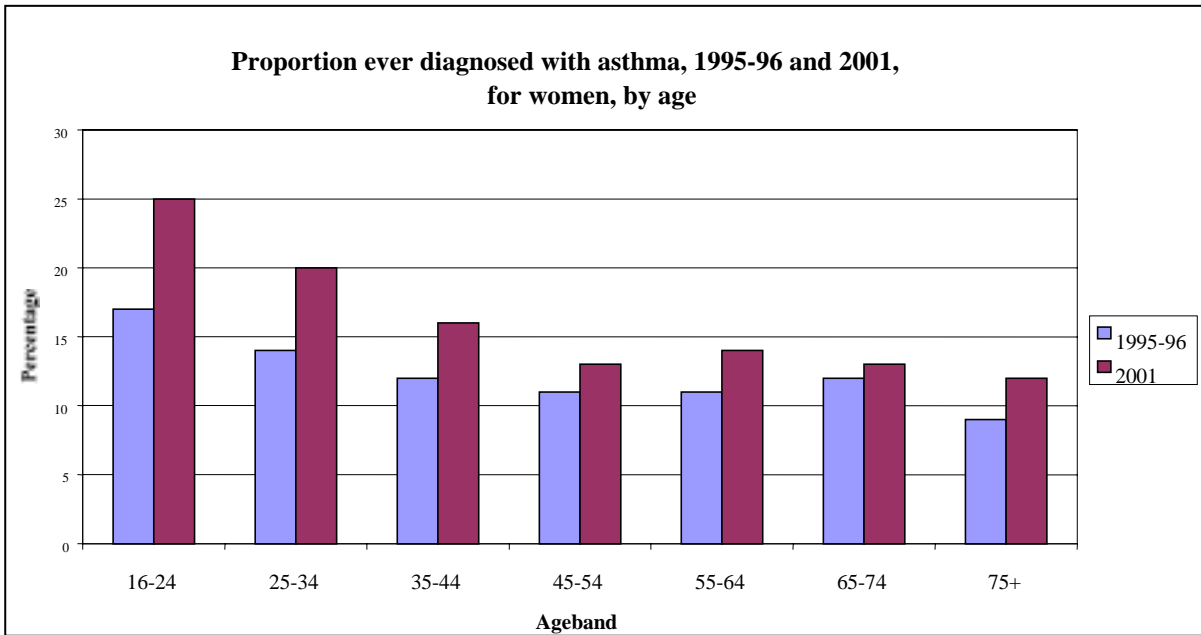
The following charts show the percentage of adults aged 16 or more who have shown symptoms of wheezing, asthma (diagnosed by a doctor) and atopic conditions (hayfever) in the past year. These have been compared to results from Health Surveys in 1995/6. It is assumed that the locality in this report will have a similar pattern to that of England as a whole.

Source: Health Survey for England 2001



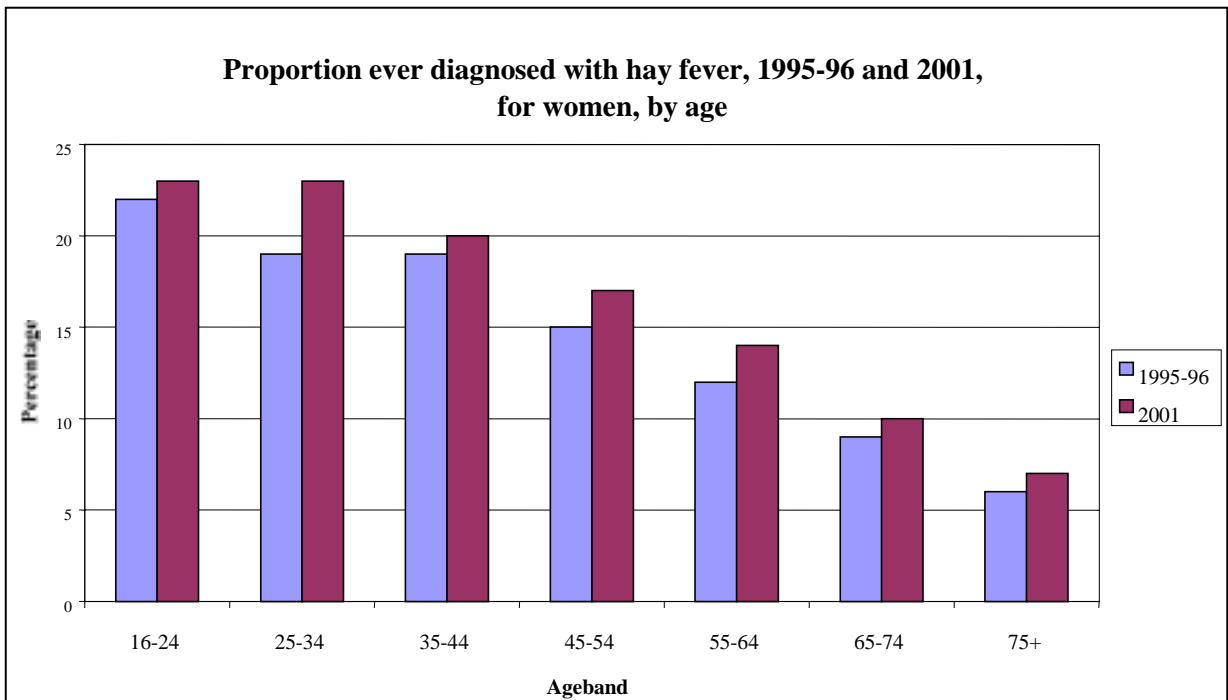
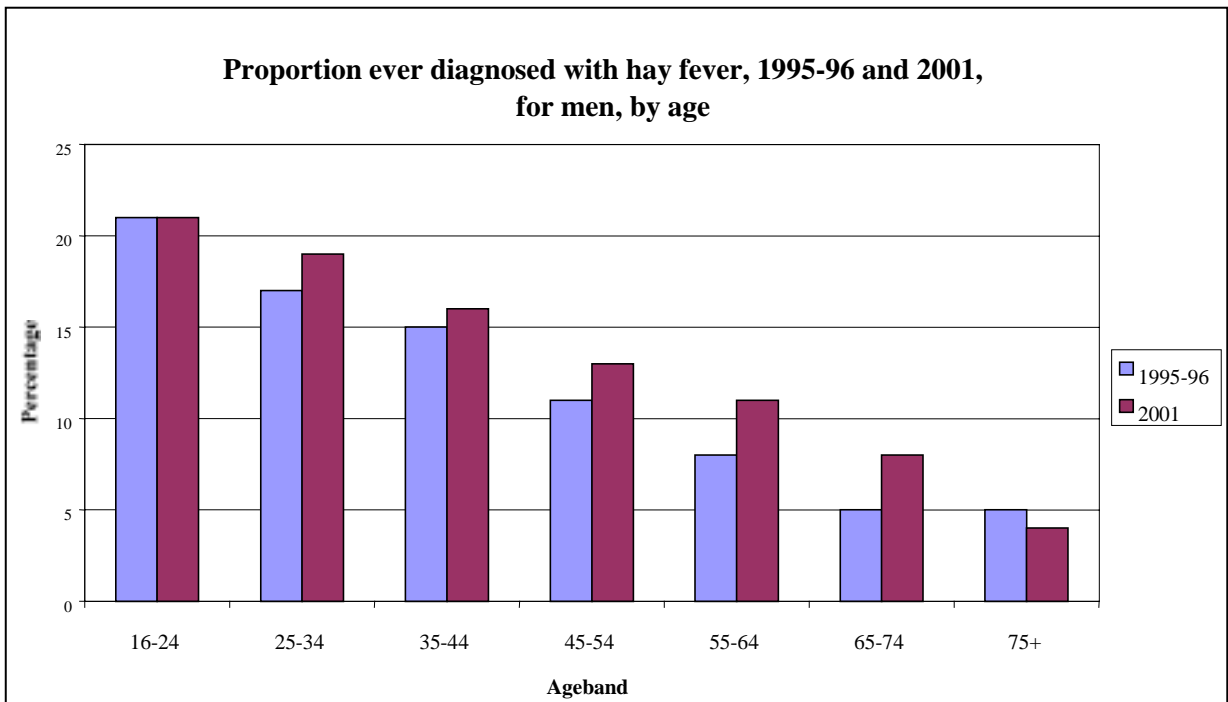
### Comments:

- In 2001, both lifetime wheezing prevalence and the prevalence of wheezing in the last 12 months were slightly higher for men than for women. Wheezing symptoms were more common among older men than younger men.
- The prevalence of wheezing in the last 12 months did not differ significantly between 1995-96 and 2001, for men or women as a whole or for any age group within each sex.



**Comments:**

- The proportion who had ever been diagnosed with asthma was higher for women than for men.
- Doctor-diagnosed asthma was more common amongst younger men and women particularly under 25 year olds and higher in 2001 than 1995-96 in most age groups and within each sex.
- 71% of those who had an attack in the past 5 years reported having seen their GP or surgery nurse.
- 11% of men and 12% of women with a wheezing or asthma attack had spent a night in hospital in the past 5 years.
- 42% of men and 52% of women had been prescribed drugs for wheezing or asthma.



**Comments:**

- Diagnosis of hay fever is higher amongst women than men in all age groups.
- There was a small increase in prevalence of doctor diagnosed hay fever between 1995-1996 and 2001

## Alcohol Consumption

The table below shows the predicted numbers of people who consume varying quantities of alcohol assuming the pattern follows that of England.

Source: Health Survey for England 1996.

Alcohol consumption	Health Survey for England, 1996		Predicted Number in Hart		Predicted Number in Rushmoor		Predicted Number in Surrey Heath	
	% Men	% Women	Men	Women	Men	Women	Men	Women
Drinking above the sensible limits of 21 units a week for men and 14 units a week for women	28%	13%	9507	4511	10202	4446	9944	4740
% who said that they had been drunk at least once a week, on average, in the past 3 months.	10%	4%	3395	1388	3644	1368	3552	1458
% who had very high levels of alcohol consumption (in excess of 50 units for men and 35 units for women).	4%	1%	1358	347	1457	342	1421	365
% who were problem drinkers as assessed by the CAGE scale.	8%	4%	2716	1388	2915	1368	2841	1458

### Comments:

- National information shows that the distribution of alcohol consumption is very skewed. About a third of all alcohol units consumed by men are consumed by the 8% drinking at a very high level. About 17% of alcohol units consumed by women were consumed by the 2% drinking at a very high level.
- Women's levels of drinking, particularly among older women, tended to be higher in Social Classes I and II than in other social classes.
- The proportion of responses in men indicating that they might be problem drinkers was highest in Social Class V (11%) and lowest in Social Class I (6%).
- It is recommended that brief intervention training is carried out for primary care and other front line staff to reduce the amount of problem drinking.

## Substance Misuse

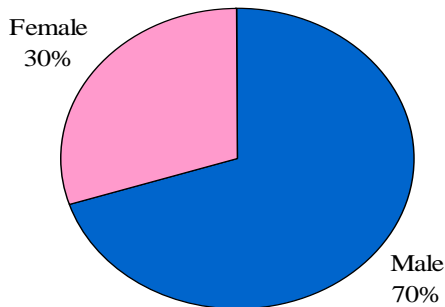
The following provides details of all referrals to Acorn Community Drug and Alcohol Team at Frith Cottage, Frimley during the period April to October 2002. A total of 137 drug referrals were received at Frith Cottage during this period. The following graph breaks down the number of referrals by gender.

Source: Hampshire Drug Action Team.

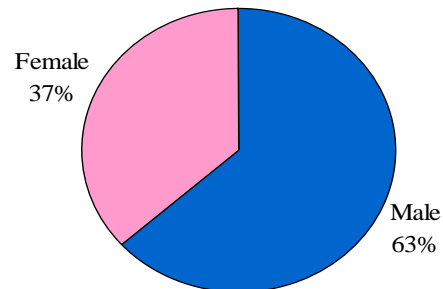
### Warning:

Surrey refers to the Surrey residents using the Hampshire service the majority of which are likely to be Surrey Heath residents. Hampshire refers to the Blackwater Valley and Hart residents using the service.

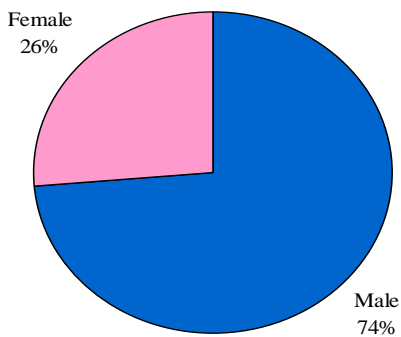
**Hampshire Drug Referrals**



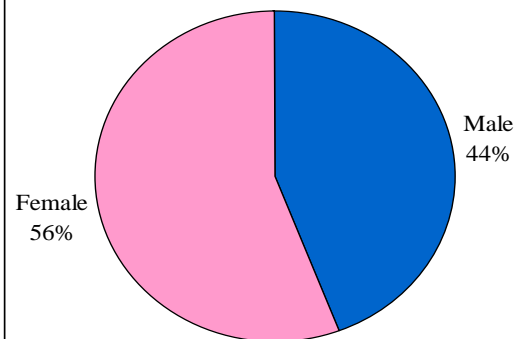
**Surrey Drug Referrals**



**Hampshire Alcohol Referrals**



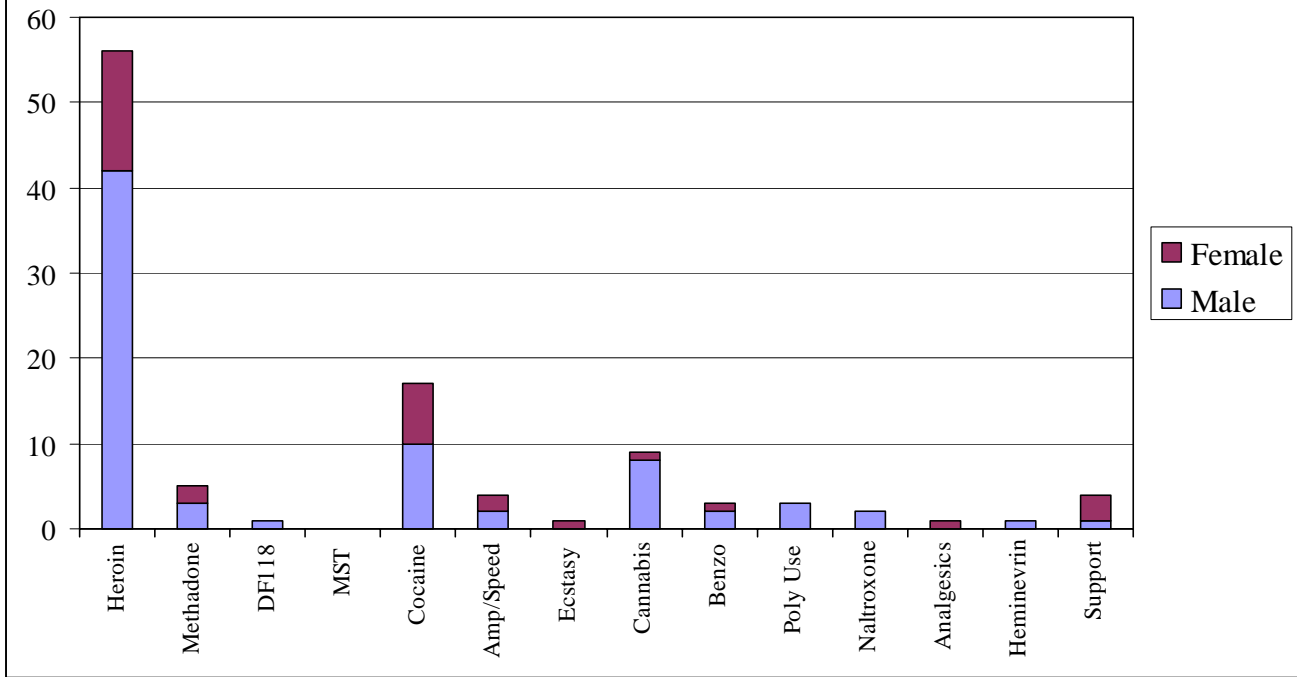
**Surrey Alcohol Referrals**



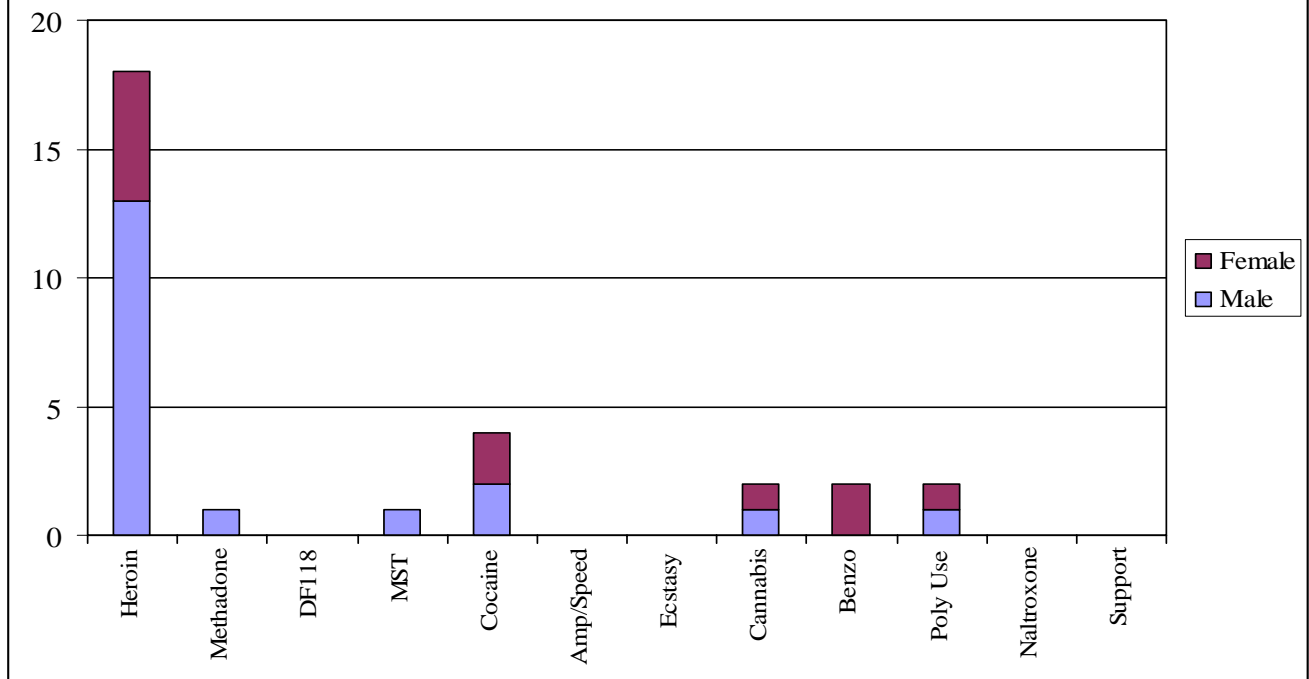
### Warning:

These figures do not include clients under the age of 21 as they are referred to colleagues in the Young Persons Team.

### Hampshire - Substance Used

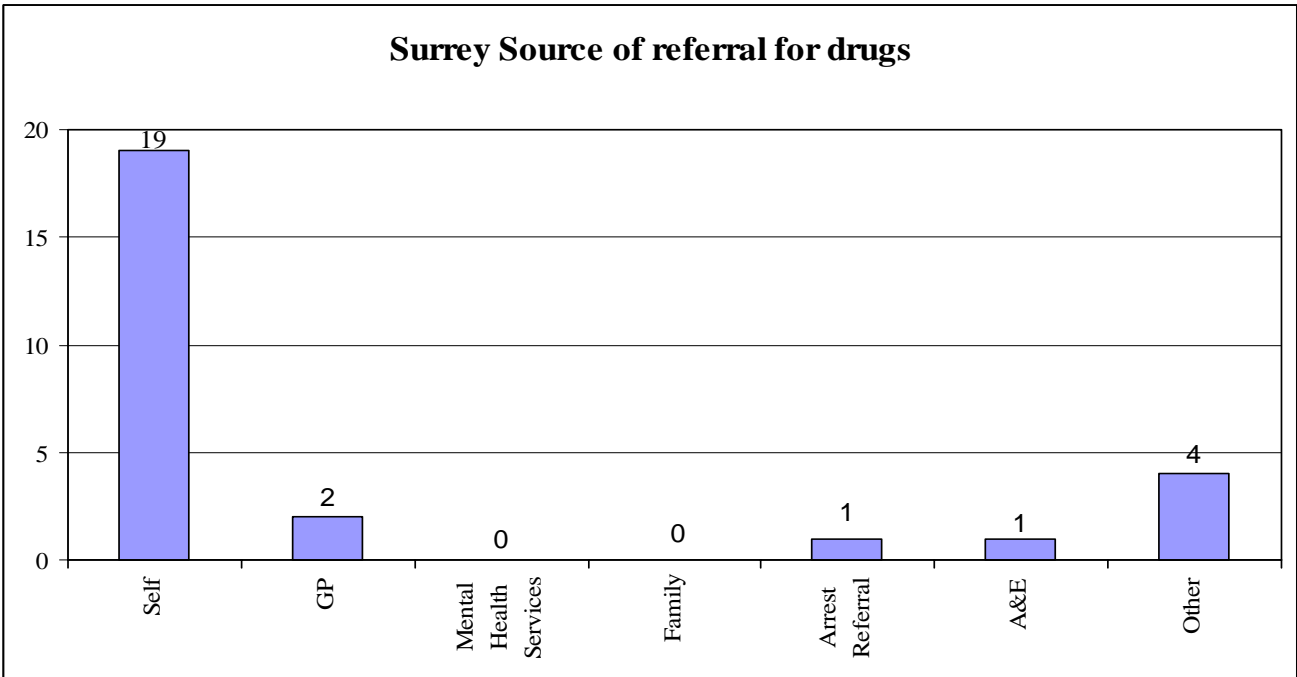
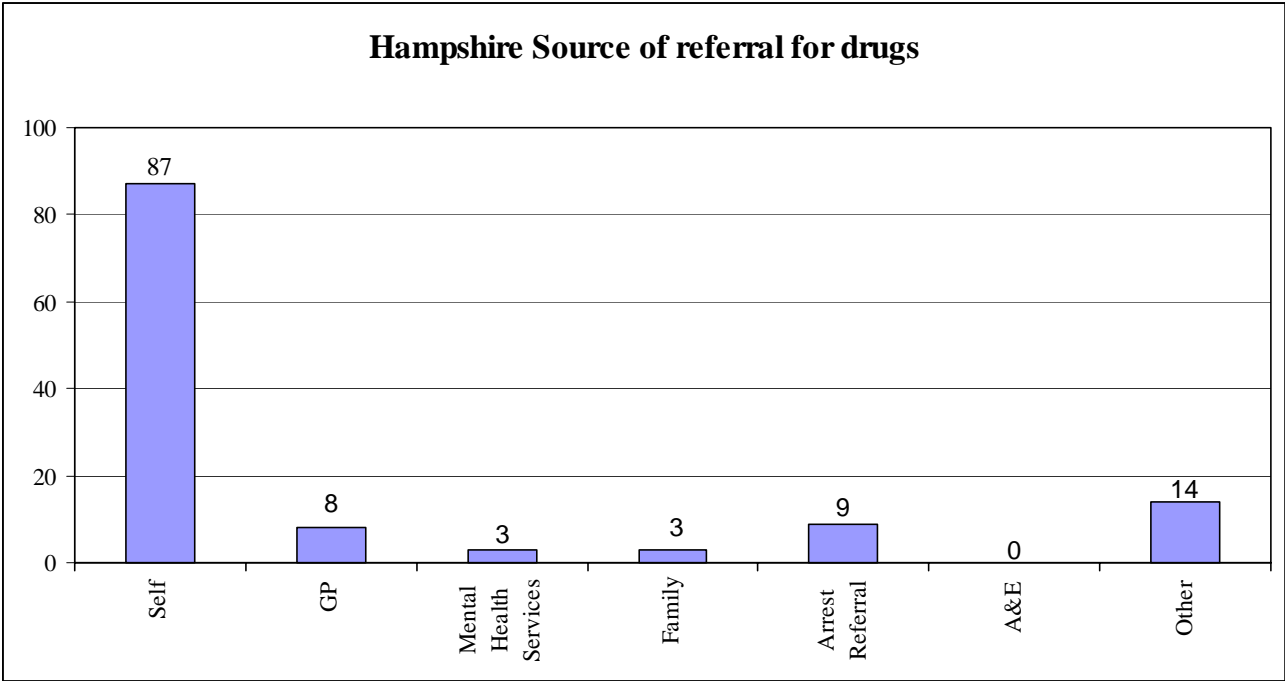


### Surrey - Substance Used

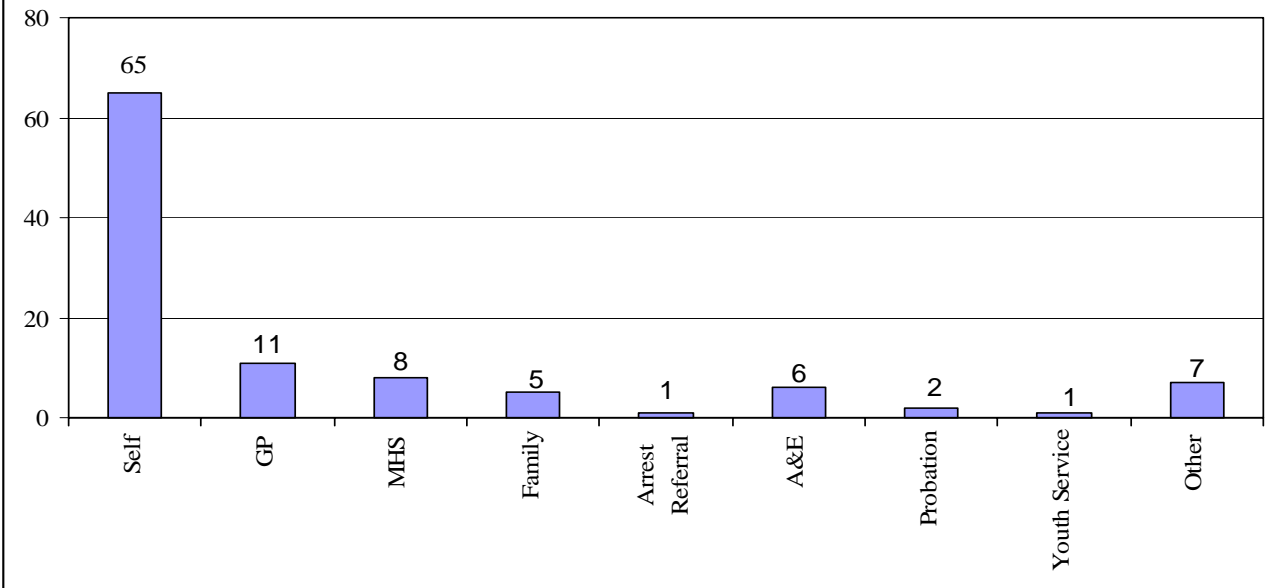


**Comment:**

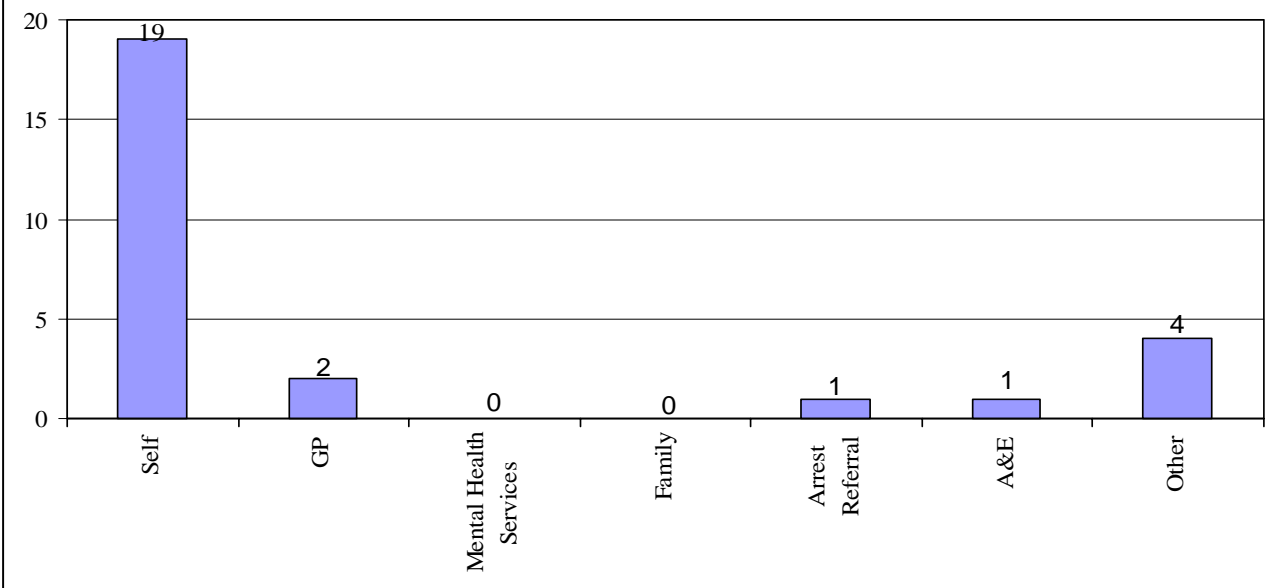
- *Support* covers carers/partners who have education or advice for one or more sessions regarding substance misuse

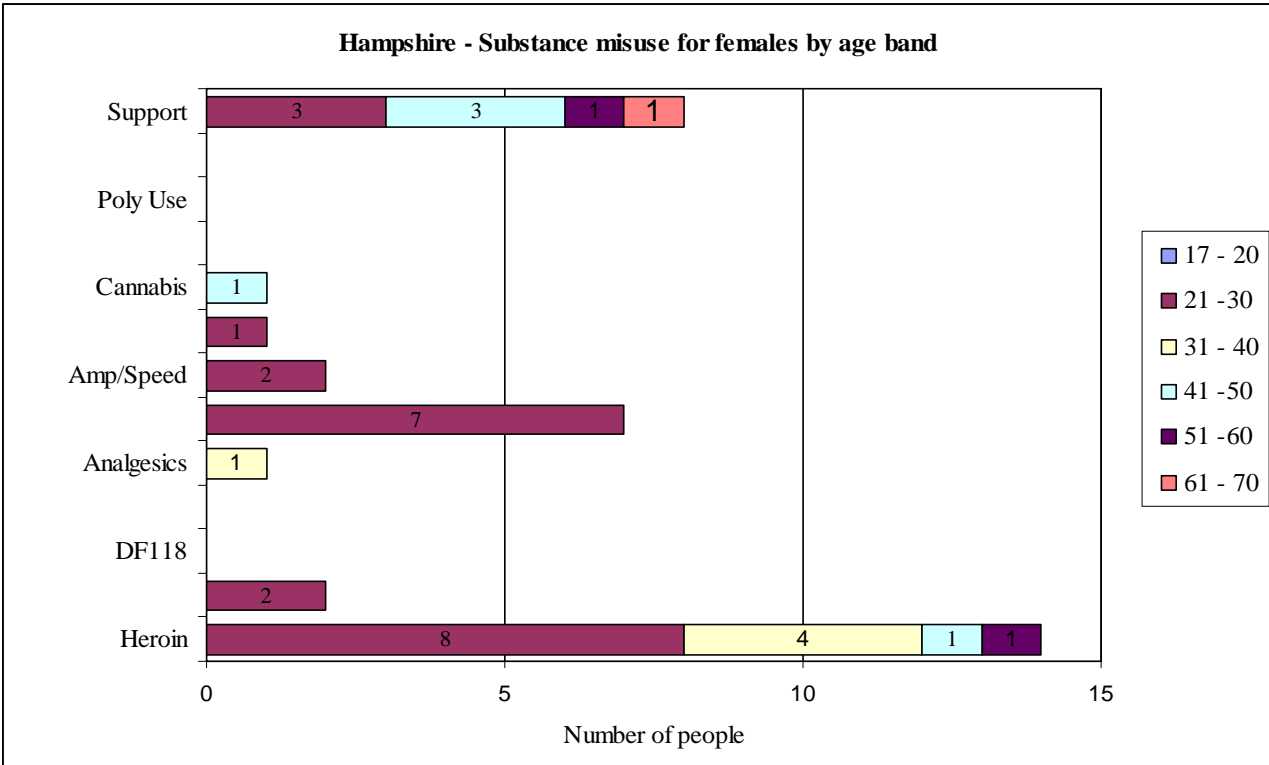
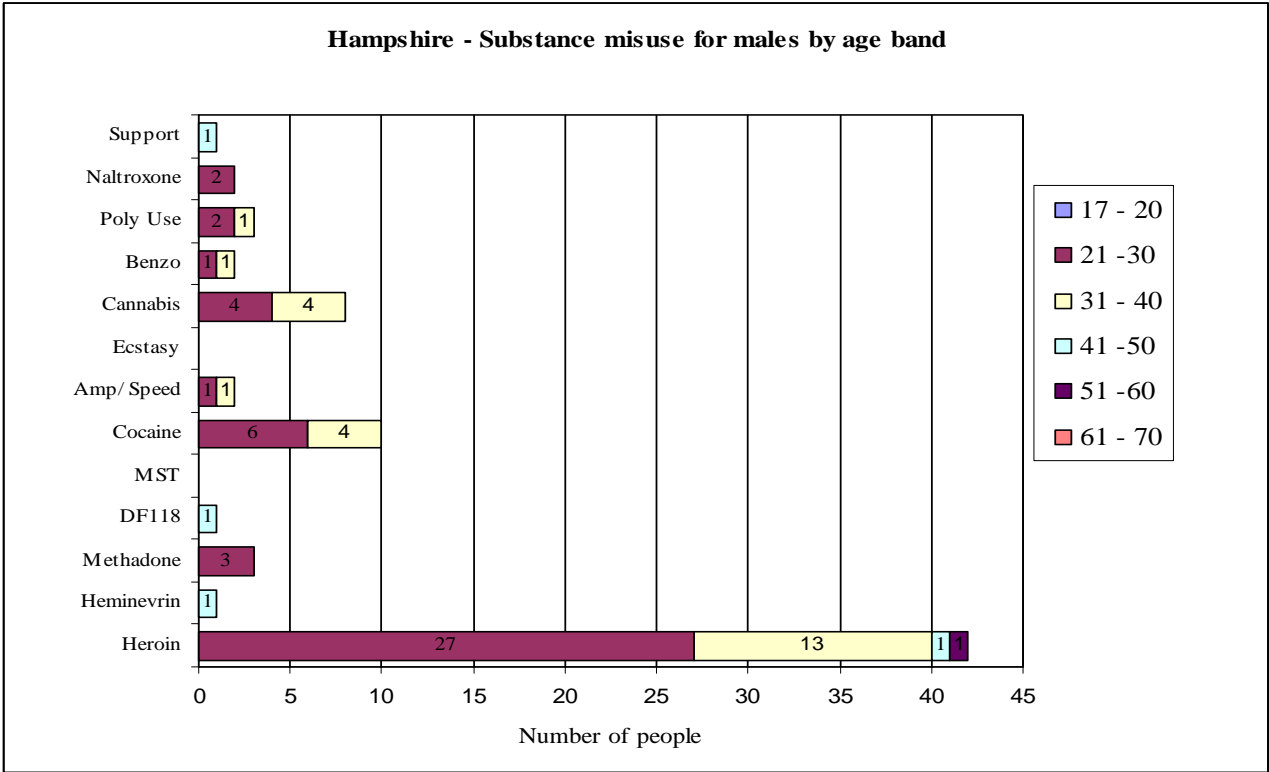


### Hampshire Source of referral for alcohol

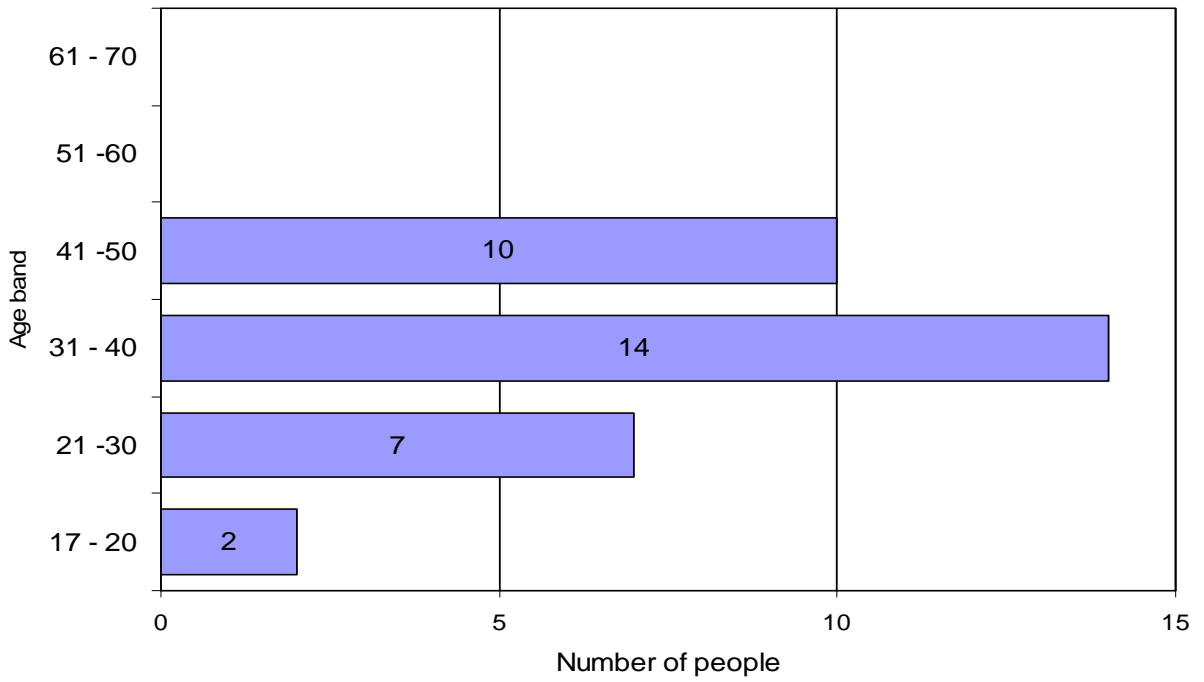


### Surrey Source of referral for alcohol

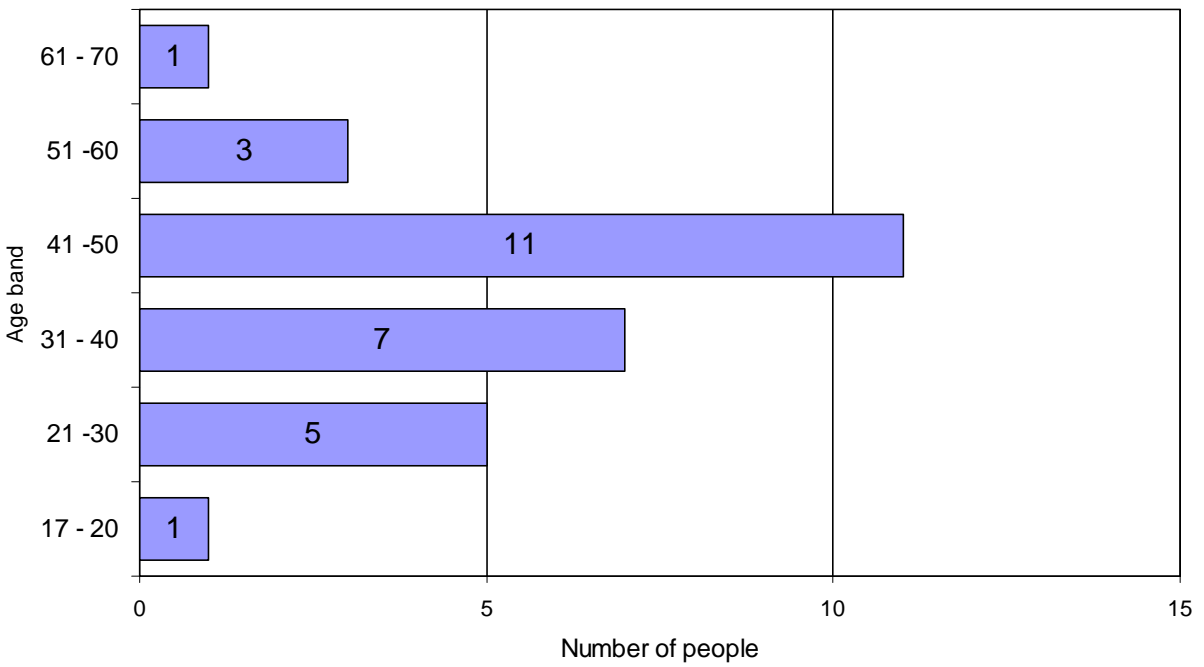


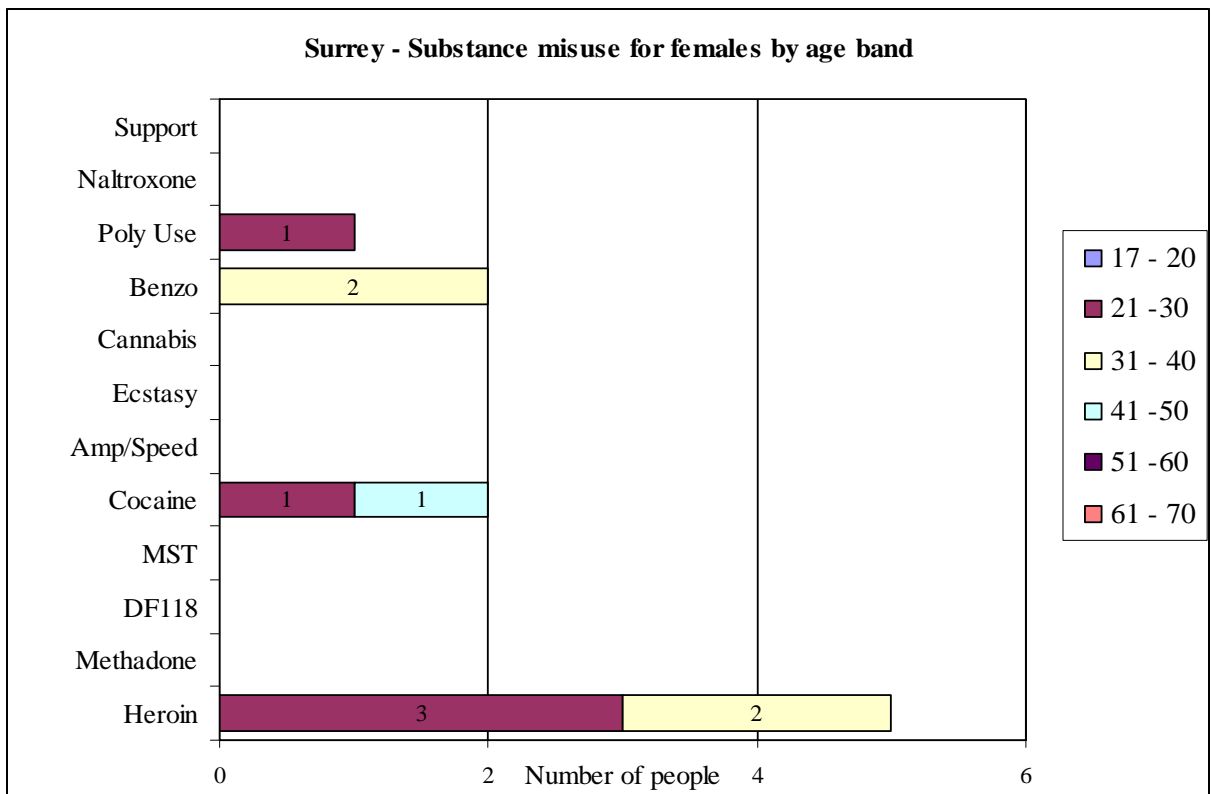
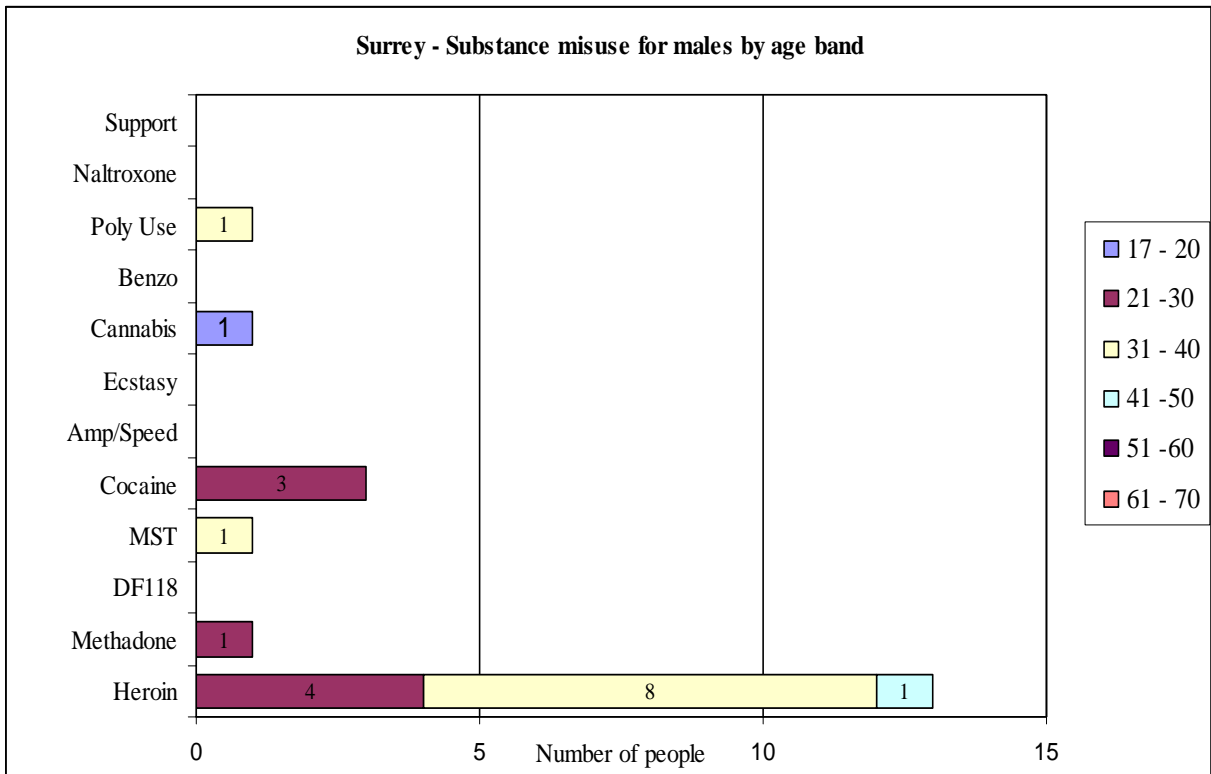


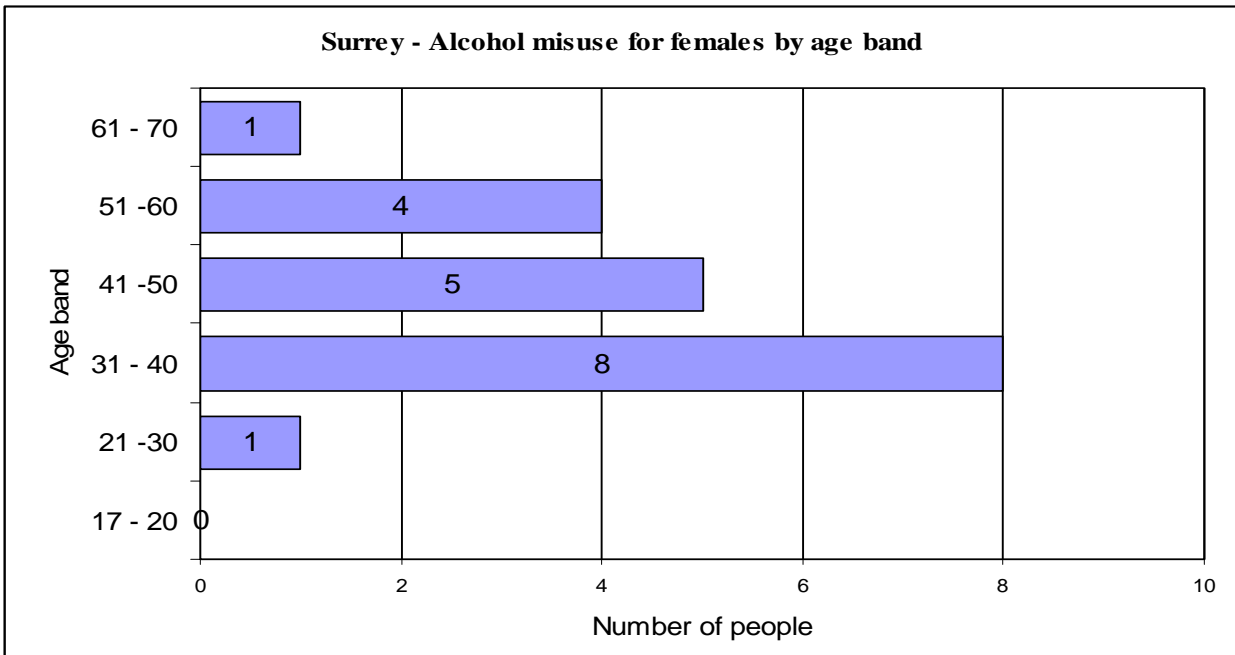
**Hampshire - Alcohol misuse for males by age band**



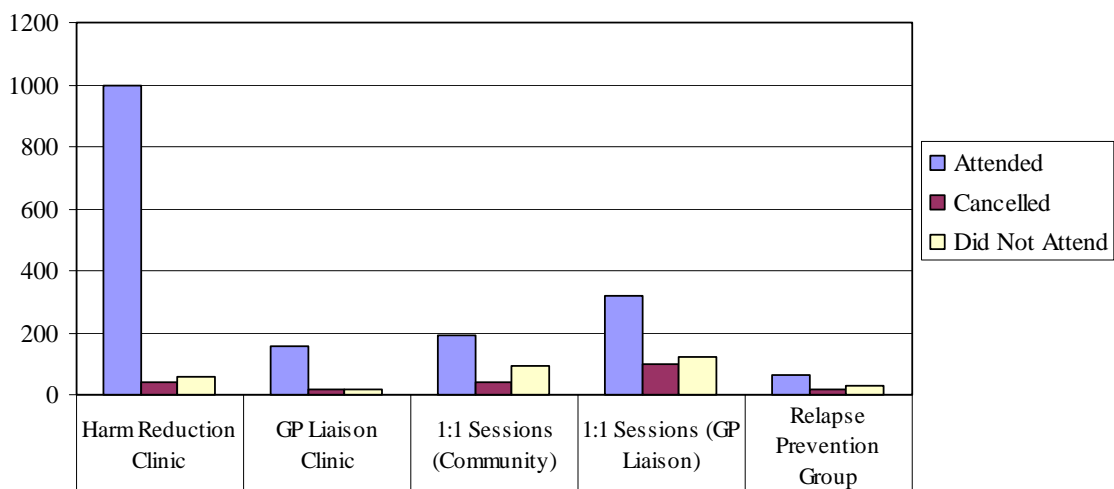
**Hampshire - Alcohol misuse for females by age band**





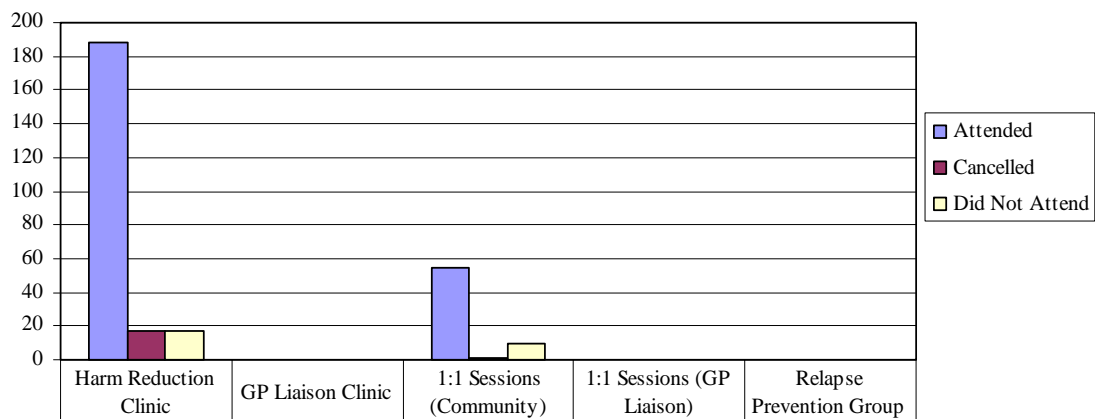


### Hampshire - Appointments offered for drug users



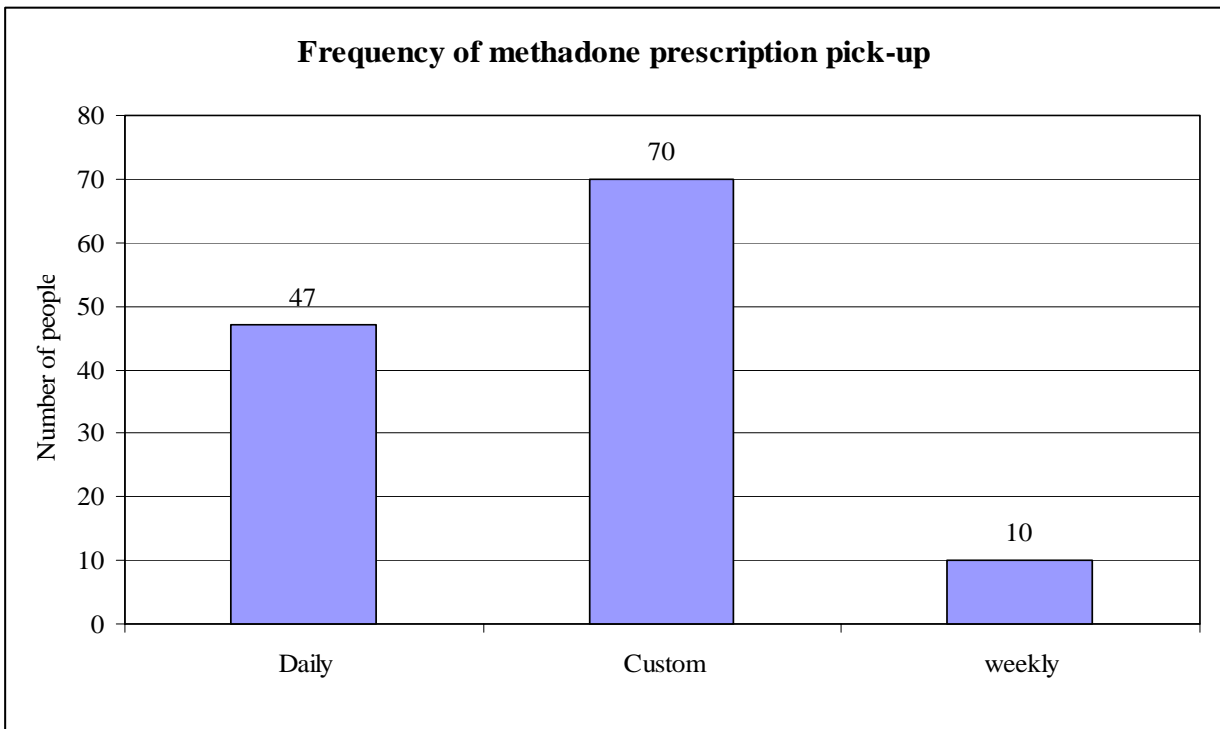
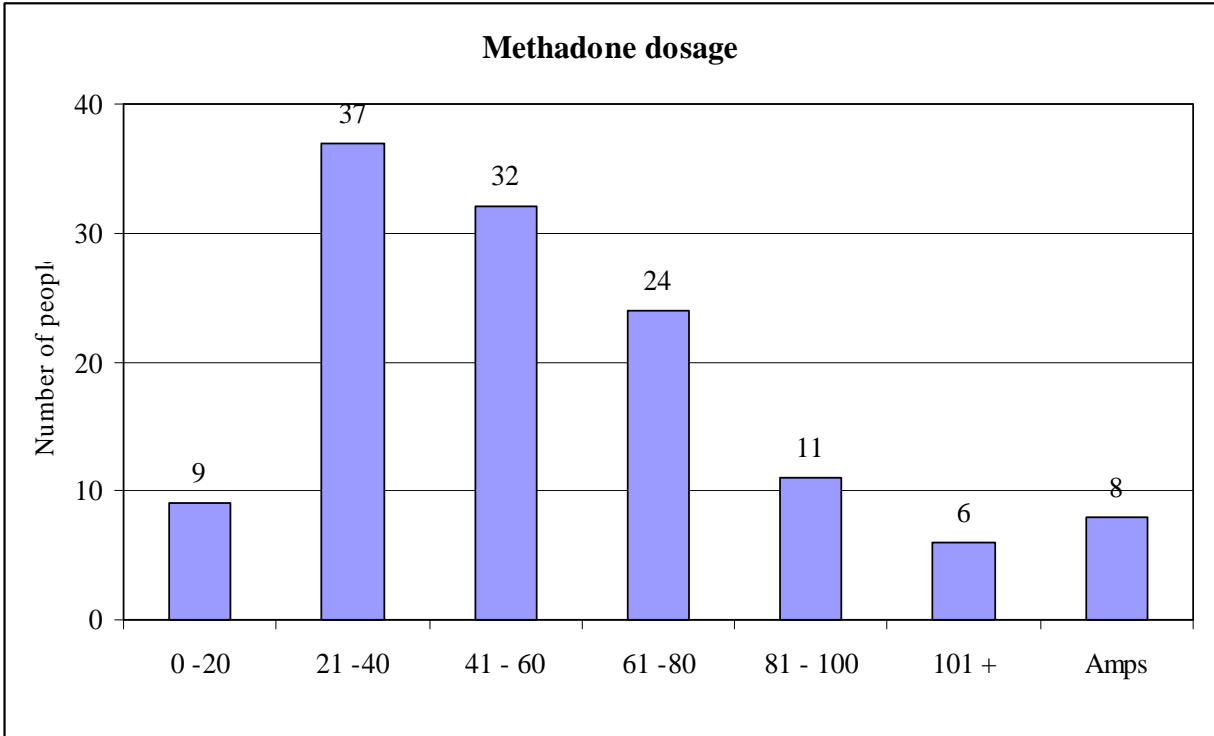
Attended	998	158	191	319	63
Cancelled	43	17	42	98	20
Did Not Attend	59	18	93	124	28

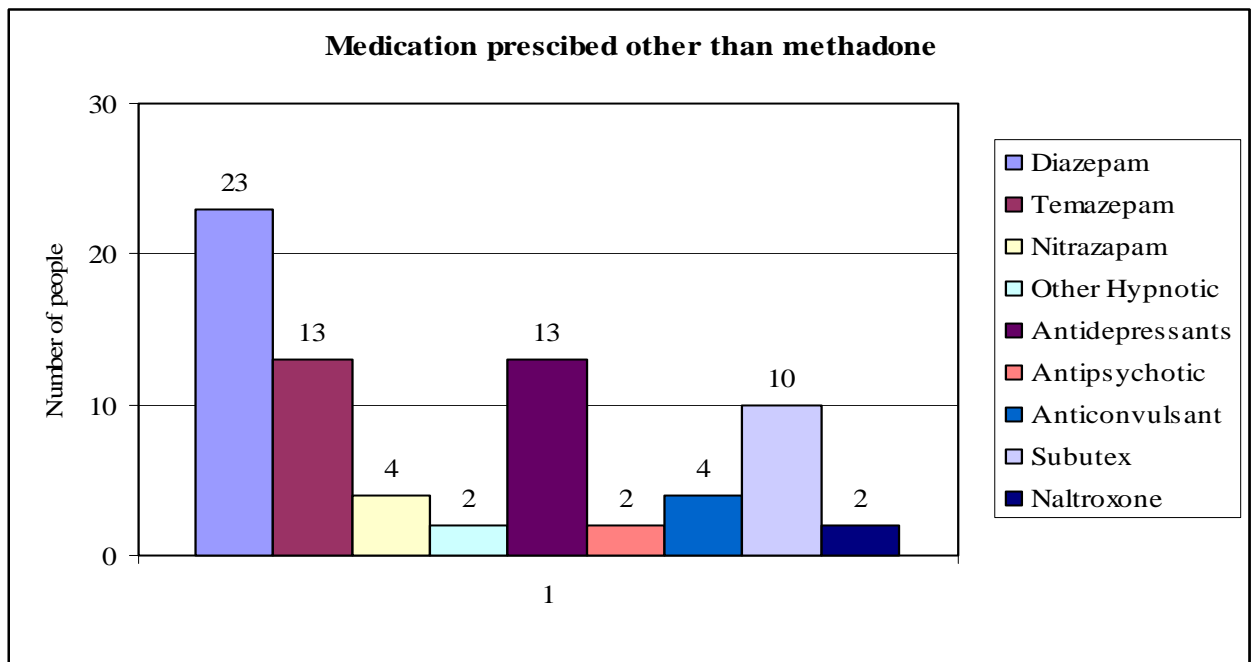
### Surrey - Appointments offered for drug users



Attended	188	0	55	0	0
Cancelled	17	0	1	0	0
Did Not Attend	17	0	10	0	0

The following graphs demonstrate the number of prescriptions that were issued within the Harm Reduction and GP Liaison Clinics during a two-week period in April. These figures include both Hampshire and Surrey clients within the Harm Reduction Clinic and Hampshire clients within the GP Liaison Clinic.





**Comments:**

- It should be noted that prescriptions for antidepressant and antipsychotic medication is issued. These clients are unwilling to engage with the local mental health services or have their prescriptions issued by their GP. Therefore, their prescriptions are issued by Acorn and clients are encouraged to engage with the appropriate services.
- The prescribing of methadone must be in line with clinical guidelines. The optimum goal is abstinence from all illicit drugs. This may not be possible for all clients and some will need to be stabilised on substitute prescribing regimes for some time.
- Future Service specifications or provider protocols need to identify the measures that are in place to limit the possibility of leakage of pharmaceutical prescribed drugs to the illicit market. All new prescriptions are initially taken under supervision for a minimum of 3 months and supervised consumption is undertaken at any stage during the prescription if there are doubts about compliance. Dispensing intervals can be reduced gradually. No more than a week's supply of drugs is dispensed at one time, except in exceptional circumstances.

Comments:

- Acorn actively encourages self-referral. 83% of referrals were initiated by clients. This can demonstrate levels of commitment to addressing their drug usage and motivation to change. Change does not necessarily mean abstinence but a means to maintain safety and harm minimisation.
- The majority of clients were aged between 21 – 30 years. It should be noted that all cocaine referrals were within this age range.
- 98 % of clients referred are White British. This will need to be explored further to establish whether this is a true reflection of the ethnic diversity of the catchment population. If this figure does not give a true reflection we will need to ask why.
- There was a 30% Did Not Attend (DNA) rate for individual community appointments and a 20% DNA rate for individual GP Liaison appointments.
- It should be noted that prescriptions for antidepressant and antipsychotic medication is issued at the Harm Reduction clinic. These clients are unwilling to engage with the local mental health services or have their prescriptions issued by their GP. Therefore, their prescriptions are issued by Acorn and clients are encouraged to engage with the appropriate services.
- All clients commence on daily pick-up. As clients stabilize, normally after a 3-month period the frequency of pick-ups is reviewed. Factors taken into consideration include, clients in full time employment, no illicit use on top, reducing methadone, consistent attendance to appointments and going on holidays.

## Obesity

The table below shows the predicted numbers of people who are obese assuming the pattern follows that of England.

Source: Health Survey for England 1996.

Obesity	Health Survey for England, 1996		Predicted Number in Hart		Predicted Number in Rushmoor		Predicted Number in Surrey Heath	
	% Men	% Women	Men	Women	Men	Women	Men	Women
Percentage overweight i.e. BMI >25kg/m <sup>2</sup>	44%	29%	14940	10063	16032	9918	15627	10574
Percentage obese i.e. BMI > 30Kg/m <sup>2</sup>	13%	14%	4414	4858	4737	4788	4617	5105

### Comments:

- From 1991 there was a trend towards an increased body mass in both men and women.
- In men, body mass index (BMI) was highest in Social Classes II, IIINM and IIIM.
- In women BMI increased from Social Class I to Social Class V.
- It is recommended that multi agency nutrition and physical activity strategies are developed with action plans to reduce this worrying increase in obesity.

## Physical Exercise

The table below shows the predicted numbers of people who take physical activity of some description assuming the pattern follows that of England.

Source: Health Survey for England 1996.

Physical activity	Health Survey for England, 1994		Predicted Number in Hart		Predicted Number in Rushmoor		Predicted Number in Surrey Heath	
	% Men	% Women	Men	Women	Men	Women	Men	Women
People taking regular physical exercise at least 3 occasions a week at a moderate or vigorous level	49%	38%	16637	13186	17854	12996	17402	13856
People taking no exercise at a moderate or vigorous level	18%	18%	6112	6246	6558	6156	6393	6563

### Comments:

- Home-based activity (heavy housework, gardening, DIY) made the largest contribution to overall activity levels, and sports/exercise the second largest, followed by walking.
- Occupational activity made the least contribution.
- Activity levels declined with age, with the most rapid decline after age 55. 67% of men and 47% of women aged 16-24 were active on at least 3 occasions a week. By age 75 and over, these proportions fell to 12% and 9%.
- **Definitions of exercise:**
  - Vigorous** = enough to make informant out of breath or sweaty (otherwise classified as moderate). Energy cost of at least 7.5 kcal/min
  - Moderate** = Energy cost of at least 5 kcal/min but less than 7.5 kcal/min
  - Light** = energy cost of at least 2 kcal/min, but less than 5 kcal/min
  - Inactive** = energy cost of less than 2 kcal/min
- It is recommended that more local information be sought, as we are sceptical about the above figures.

## Stress

The table below shows the predicted numbers of people who suffer from stress assuming the pattern follows that of England.

Source: Health Survey for England 1996.

Levels of stress	Health Survey for England, 1994		Predicted Number in Hart		Predicted Number in Rushmoor		Predicted Number in Surrey Heath	
	% Men	% Women	Men	Women	Men	Women	Men	Women
People experiencing 'quite a lot' or a great deal of stress in the past four weeks	15%	16%	5093	5552	5465	5472	5327	5834
People reporting that lifetime stress had affected their health quite a lot or extremely.	12%	14%	4074	4858	4372	4788	4262	5105

### Comments:

- (1) General stress was measured from two questions, each of which used a 5-point scale from 'Not at all' to 'A great deal'.
- The 1994 Health Survey found that among men, levels of reported stress in the previous four weeks decreased significantly from Social Class I to Social Class V.
- It is recommended that local information is sought to identify the number of people experiencing stress to a level likely to cause them to have mental health problems.

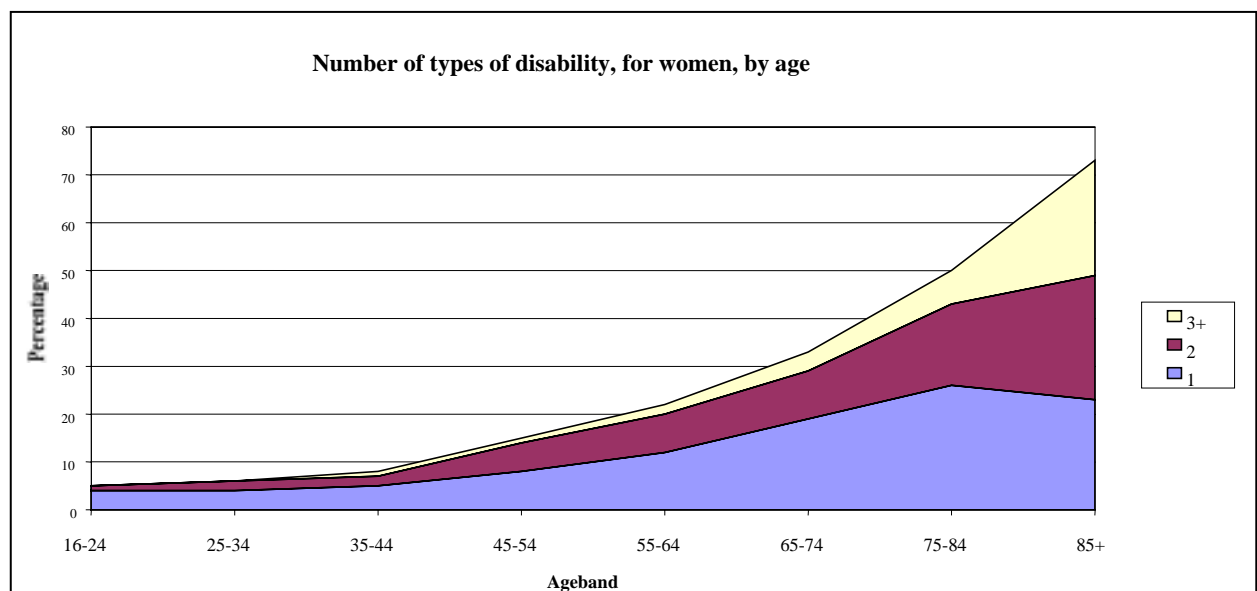
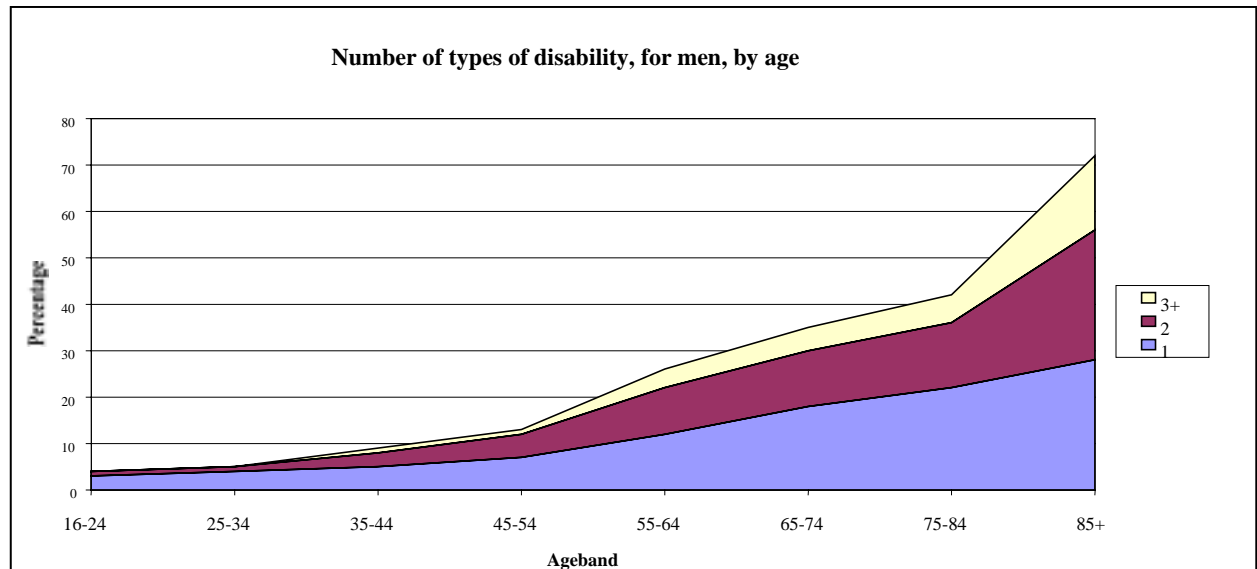
### *Comments:*

- *It is recommended that we use the Citizen's Panel questionnaires to gain more local lifestyle information of the people of Rushmoor and Hart.*

## Disability

The disability report in the Health Survey for England 2001 series provides the latest estimates of the prevalence of disability among those living in private households in England. It is assumed that the locality in this report follows a similar pattern to England as a whole.

Source: Health Survey for England 2001



### Comments:

- Over half of men and women had one disability, a third two and a tenth three or more.
- Prevalence of the main types of disability was generally higher among women than men except for hearing disability.
- In the older age group, 85 and over, 7 in 10 men and women were disabled.
- Most common disability was locomotor: 12% men and 14% women.
- Few people reported sight or communication disability.

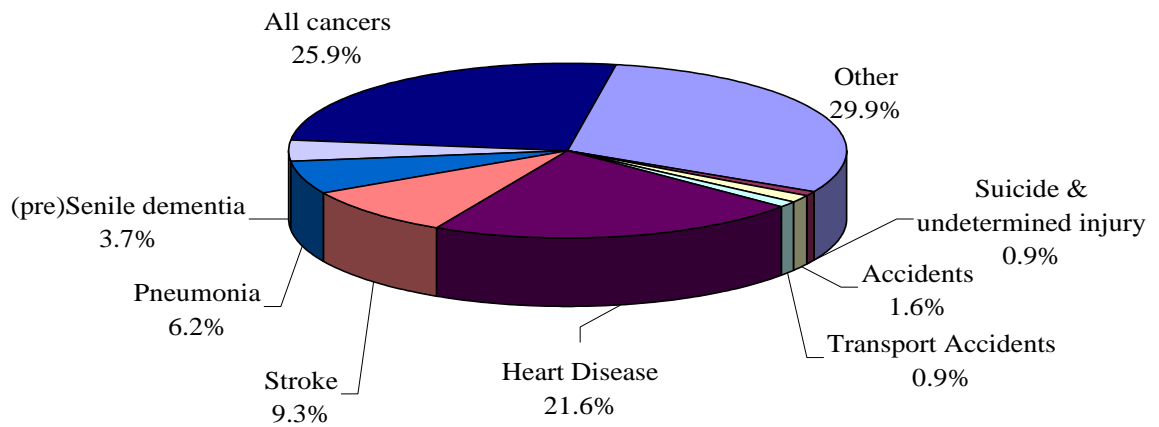
# What Do People Die Of?

## Total Deaths

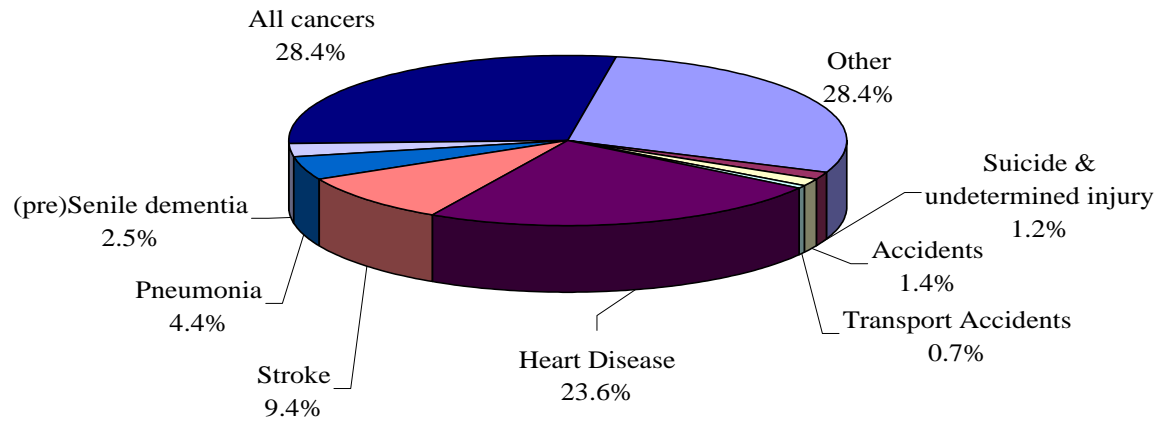
The following charts indicate the underlying cause of death recorded on a death certificate. Breast cancer deaths have been separated out of the cancers in women because of the significant numbers.

Source: Office for National Statistics, Public Health Mortality File

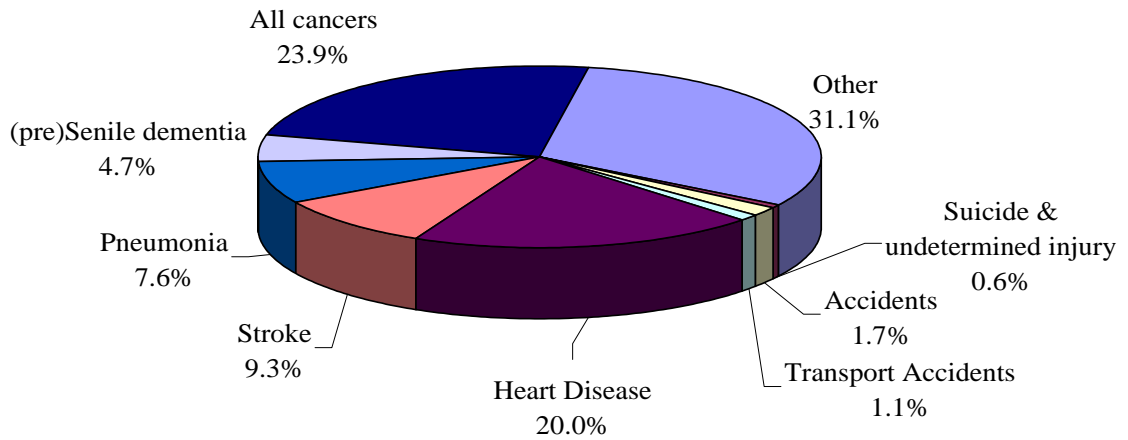
**Blackwater and Hart Deaths 2001**



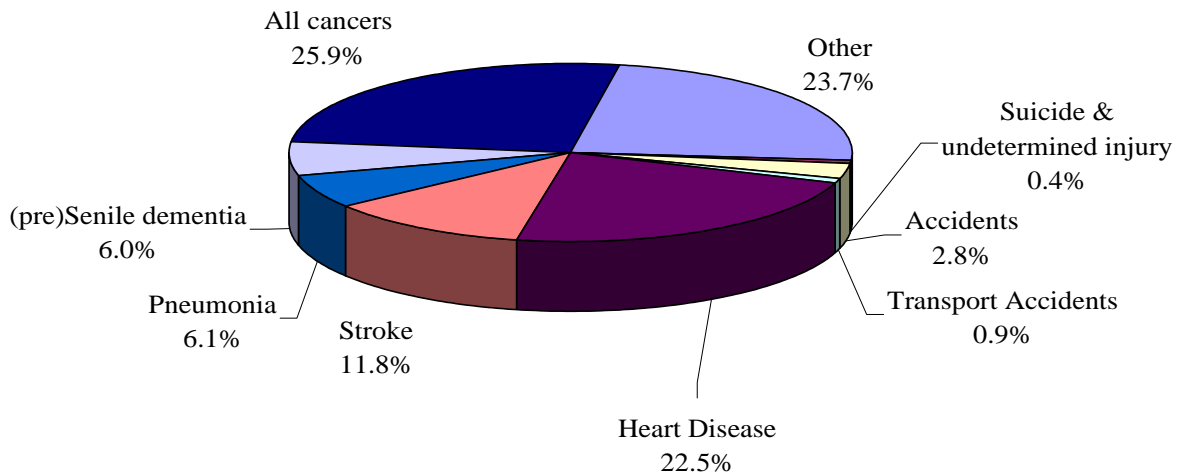
**Hart Deaths 2001**



### Rushmoor Deaths 2001



### Surrey Heath Deaths 2001

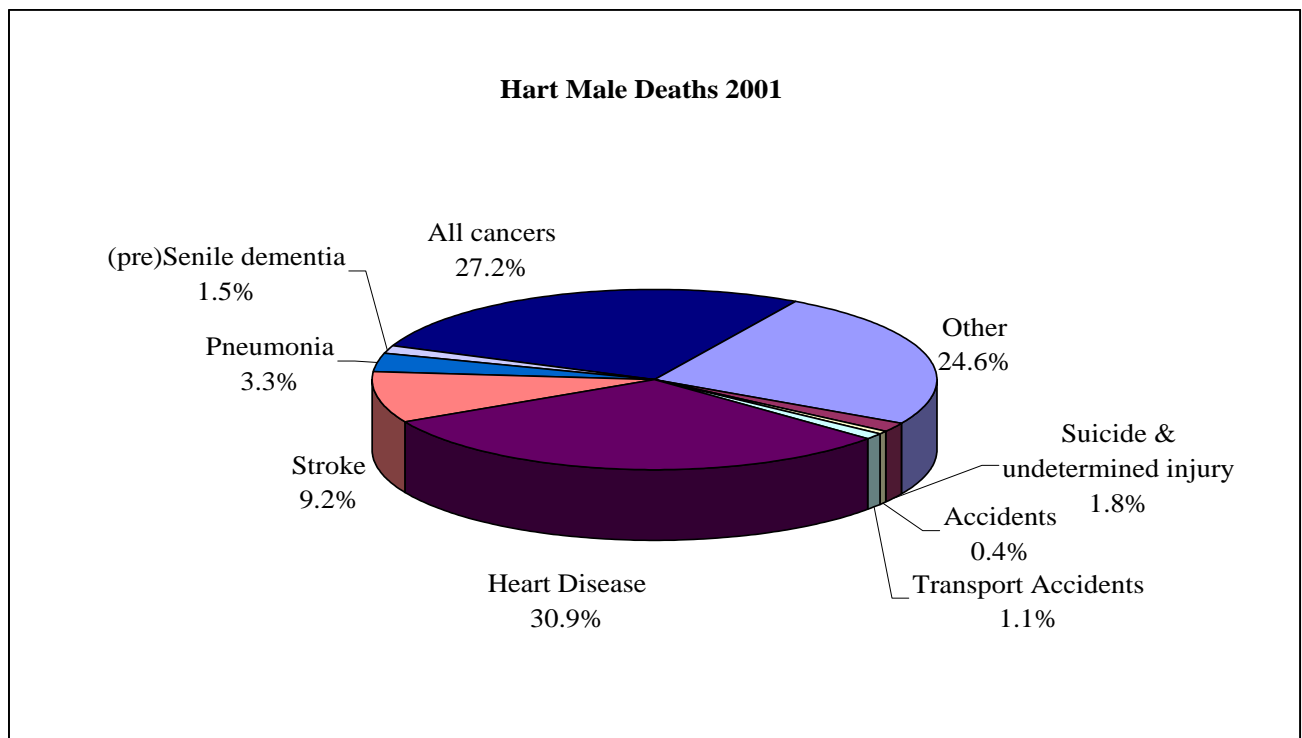
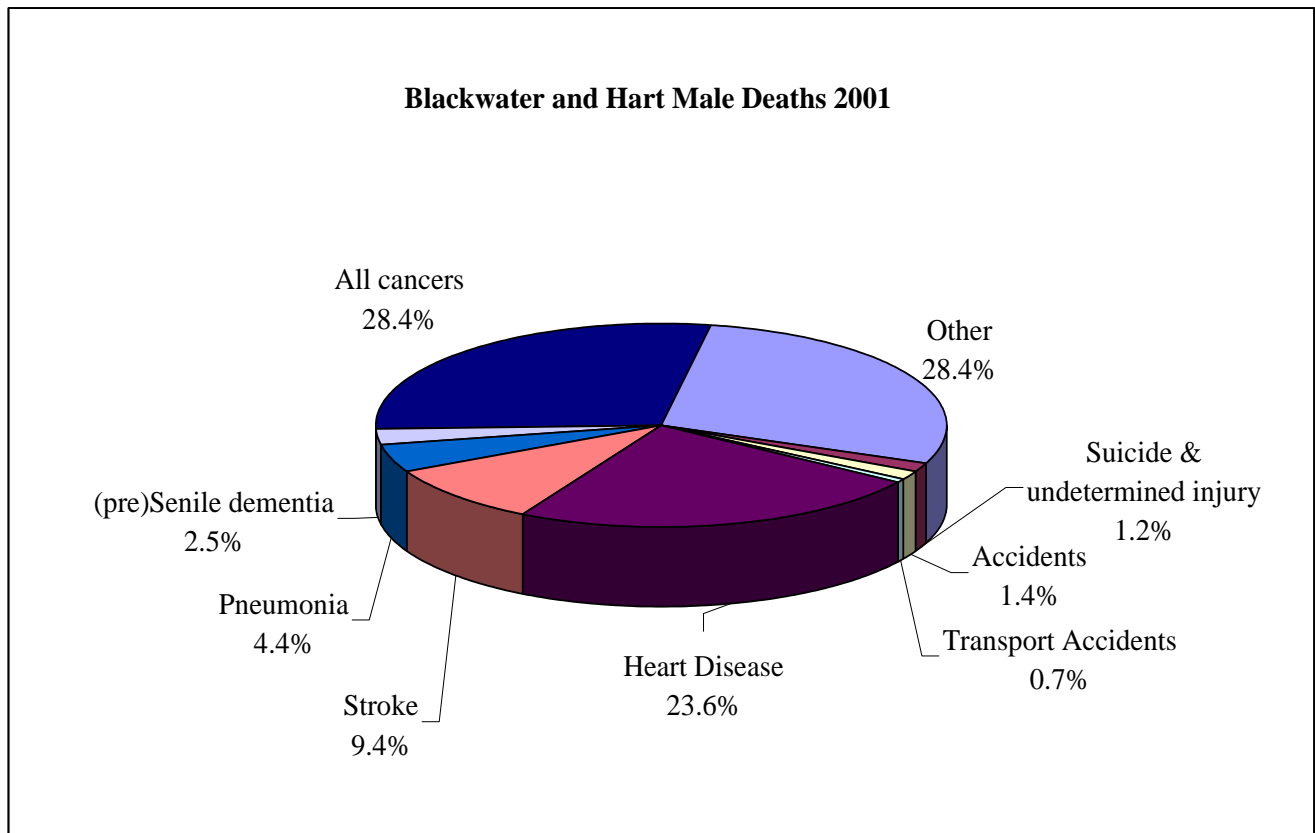


**Warning:**  
Blackwater Valley and Hart includes Hart and Rushmoor

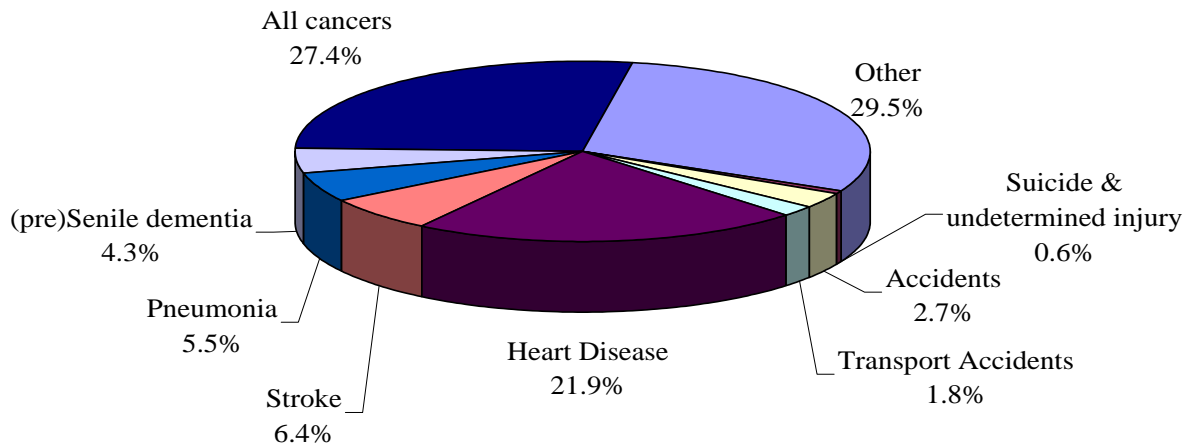
#### Comments:

- Cancer and Heart Disease are leading causes of death.
- More deaths from non-transport accidents in Surrey Heath.
- More deaths from cancer in Hart reflecting the older population.

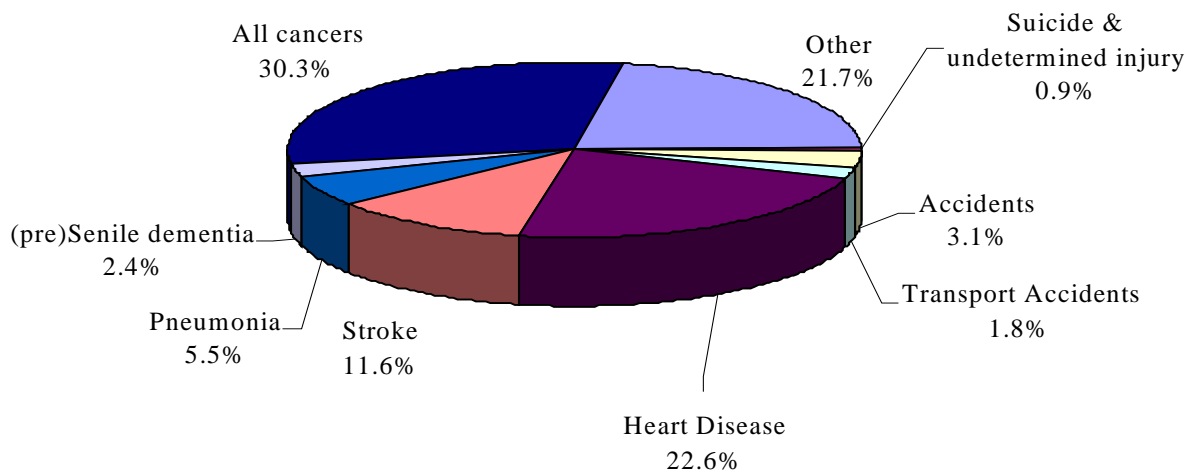
## Male Deaths



### Rushmoor Male Deaths 2001



### Surrey Heath Male Deaths 2001

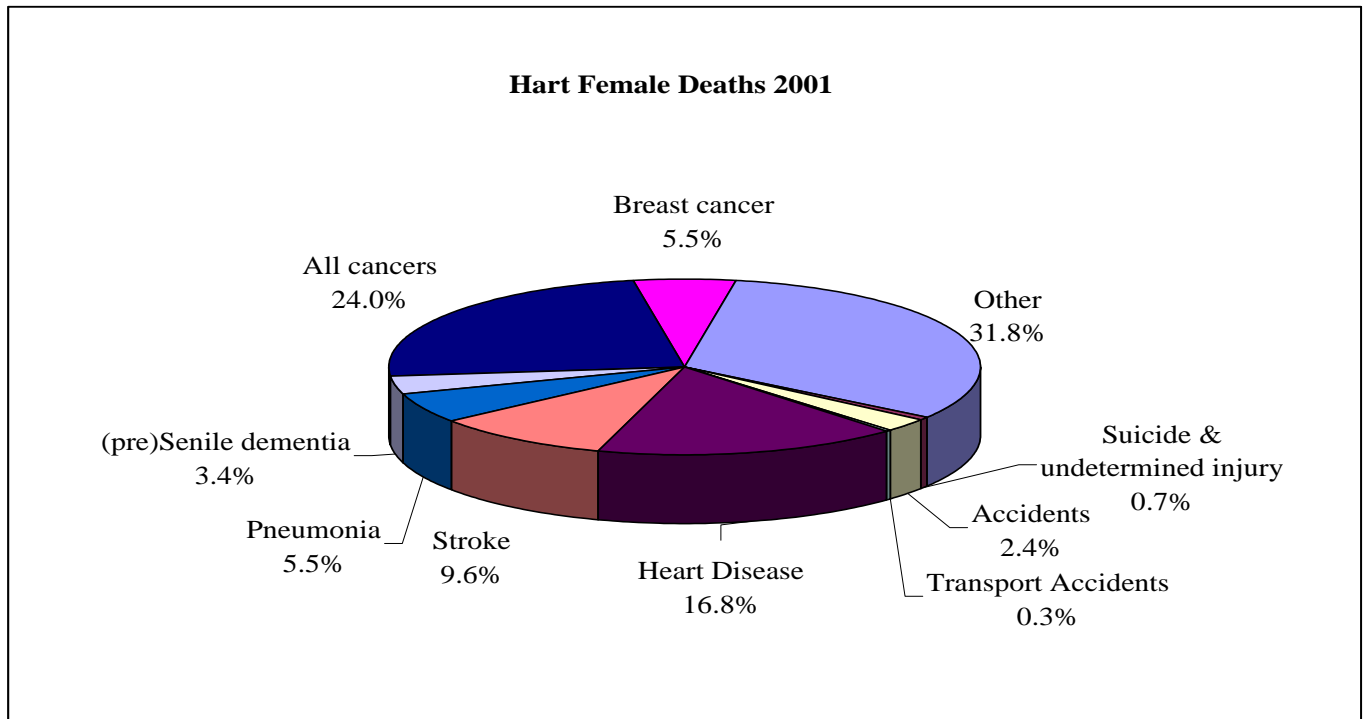
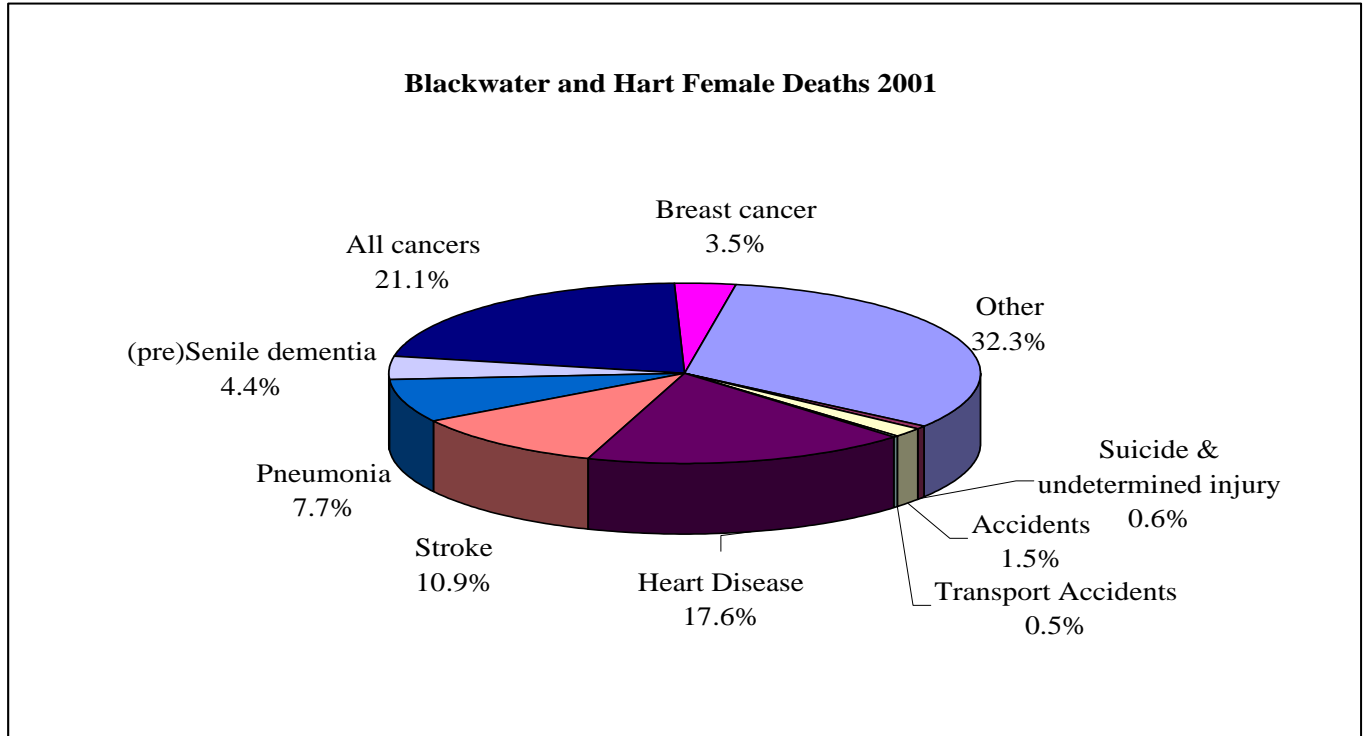


**Warning:**  
Blackwater Valley and Hart includes Hart and Rushmoor

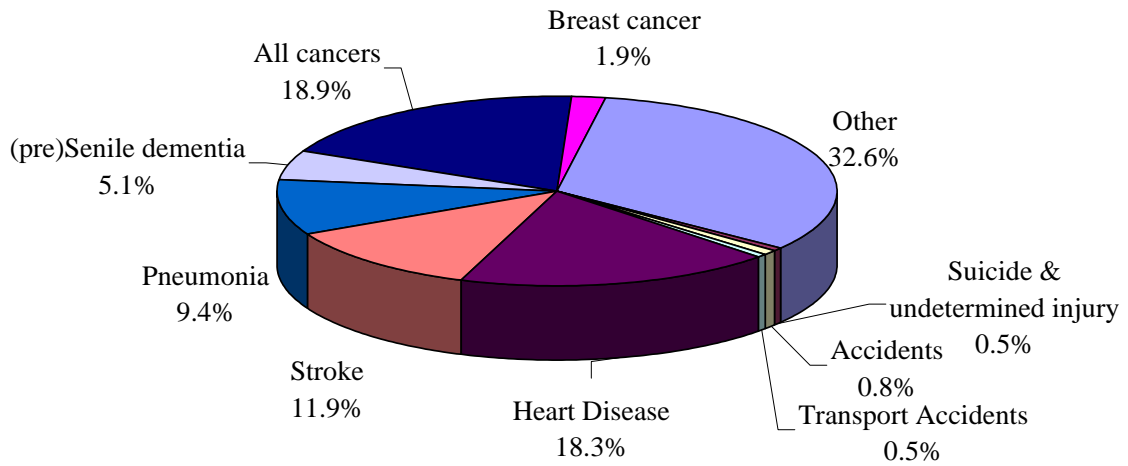
**Comments:**

- Hart has higher percentage of deaths from heart disease than Rushmoor and Surrey Heath.
- Rushmoor has fewer deaths from stroke.
- Hart has double the percentage of suicide and injury undetermined.

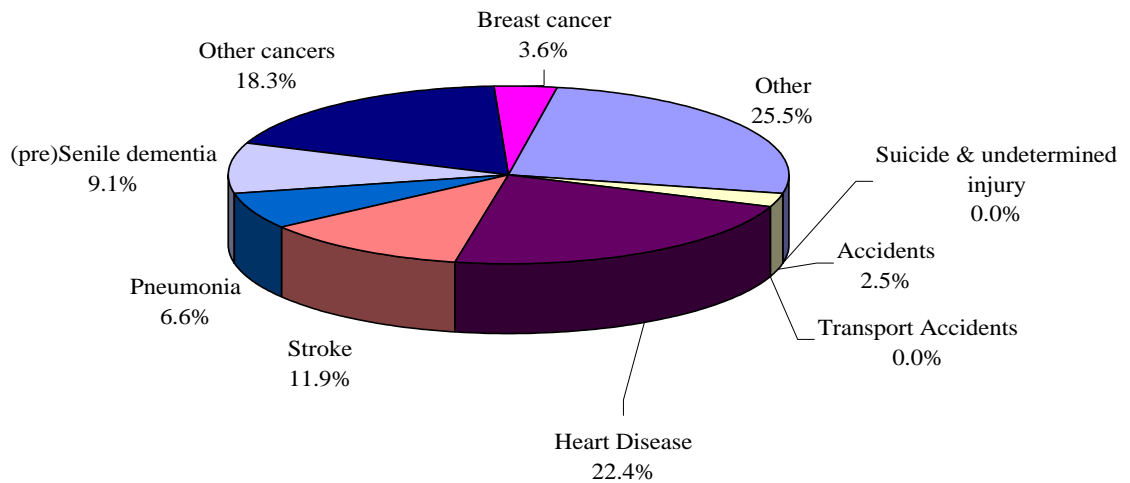
## Female Deaths



### Rushmoor Female Deaths 2001



### Surrey Heath Female Deaths 2001



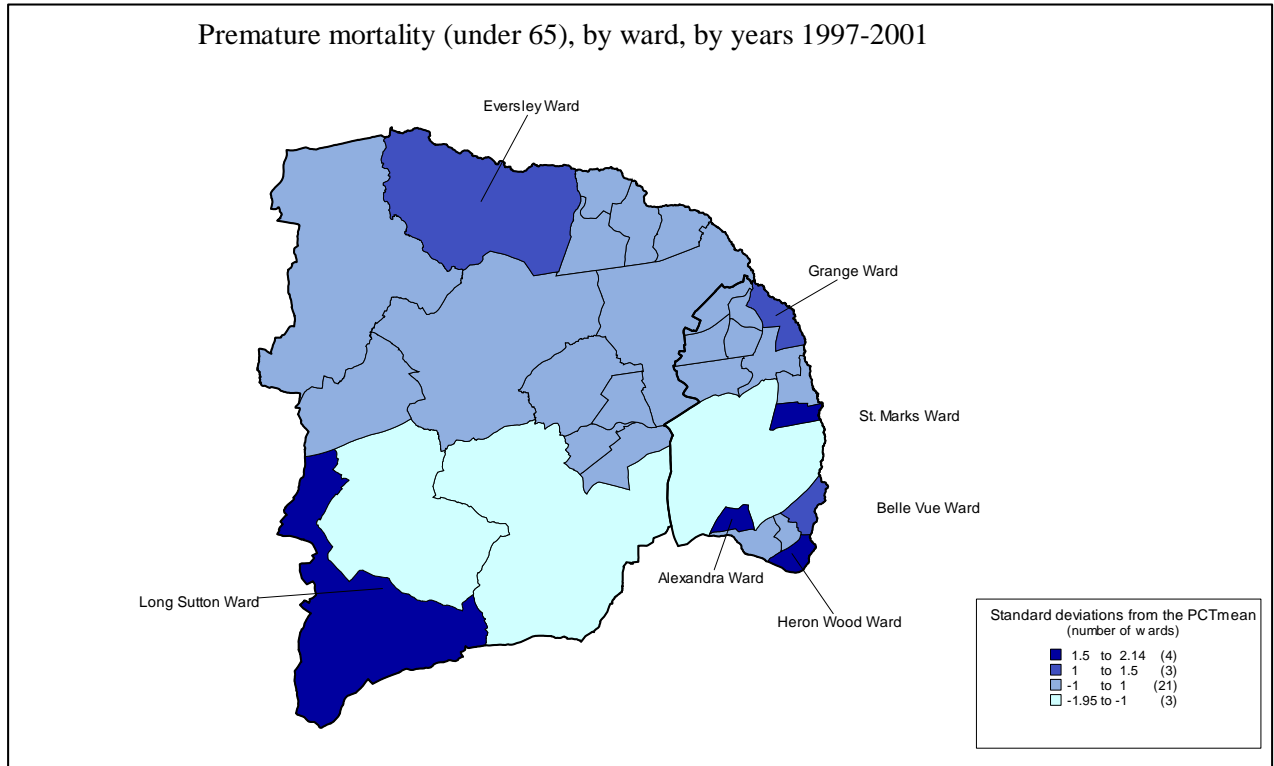
**Warning:**  
Blackwater Vallev and Hart includes Hart and Rushmoor

**Comments:**

- There are more deaths from breast cancer in Hart reflecting the higher rate of death from cancer in Hart as a whole.
- Senile dementia is high in Surrey Heath
- Pneumonia is high in Rushmoor.

## Early Deaths

The map below shows which wards have a higher rate of premature deaths than expected.



Reproduced from Boundary-Line by permission of Ordnance Survey on behalf of The Controller of Her Majesty's Stationery Office. Crown copyright. All rights reserved.

### Warning:

Long Sutton appears to have a high premature death rate due to an unexpectedly high number of deaths in 1999 (6 deaths). Further investigation has shown these included 1 suicide, 1 road traffic accident, 1 skin cancer and 3 heart disease deaths.

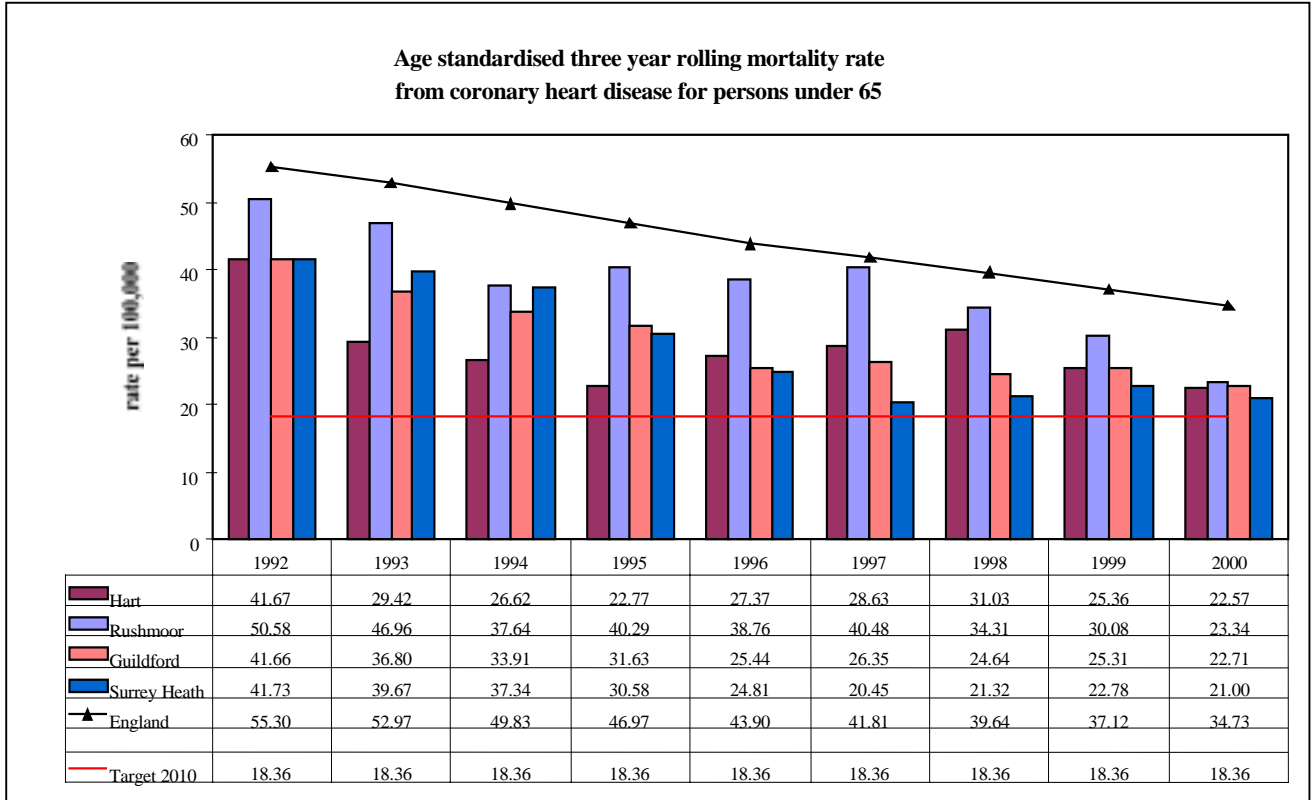
### Comments:

- Highest premature mortality rates are in St Marks, Heron Wood, Alexandra and surprisingly Long Sutton (see warning).
- Overall the mean average early deaths for Blackwater Valley and Hart is 1.5 per 1000



# Coronary Heart Disease

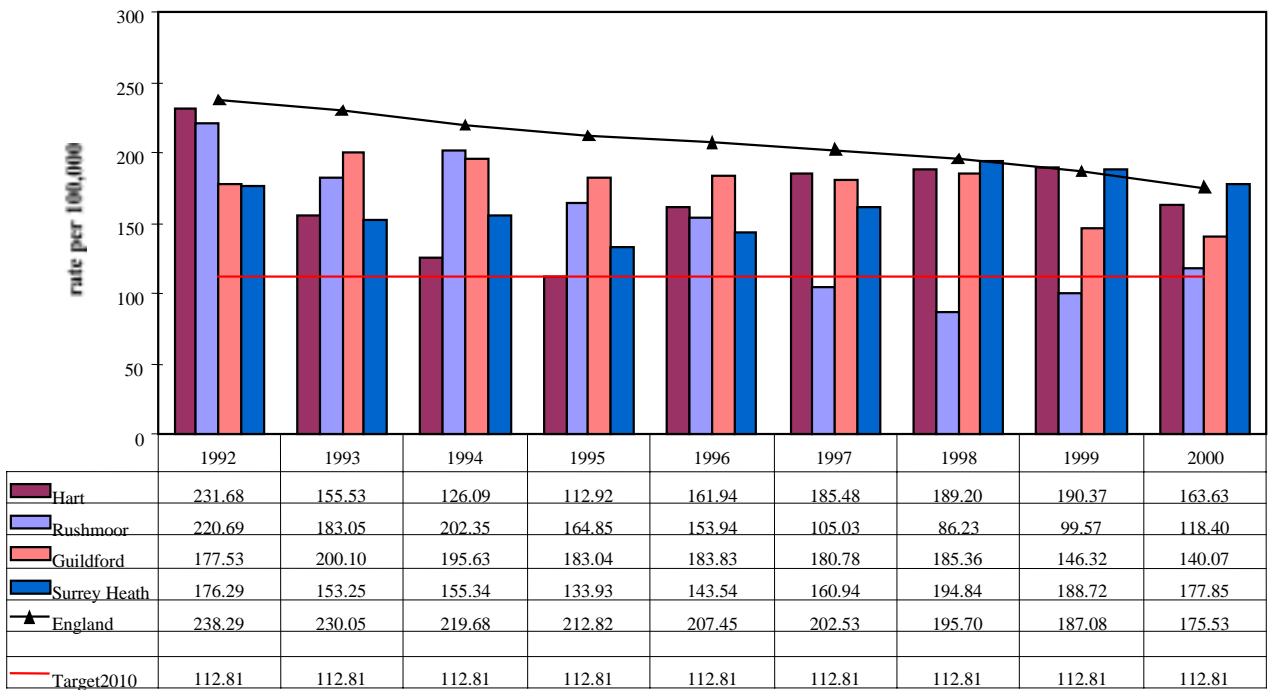
Variations in mortality from coronary heart disease are shown below. Not all people who have heart attacks reach hospital alive – it is estimated that half die before admission.



**Comments:**

- Steady progress but concentration on inequality areas in Rushmoor would give significant gain toward meeting targets.
- It is recommended that support programmes are provided in primary care for those diagnosed with hypertension and heart disease.
- Sustained efforts to improve thrombolysis given within 30 minutes of the heart attack is recommended. This is a National Service Framework target.

**Age standardised three year rolling mortality rate  
from coronary heart disease for persons aged between 65-74**



**Warning:**

The targets are calculated for the average rate for Hart and Rushmoor

**Comments:**

- All areas cause for concern but especially Hart and Surrey Heath for 65-74 year olds.
- It is recommended that support programmes are provided in primary care for those diagnosed with hypertension and heart disease.
- Sustained efforts to improve thrombolysis given within 30 minutes of the heart attack is recommended. This is a National Service Framework target.

## Admissions and Deaths from Myocardial Infarctions

The table below shows the number of admissions to hospital for myocardial infarctions and angina and the subsequent number of deaths following these admissions.

Source: Inpatient Contract Data Set

District	Diagnosis	1997-98	1998-99	1999-00	2000-01	2001-02	5 Year Average
Hart	Acute Myocardial Infarction	95	91	69	101	78	
	Subsequent Myocardial Infarction	8	4	9	9	16	
	Unstable Angina	55	81	64	81	70	
	<b>Total Admissions</b>	<b>158</b>	<b>176</b>	<b>142</b>	<b>191</b>	<b>164</b>	<b>166</b>
	<b>Deaths</b>	<b>18</b>	<b>10</b>	<b>9</b>	<b>8</b>	<b>12</b>	<b>11</b>
	<b>Deaths as % of admissions</b>	<b>11.4 %</b>	<b>5.7 %</b>	<b>6.3 %</b>	<b>4.2 %</b>	<b>7.3 %</b>	<b>6.9 %</b>
Rushmoor	Acute Myocardial Infarction	83	70	98	90	85	
	Subsequent Myocardial Infarction	12	8	9	16	11	
	Unstable Angina	91	79	117	109	111	
	<b>Total Admissions</b>	<b>186</b>	<b>157</b>	<b>224</b>	<b>215</b>	<b>207</b>	<b>198</b>
	<b>Deaths</b>	<b>19</b>	<b>16</b>	<b>8</b>	<b>14</b>	<b>10</b>	<b>13</b>
	<b>Deaths as % of admissions</b>	<b>10.2 %</b>	<b>10.2 %</b>	<b>3.6 %</b>	<b>6.5 %</b>	<b>4.8 %</b>	<b>6.8 %</b>
Other	Acute Myocardial Infarction	19	11	23	17	2	
	Subsequent Myocardial Infarction	0	1	5	3	2	
	Unstable Angina	14	10	11	21	2	
	<b>Total Admissions</b>	<b>33</b>	<b>22</b>	<b>39</b>	<b>41</b>	<b>6</b>	<b>28</b>
	<b>Deaths</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>3</b>
	<b>Deaths as % of admissions</b>	<b>6.1 %</b>	<b>13.6 %</b>	<b>10.3 %</b>	<b>9.8 %</b>	<b>0.0 %</b>	<b>9.2 %</b>
<b>TOTAL</b>	Acute Myocardial Infarction	<b>197</b>	<b>172</b>	<b>190</b>	<b>208</b>	<b>165</b>	
	Subsequent Myocardial Infarction	<b>20</b>	<b>13</b>	<b>23</b>	<b>28</b>	<b>29</b>	
	Unstable Angina	<b>160</b>	<b>170</b>	<b>192</b>	<b>211</b>	<b>183</b>	
	<b>Total Admissions</b>	<b>377</b>	<b>355</b>	<b>405</b>	<b>447</b>	<b>377</b>	<b>392</b>
	<b>Deaths</b>	<b>39</b>	<b>29</b>	<b>21</b>	<b>26</b>	<b>22</b>	<b>27</b>
	<b>Deaths as % of admissions</b>	<b>10.3 %</b>	<b>8.2 %</b>	<b>5.2 %</b>	<b>5.8 %</b>	<b>5.8 %</b>	<b>7.0 %</b>

### Warning:

Data is only available for the patients registered with the practices of Blackwater Valley and Hart PCT split by the district. District is allocated based on the patient's postcode. 'Other' refers to patients who are registered with a GP Practice but whose postcode is either invalid or outside the area of Hart and Rushmoor.

### Comments:

- Outcomes would be improved if cardiac rehabilitation was undertaken by all those for whom it was deemed appropriate.
- Some variation in Myocardial Infarction admission rates exists, with higher rates generally found in Rushmoor.

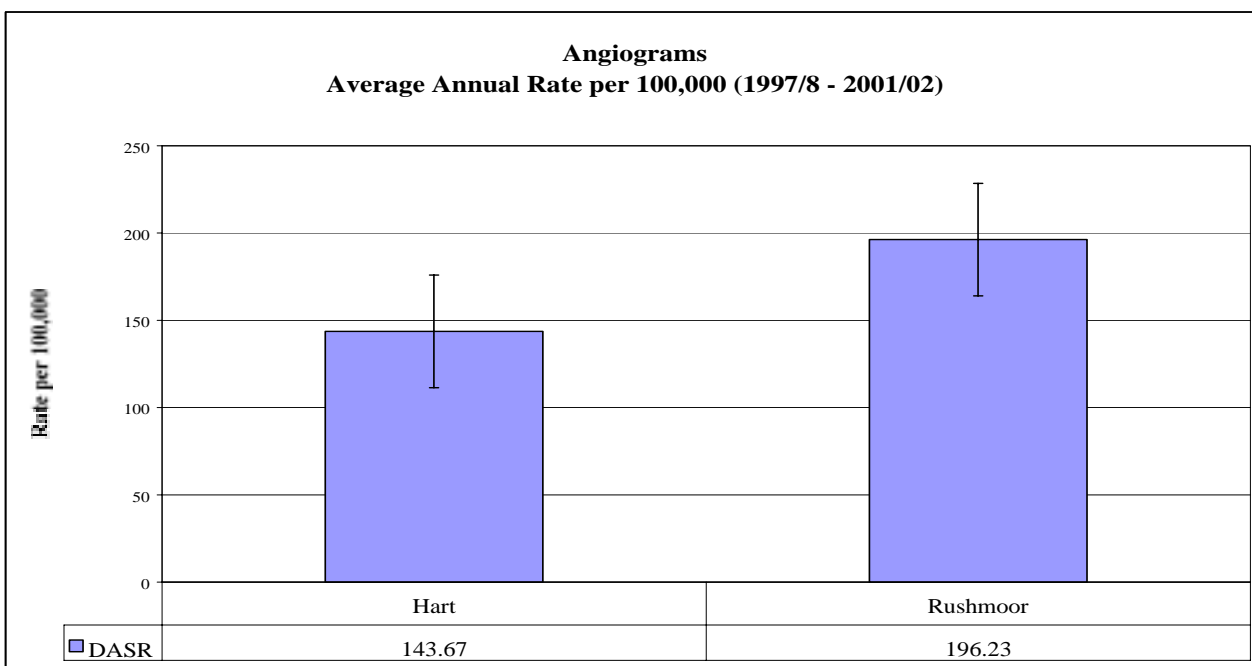
## Angiograms

Angiography is an investigation performed on patients who may have heart disease, to determine the exact diagnosis. Where coronary heart disease is more common, there will be more people needing angiography, and therefore there should be higher rates of the procedure.

The chart below shows the average number of angiograms carried out per 100,000 population over the last five years.

The following table shows the number of angiograms carried out in hospital split by the age band.

Source: CDS Inpatients.



## Number of Angiograms carried out in hospital

District	Ageband	1997-98	1998-99	1999-00	2000-01	2001-02
<b>Hart</b>	<b>0&lt;5</b>			1		
	<b>05&lt;10</b>					1
	<b>10&lt;15</b>	1				
	<b>15&lt;20</b>				1	
	<b>20&lt;25</b>	1			1	
	<b>25&lt;30</b>					1
	<b>30&lt;35</b>	3	1			1
	<b>35&lt;40</b>	1	3	3	2	1
	<b>40&lt;45</b>	3	2	3	5	8
	<b>45&lt;50</b>	8	5	8	4	9
	<b>50&lt;55</b>	13	18	15	9	11
	<b>55&lt;60</b>	22	14	18	16	17
	<b>60&lt;65</b>	17	16	13	23	30
	<b>65&lt;70</b>	8	12	26	24	38
	<b>70&lt;75</b>	9	12	11	20	26
	<b>75&lt;80</b>	4	15	14	13	16
<b>80&lt;85</b>	2	4	2	4	5	
<b>85+</b>				3	1	
<b>Hart</b>	<b>Total</b>	<b>92</b>	<b>102</b>	<b>114</b>	<b>125</b>	<b>165</b>

<b>Rushmoor</b>	<b>0&lt;5</b>	1	1		1	
	<b>15&lt;20</b>				1	
	<b>20&lt;25</b>			1	1	
	<b>25&lt;30</b>	2	2			
	<b>30&lt;35</b>	1	1		1	1
	<b>35&lt;40</b>	4	4	2	2	5
	<b>40&lt;45</b>	1	5	5	1	7
	<b>45&lt;50</b>	15	12	14	10	12
	<b>50&lt;55</b>	14	13	16	22	16
	<b>55&lt;60</b>	20	23	23	19	24
	<b>60&lt;65</b>	27	34	24	23	29
	<b>65&lt;70</b>	21	19	30	20	27
	<b>70&lt;75</b>	20	13	18	20	33
	<b>75&lt;80</b>	4	8	8	8	16
	<b>80&lt;85</b>	2	2	4	1	7
	<b>85+</b>	1		1	1	2
<b>Rushmoor</b>	<b>Total</b>	<b>133</b>	<b>137</b>	<b>146</b>	<b>131</b>	<b>179</b>

<b>Other</b>		<b>24</b>	<b>21</b>	<b>27</b>	<b>34</b>	<b>25</b>
	<b>Grand Total</b>	<b>249</b>	<b>256</b>	<b>286</b>	<b>289</b>	<b>368</b>

### Warning:

Data is only available for the patients registered with the practices of Blackwater Valley and Hart PCT split by the district. District is allocated based on the patient's postcode. 'Other' refers to patients who are registered with a GP Practice but whose postcode is either invalid or outside the area of Hart and Rushmoor.

### Comments:

- There are more angiograms in Rushmoor than Hart, which reflects the amount of heart disease found in an area of greater deprivation, particularly amongst younger people.

## Revascularisations

The table below shows the number of revascularisation procedures carried out in hospital over the last five years. Revascularisation procedures are coronary artery by-pass grafts and angioplasties.

Source: Inpatient Contract Data Set

District	Ageband	1997-98	1998-99	1999-00	2000-01	2001-02
Hart	35<40		2	1		
	40<45	2	1	1	1	3
	45<50	3	3	2	3	5
	50<55	6	8	3	2	5
	55<60	5	9	8	9	10
	60<65	7	10	5	8	9
	65<70	7	7	9	8	12
	70<75	3	9	5	10	10
	75<80	2	3	6	8	6
	80<85	1	1	1	2	2
	85+				1	
<b>Hart</b>	<b>Total</b>	<b>36</b>	<b>53</b>	<b>41</b>	<b>52</b>	<b>62</b>

Rushmoor	30<35		1			
	35<40	1			1	2
	40<45	2	1	3		2
	45<50	6	6	4	3	6
	50<55	4	4	8	9	10
	55<60	5	11	8	5	13
	60<65	5	11	11	11	9
	65<70	14	13	15	9	9
	70<75	18	4	10	7	9
	75<80	6	4	5	3	8
	80<85		1		1	2
85+			1		1	
<b>Rushmoor</b>	<b>Total</b>	<b>61</b>	<b>56</b>	<b>65</b>	<b>49</b>	<b>71</b>

<b>Other</b>		<b>9</b>	<b>13</b>	<b>13</b>	<b>12</b>	<b>16</b>
	<b>Grand Total</b>	<b>106</b>	<b>119</b>	<b>119</b>	<b>112</b>	<b>149</b>

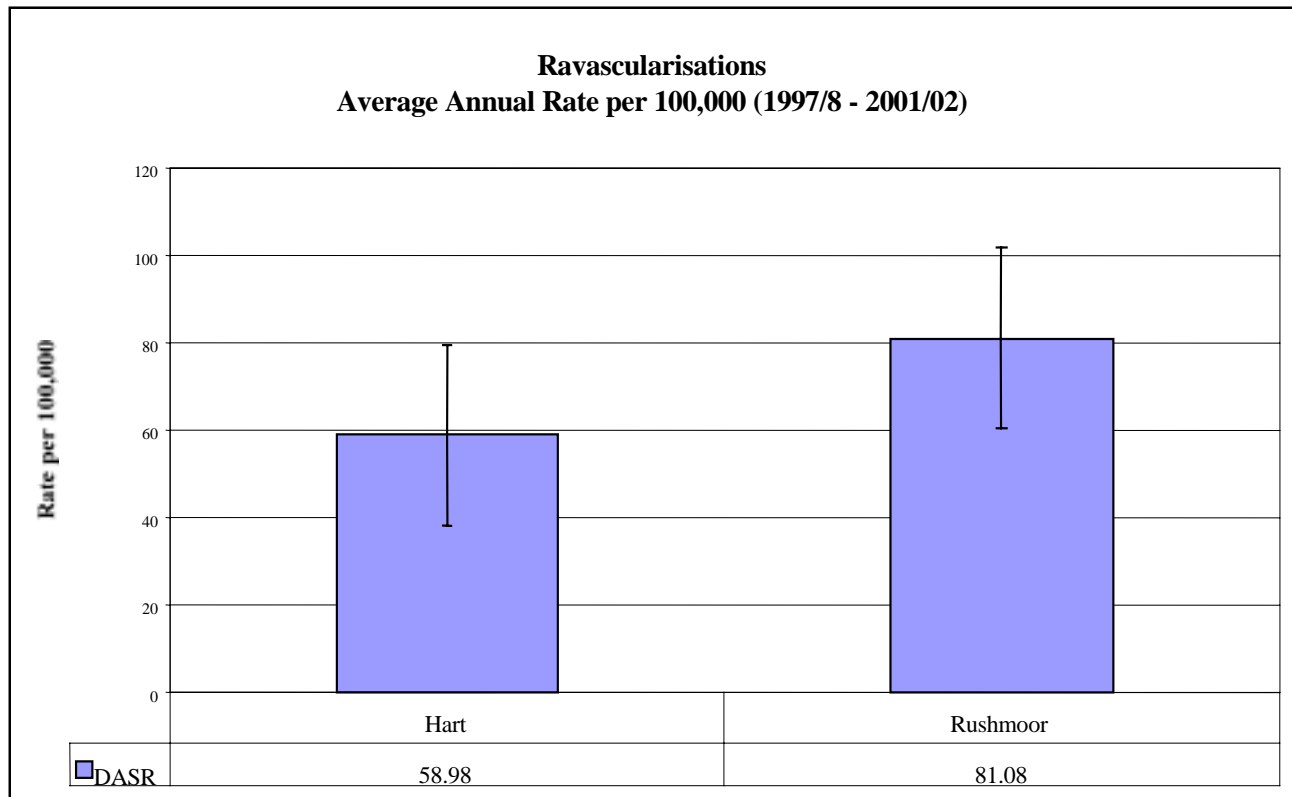
### Warning:

Data is only available for the patients registered with the practices of Blackwater Valley and Hart PCT split by the district. District is allocated based on the patient's postcode. 'Other' refers to patients who are registered with a GP Practice but whose postcode is either invalid or outside the area of Hart and Rushmoor.

### Comments:

- The increased rate of revascularisation is directly related to the extra activity afforded during 2001/02.

The chart below shows the average number of revascularisations carried out per 100,000 population during over the last five years.



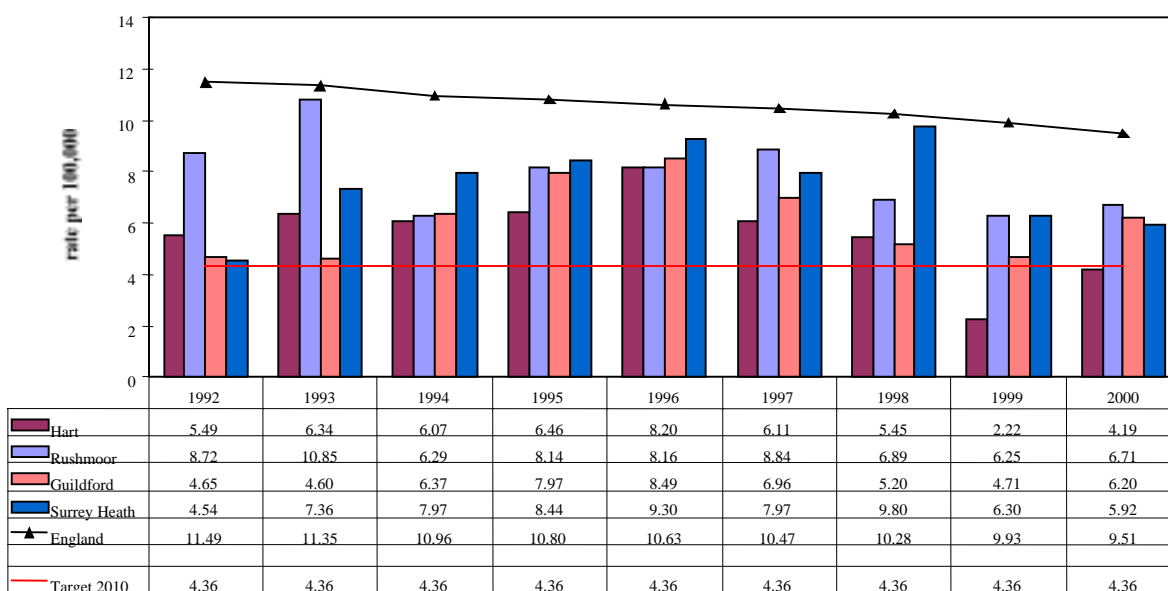
**Comments:**

- Few data are currently available to evaluate the outcomes of health care for coronary heart disease patients. The National Service Framework requires more audit data to be collected and reviewed. Longer time series are needed to assess the significance of different outcome rates, and careful consideration of all possible confounding factors is essential.

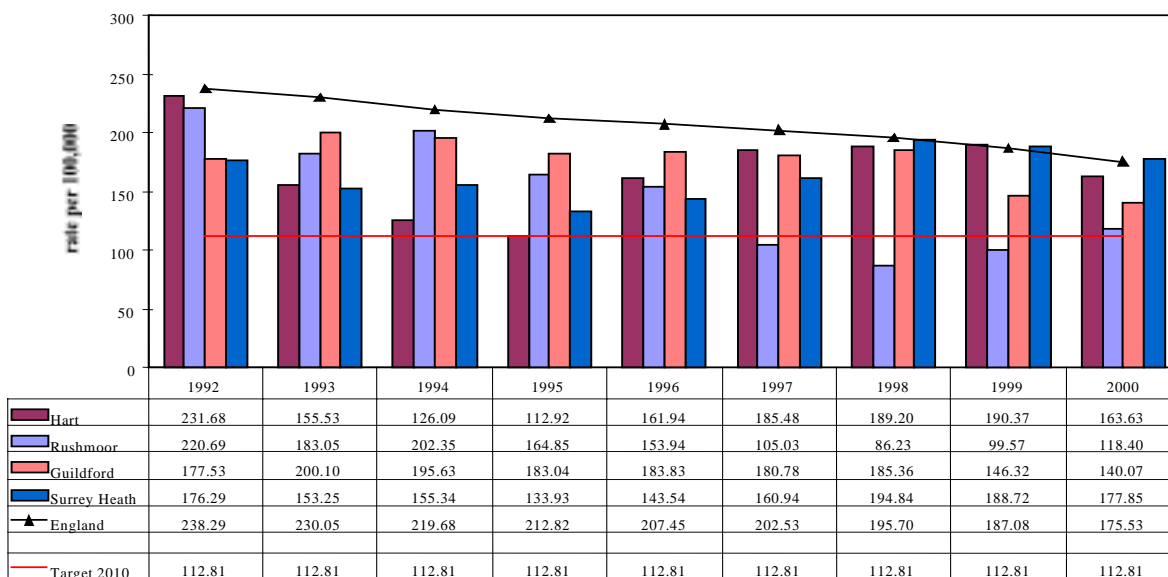
## Stroke

The charts below show the trends in deaths from strokes.  
Source: Compendium of Clinical and Health Indicators 2001

Age standardised three year rolling mortality rate  
from stroke for persons under 65



Age standardised three year rolling mortality rate  
from stroke for persons aged between 65-74



### Comments:

- Under 65 year olds erratic albeit some overall reduction
- Need to investigate stroke services accessibility and prescribing of aspirin in Rushmoor and Surrey Heath
- 65-74 year olds improvement is erratic, no sustained improvement over 10 years
- It is recommended that a review of stroke services and preventative activities are undertaken.
- Care of stroke patients is dramatically better when treated in a dedicated stroke unit.

The table below shows the number of hospital admissions for patients diagnosed as having a stroke and the percentage of subsequent deaths.

Source: CDS Inpatients

District	Diagnosis	1997-98	1998-99	1999-00	2000-01	2001-02	5 Year Average
Hart	Strokes	115	135	136	142	129	131
	Deaths	22	24	28	27	17	24
	Deaths as % of admissions	19.1 %	17.8 %	20.6 %	19.0 %	13.2 %	18.0 %
Rushmoor	Strokes	135	148	162	136	123	141
	Deaths	15	27	38	37	23	28
	Deaths as % of admissions	11.1 %	18.2 %	23.5 %	27.2 %	18.7 %	19.9 %
Other	Strokes	15	13	30	33	10	20
	Deaths	1	2	6	7	2	4
	Deaths as % of admissions	6.7 %	15.4 %	20.0 %	21.2 %	20.0 %	17.8 %
TOTAL	Strokes	265	296	328	311	262	292
	Deaths	38	53	72	71	42	55
	Deaths as % of admissions	14.3 %	17.9 %	22.0 %	22.8 %	16.0 %	18.9 %

**Warning:**

Data is only available for the patients registered with the practices of Blackwater Valley and Hart PCT split by the district. District is allocated based on the patient's postcode. 'Other' refers to patients who are registered with a GP Practice but whose postcode is either invalid or outside the area of Hart and Rushmoor.

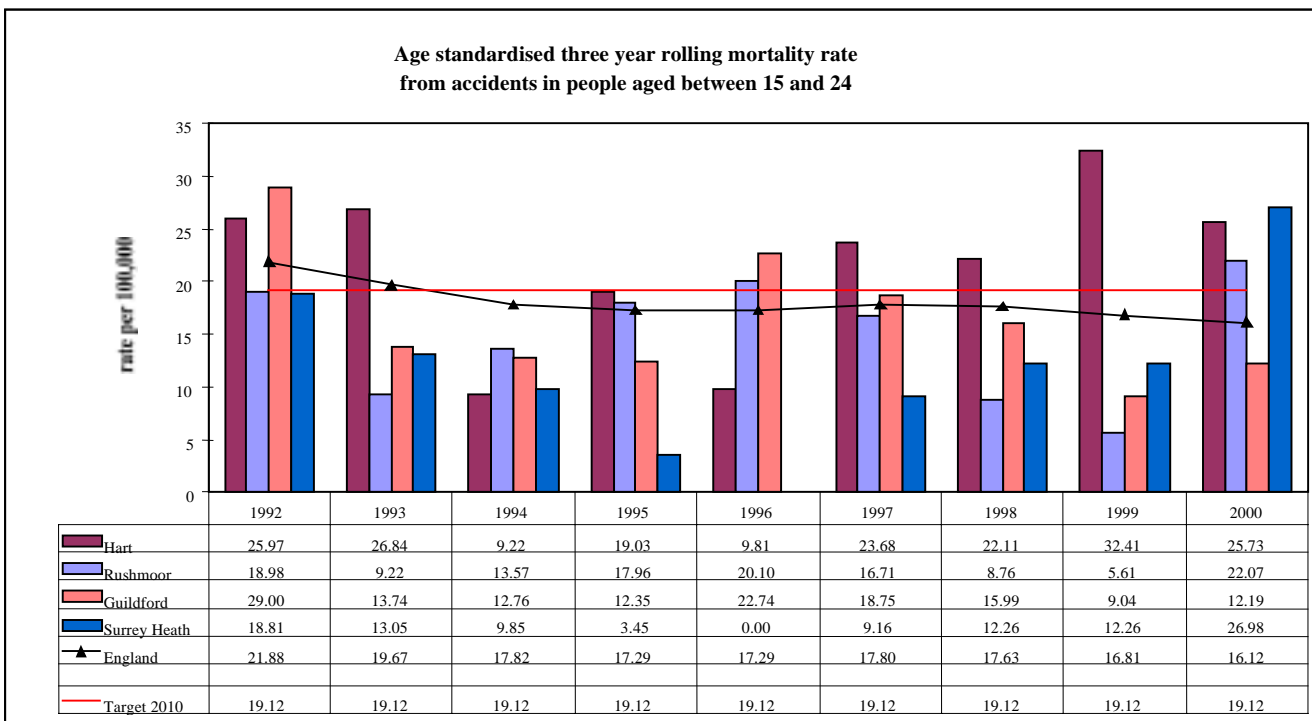
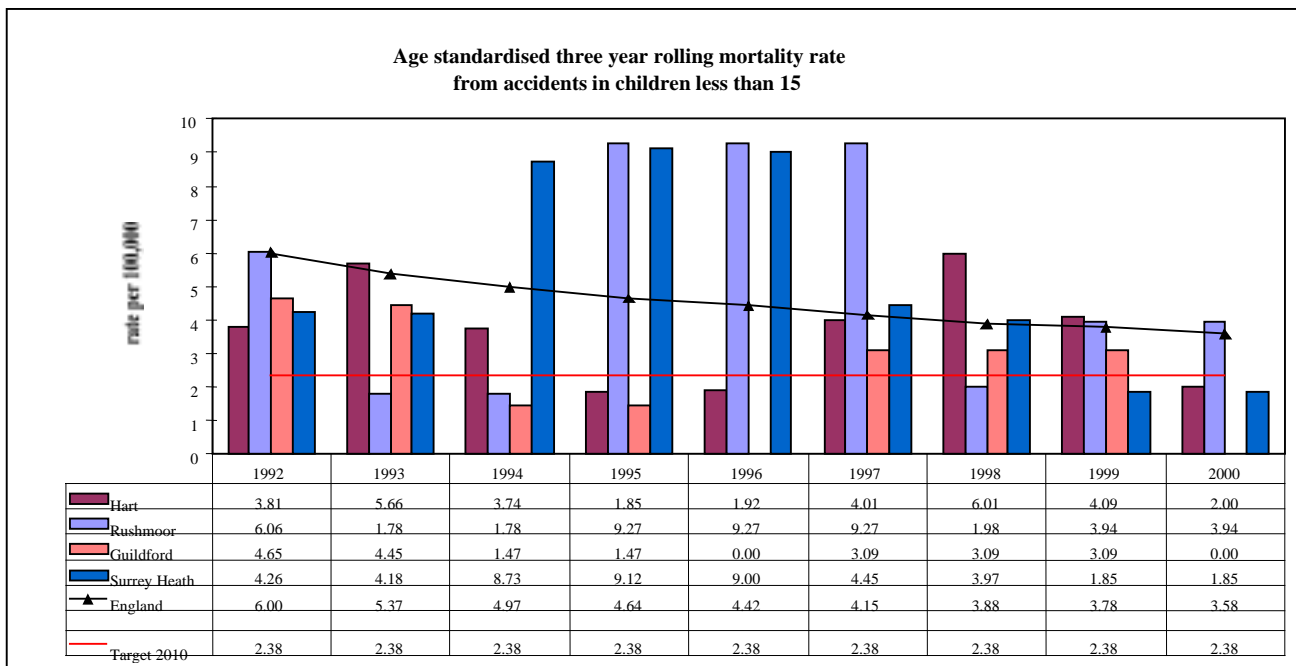
**Comments:**

- On average 1 in 5 people die from strokes after admission to hospital.
- National clinical guidelines for stroke (2002) and multi disciplinary stroke audit package should be used to improve quality and outcome of clinical care.

## Accidents

The charts below show the trend for deaths from accidents by specified age groups.

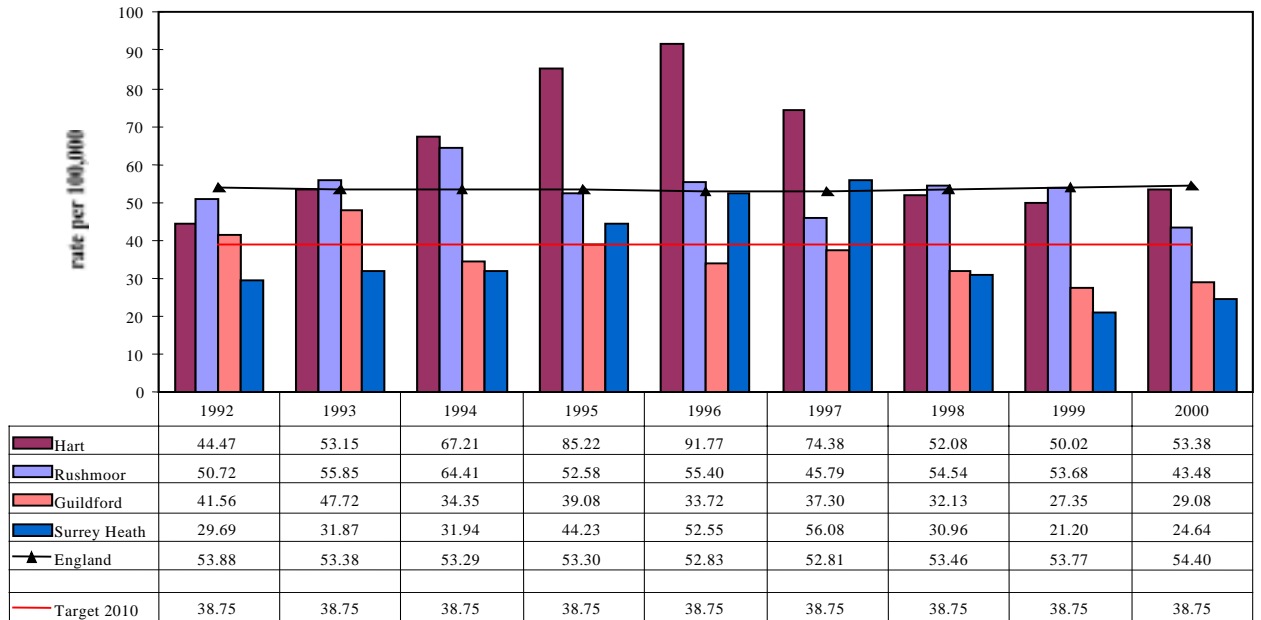
Source: Compendium of Clinical Indicators, 2001



**Warning:**

Caution must be taken when looking at accidents in under 15s as the numbers are very small.

**Age standardised three year rolling mortality rate  
from accidents in people aged 65 or more**



**Comments:**

- Rushmoor is above the target for deaths from accidents in children under 15.
- Hart and Rushmoor are above the target for deaths from accidents in people aged 15-24 and 65+
- It is recommended that following the publication of the National Task Force for Accidents Strategy that a local partnership action plan is developed for accident prevention.

## Admissions to Hospital for All Accidents during 2001/02

The following tables show the number of admissions to hospital following an accident. It also shows the corresponding average number of nights the patient stays in hospital. A severe accident is defined as a length of stay greater than three nights in hospital.

Source: Inpatient Contract DataSets

District	Age band	Admissions				Average Length of Stay			
		Falls	Transport	Other	Total	Falls	Transport	Other	Total
<b>Hart</b>	<b>&lt;15</b>	67	16	57	<b>140</b>	2.0	1.9	1.0	<b>1.6</b>
	<b>15-24</b>	15	14	37	<b>66</b>	1.8	2.3	2.2	<b>2.1</b>
	<b>25-64</b>	63	20	92	<b>175</b>	5.8	7.0	3.6	<b>4.8</b>
	<b>65+</b>	125	4	66	<b>195</b>	25.1	6.8	10.5	<b>19.8</b>
	<b>Total</b>	<b>270</b>	<b>54</b>	<b>252</b>	<b>576</b>	<b>13.6</b>	<b>4.2</b>	<b>4.6</b>	<b>8.8</b>
<b>Rushmoor</b>	<b>&lt;15</b>	66	18	73	<b>157</b>	1.1	1.3	0.8	<b>1.0</b>
	<b>15-24</b>	18	17	26	<b>61</b>	2.2	8.4	0.7	<b>3.3</b>
	<b>25-64</b>	74	34	91	<b>199</b>	7.8	4.2	5.3	<b>6.1</b>
	<b>65+</b>	180	6	53	<b>239</b>	24.7	9.0	10.0	<b>21.0</b>
	<b>Total</b>	<b>338</b>	<b>75</b>	<b>243</b>	<b>656</b>	<b>15.2</b>	<b>4.8</b>	<b>4.5</b>	<b>10.0</b>
<b>Other</b>	<b>&lt;15</b>	1	0	10	<b>11</b>	0.0	0.0	1.6	<b>1.5</b>
	<b>15-24</b>	1	1	6	<b>8</b>	11.0	1.0	1.2	<b>2.4</b>
	<b>25-64</b>	6	3	16	<b>25</b>	2.7	2.3	1.2	<b>1.7</b>
	<b>65+</b>	6	0	8	<b>14</b>	7.8	0.0	6.9	<b>7.3</b>
	<b>Total</b>	<b>14</b>	<b>4</b>	<b>40</b>	<b>58</b>	<b>5.3</b>	<b>2.0</b>	<b>2.4</b>	<b>3.1</b>
<b>Total</b>	<b>&lt;15</b>	134	34	140	<b>308</b>	1.5	1.6	1.0	<b>1.3</b>
	<b>15-24</b>	34	32	69	<b>135</b>	2.3	5.5	1.5	<b>2.7</b>
	<b>25-64</b>	143	57	199	<b>399</b>	6.7	5.1	4.2	<b>5.2</b>
	<b>65+</b>	311	10	127	<b>448</b>	24.5	8.1	10.0	<b>20.0</b>
	<b>Total</b>	<b>622</b>	<b>133</b>	<b>535</b>	<b>1290</b>	<b>14.3</b>	<b>4.5</b>	<b>4.4</b>	<b>9.2</b>

## Admissions to Hospital for Severe Accidents during 2001/02

District	Age band	Admissions				Average Length of Stay			
		Falls	Transport	Other	Total	Falls	Transport	Other	Total
<b>Hart</b>	<b>&lt;15</b>	4	2	2	<b>8</b>	19.0	7.5	4.5	<b>12.5</b>
	<b>15-24</b>	2	2	5	<b>9</b>	4.5	10.0	8.2	<b>7.8</b>
	<b>25-64</b>	29	9	19	<b>57</b>	11.1	14.9	13.2	<b>12.4</b>
	<b>65+</b>	98	3	34	<b>135</b>	31.7	9.0	19.4	<b>28.1</b>
	<b>Total</b>	<b>133</b>	<b>16</b>	<b>60</b>	<b>209</b>	<b>26.4</b>	<b>12.3</b>	<b>16.0</b>	<b>22.3</b>
<b>Rushmoor</b>	<b>&lt;15</b>	2	0	2	<b>4</b>	4.0	0.0	5.0	<b>4.5</b>
	<b>15-24</b>	3	5	0	<b>8</b>	7.0	25.8	0.0	<b>18.8</b>
	<b>25-64</b>	30	14	24	<b>68</b>	17.6	8.7	17.1	<b>15.6</b>
	<b>65+</b>	148	1	27	<b>176</b>	29.8	49.0	18.5	<b>28.2</b>
	<b>Total</b>	<b>183</b>	<b>20</b>	<b>53</b>	<b>256</b>	<b>27.1</b>	<b>15.0</b>	<b>17.3</b>	<b>24.1</b>
<b>Other</b>	<b>&lt;15</b>	0	0	1	<b>1</b>	0	0	6.0	<b>6.0</b>
	<b>15-24</b>	1	0	0	<b>1</b>	11	0	0	<b>11.0</b>
	<b>25-64</b>	1	1	1	<b>3</b>	8	4	8.0	<b>6.7</b>
	<b>65+</b>	5	0	3	<b>8</b>	9	0	17.0	<b>12.0</b>
	<b>Total</b>	<b>7</b>	<b>1</b>	<b>5</b>	<b>13</b>	<b>9.1</b>	<b>4.0</b>	<b>13.0</b>	<b>10.2</b>
<b>Total</b>	<b>&lt;15</b>	6	2	5	<b>13</b>	14.0	7.5	5.0	<b>9.5</b>
	<b>15-24</b>	6	7	5	<b>18</b>	6.8	21.3	8.2	<b>12.8</b>
	<b>25-64</b>	60	24	44	<b>128</b>	14.3	10.8	15.2	<b>14.0</b>
	<b>65+</b>	251	4	64	<b>319</b>	30.1	19.0	18.9	<b>27.7</b>
	<b>Total</b>	<b>323</b>	<b>37</b>	<b>118</b>	<b>478</b>	<b>26.4</b>	<b>13.5</b>	<b>16.5</b>	<b>23.0</b>

### Warning:

Data is only available for the patients registered with the practices of Blackwater Valley and Hart PCT split by the district. District is allocated based on the patient's postcode. 'Other' refers to patients who are registered with a GP Practice but whose postcode is either invalid or outside the area of Hart and Rushmoor.

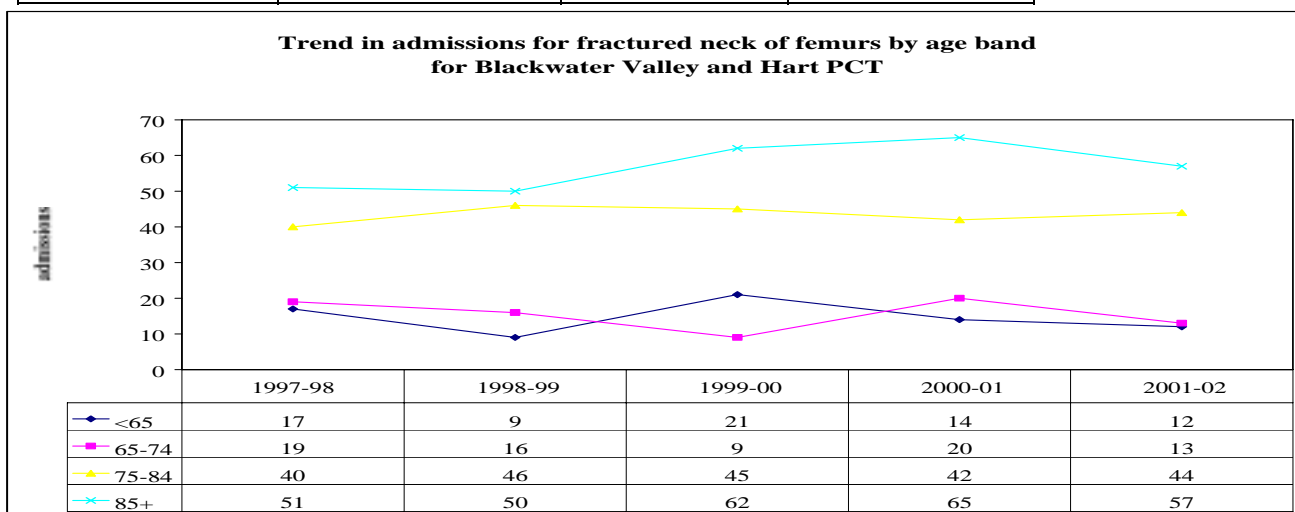
### Comments:

- Falls is the leading cause of accident in all age groups but particularly amongst older people.
- Falls lead to loss of independence of older people, increased hospital stays and delayed transfers of care.
- It is recommended that the average length of stay is further investigated to find the most frequently occurring length of stay and the reasons for them.

## Fracture Neck of Femur during 2001/02

The following table shows the number of admissions for a fractures neck of femur, commonly known as a broken hip.  
Source: Inpatient CDS

District	Age band	Admissions	Average Length of Stay
<b>Hart</b>	<65	7	11.9
	65-74	6	27.8
	75-84	16	14.6
	85+	26	45.0
	<b>Total</b>	<b>55</b>	<b>30.1</b>
<b>Rushmoor</b>	<65	5	43.8
	65-74	7	15.3
	75-84	26	23.2
	85+	30	34.0
	<b>Total</b>	<b>68</b>	<b>28.7</b>
<b>Other</b>	<65	0	0
	65-74	0	0
	75-84	2	10.0
	85+	1	20.0
	<b>Total</b>	<b>3</b>	<b>13.3</b>
<b>PCT TOTAL</b>		<b>126</b>	<b>28.9</b>



### Warning:

Data is only available for the patients registered with the practices of Blackwater Valley and Hart PCT split by the district. District is allocated based on the patient's postcode. 'Other' refers to patients who are registered with a GP Practice but whose postcode is either invalid or outside the area of Hart and Rushmoor.

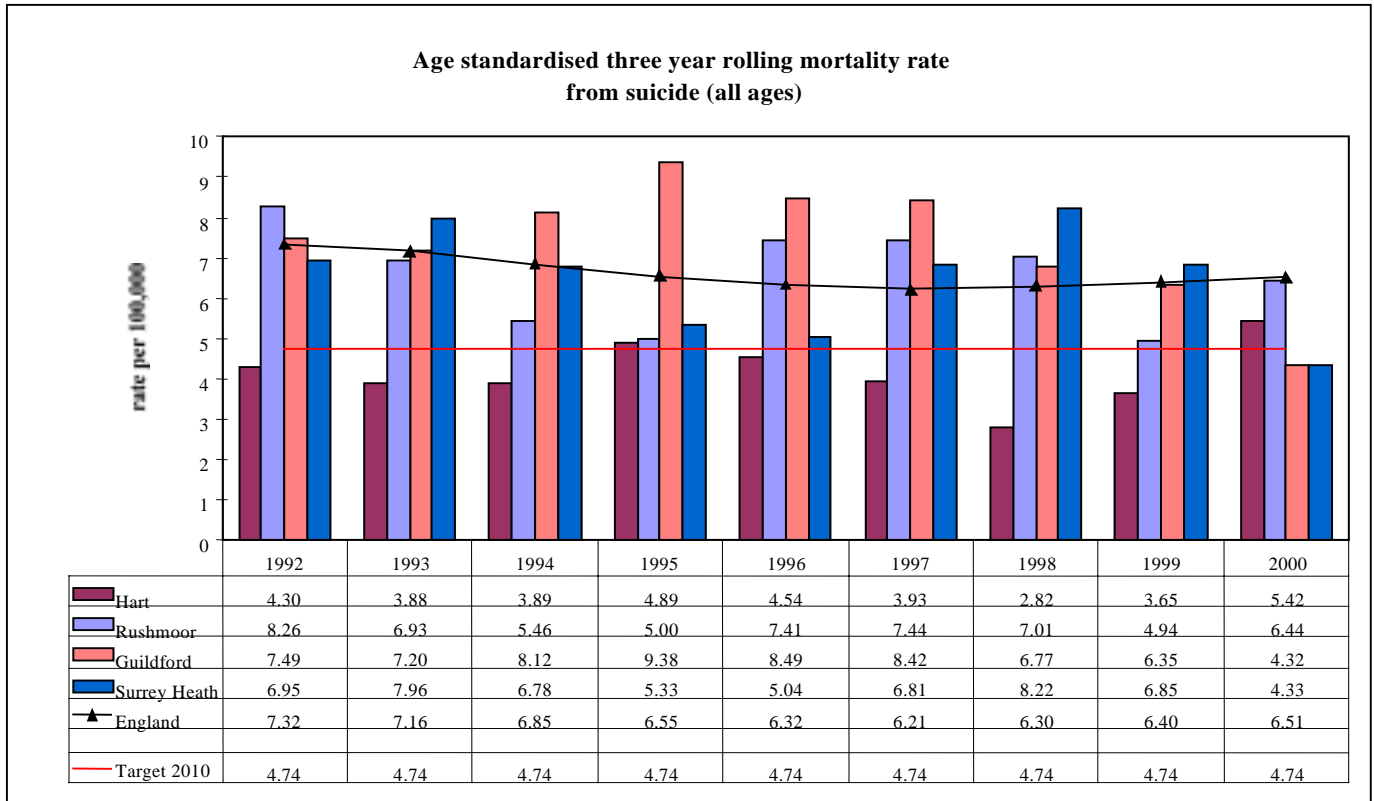
### Comments:

- Fracture neck of femurs are increasing, as is the average length of stay.
- It is recommended that urgent attention is given to a comprehensive falls strategy with prevention in 50 year olds and over.
- The length of stay may be due to delayed transfers of care, particularly in older people.

## Mental Health

The charts below show the trends in mortality from suicide and then for suicide and undetermined injuries.

Source: Compendium of Clinical and Health Indicators 2001



### Warning:

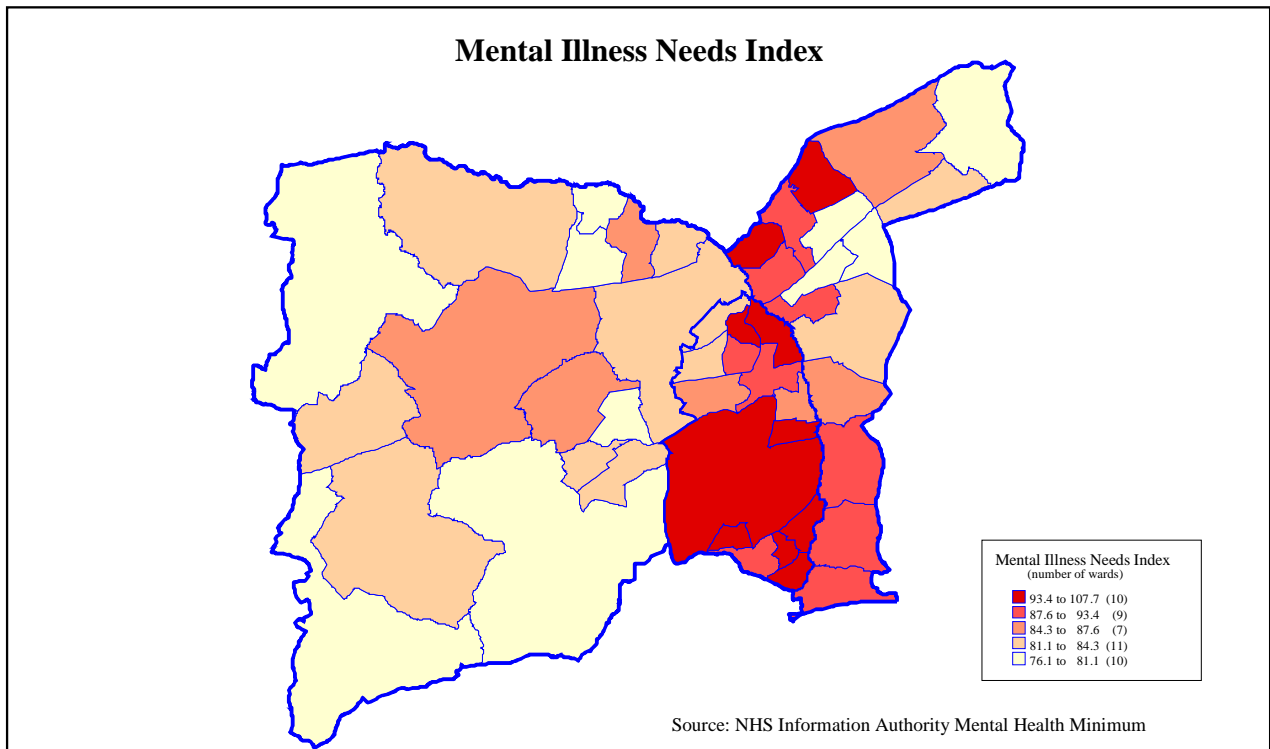
Caution must be taken when interpreting these figures, as they are statistically very low.

### Comment:

- Suicide is the tip of the iceberg. Deliberate self-harm, as an indicator would give a better source for trend analysis.
- It is recommended that A&E departments collect data on deliberate self-harm.

## Mental Illness Needs Index

The map below shows the Mental Illness Needs Index (MINI) by electoral ward. The scores were calculated using the MINI program created by GR Glover, E Robin, J Emani and R.Arabsheibani. The MINI score is calculated using a number of indicators taken from the 1991 Census.



Reproduced from Boundary-Line by permission of Ordnance Survey on behalf of The Controller of Her Majesty's Stationery Office. Crown copyright. All rights reserved.

### Comments:

- The areas with the highest MINI score show where the Community Mental Health Teams should be located and which practices should specialise in mental health.
- It is recommended that support services be developed for those people who have suffered a life crisis e.g.: bereavement, divorce.

## Trends in admissions to hospital for a mental illness, split by district,

The table below shows the admissions to hospital under the care of a mental health consultant.

Source: CDS Inpatients

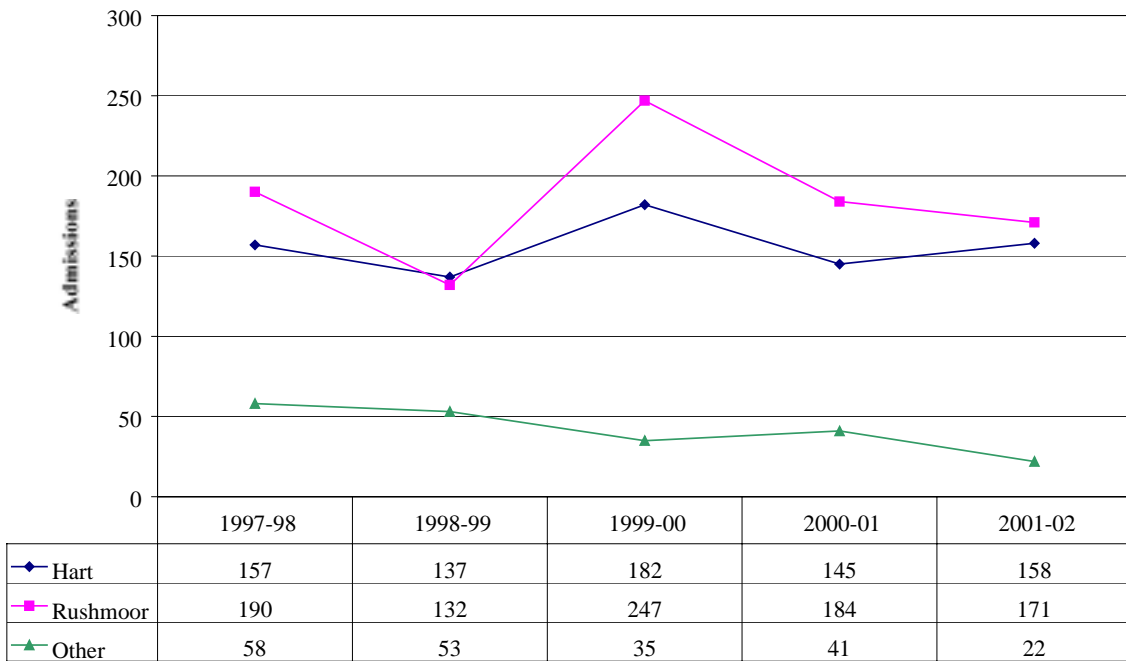
District		Age Band	1997-98	1998-99	1999-00	2000-01	2001-02
Hart	Female	0-17				1	2
		18-24	7	4	5	4	4
		25-39	23	16	12	13	13
		40-64	30	23	32	35	23
		65+	36	31	42	27	46
	<b>Female</b>	<b>Total</b>	<b>96</b>	<b>74</b>	<b>91</b>	<b>80</b>	<b>88</b>
	Male	0-17			1	5	1
		18-24	10	12	13	14	15
		25-39	10	15	22	14	20
		40-64	21	12	18	12	10
65+		20	23	33	24	25	
<b>Male</b>	<b>Total</b>	<b>61</b>	<b>63</b>	<b>91</b>	<b>65</b>	<b>70</b>	
<b>District Total</b>			<b>157</b>	<b>137</b>	<b>182</b>	<b>145</b>	<b>158</b>

Rushmoor	Female	0-17					1
		18-24	6	6	12	9	9
		25-39	40	15	36	29	23
		40-64	26	21	35	30	34
		65+	39	32	51	37	28
	<b>Female</b>	<b>Total</b>	<b>111</b>	<b>74</b>	<b>134</b>	<b>105</b>	<b>95</b>
	Male	0-17	2	1			
		18-24	5	3	13	8	7
		25-39	23	27	44	24	20
		40-64	23	12	33	16	24
65+		26	15	23	31	25	
<b>Male</b>	<b>Total</b>	<b>79</b>	<b>58</b>	<b>113</b>	<b>79</b>	<b>76</b>	
<b>District Total</b>			<b>190</b>	<b>132</b>	<b>247</b>	<b>184</b>	<b>171</b>

Other	Female	18-24	5	2		2	
		25-39	4	5	6	5	1
		40-64	3	7	5		1
		65+	9	10	9	9	8
		<b>Female</b>	<b>Total</b>	<b>21</b>	<b>24</b>	<b>20</b>	<b>16</b>
	Male	0-17	1				
		18-24	3	5	4	2	
		25-39	12	9	5	16	
		40-64	6	5	3	4	1
		65+	15	10	3	3	11
<b>Male</b>	<b>Total</b>	<b>37</b>	<b>29</b>	<b>15</b>	<b>25</b>	<b>12</b>	
<b>District Total</b>			<b>58</b>	<b>53</b>	<b>35</b>	<b>41</b>	<b>22</b>

PCT TOTAL		Age Band	1997-98	1998-99	1999-00	2000-01	2001-02
PCT TOTAL	Female	0-17				1	3
		18-24	18	12	17	15	13
		25-39	67	36	54	47	37
		40-64	59	51	72	65	58
		65+	84	73	102	73	82
	<b>Female</b>	<b>Total</b>	<b>228</b>	<b>172</b>	<b>245</b>	<b>201</b>	<b>193</b>
	Male	0-17	3	2	5	1	
		18-24	18	20	30	24	22
		25-39	45	51	71	54	40
		40-64	50	29	54	32	35
65+		61	48	59	58	61	
<b>Male</b>	<b>Total</b>	<b>177</b>	<b>150</b>	<b>219</b>	<b>169</b>	<b>158</b>	
<b>PCT TOTAL</b>			<b>405</b>	<b>322</b>	<b>464</b>	<b>370</b>	<b>351</b>

**Trend in hospital admissions over 5 years**



**Warning:**

Data is only available for the patients registered with the practices of Blackwater Valley and Hart PCT split by the district. District is allocated based on the patient’s postcode. ‘Other’ refers to patients who are registered with a GP Practice but whose postcode is either invalid or outside the area of Hart and Rushmoor.

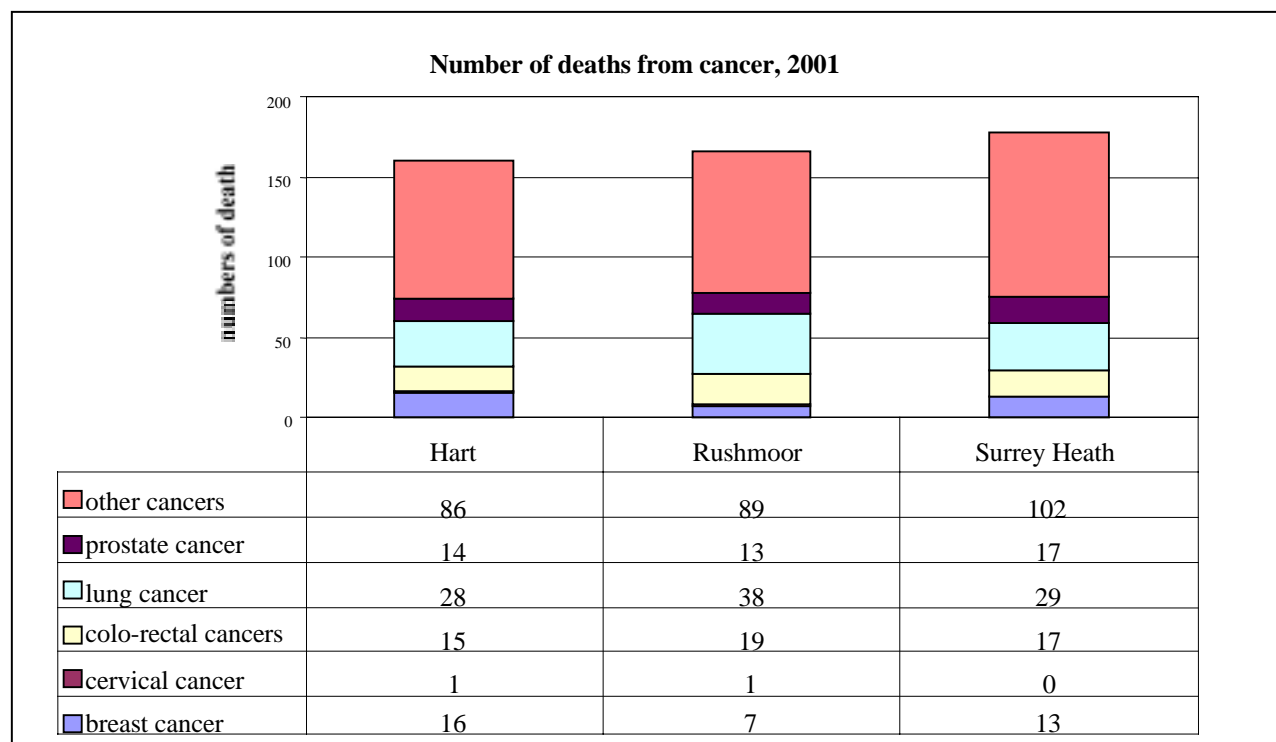
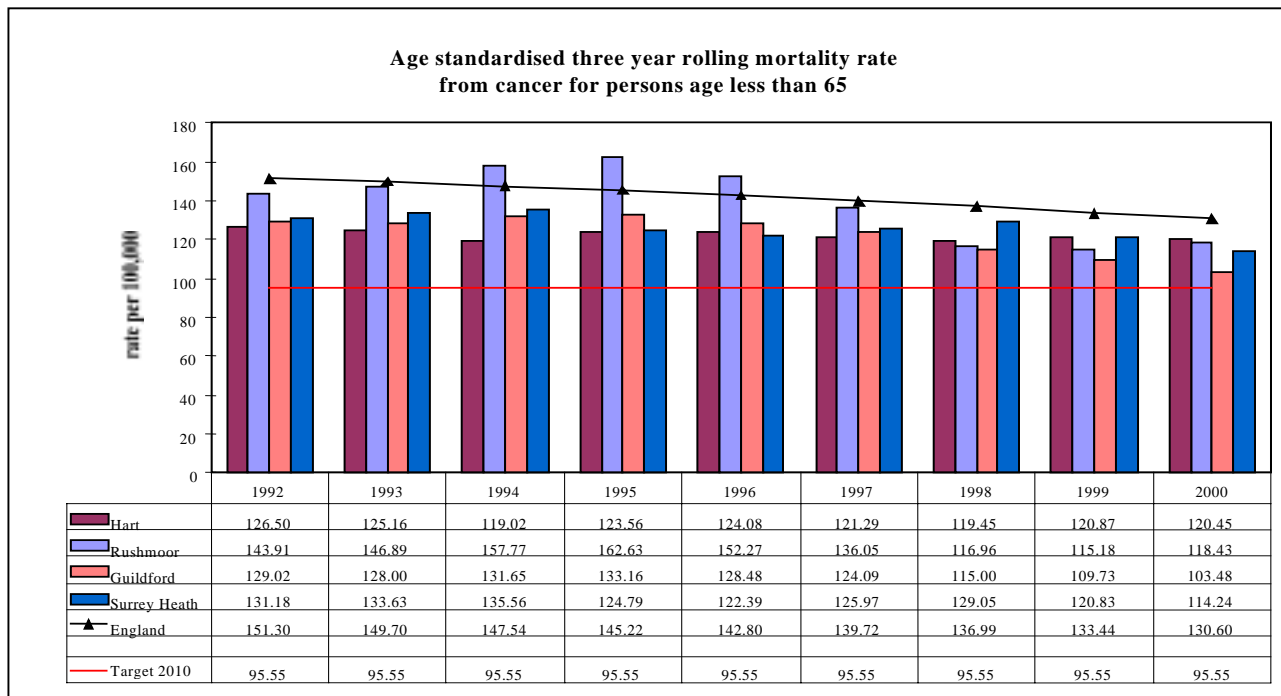
**Comments:**

- There is a significant decrease in males admitted which may indicate improvements in community based mental health services.
- Caution should be taken in interpreting the admission figures as the same patient could be counting as an admission year on year.
- The reasons for the high admissions in 1999/2000 are unclear but may be due to change in personnel.

## Cancer

The charts below show the trend for deaths from all cancers in people under 65 years of age and the number of deaths by specified cancer.

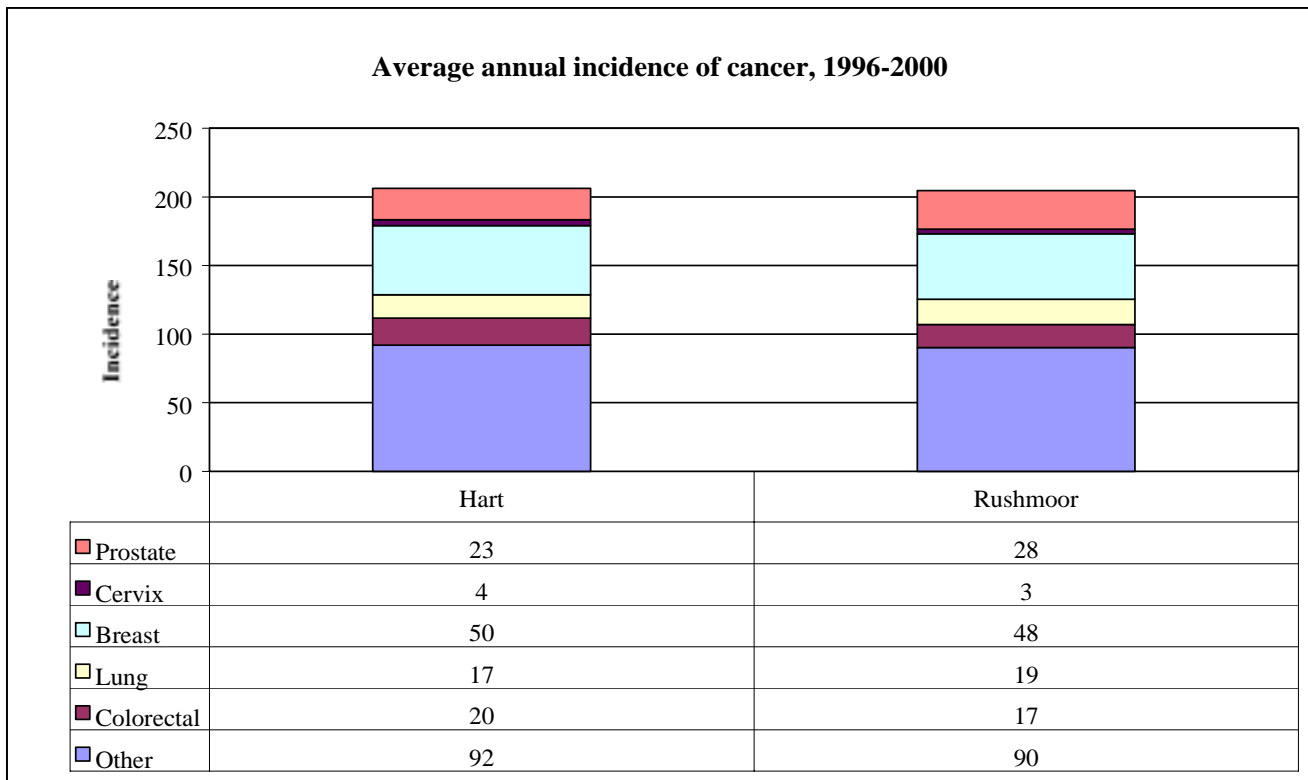
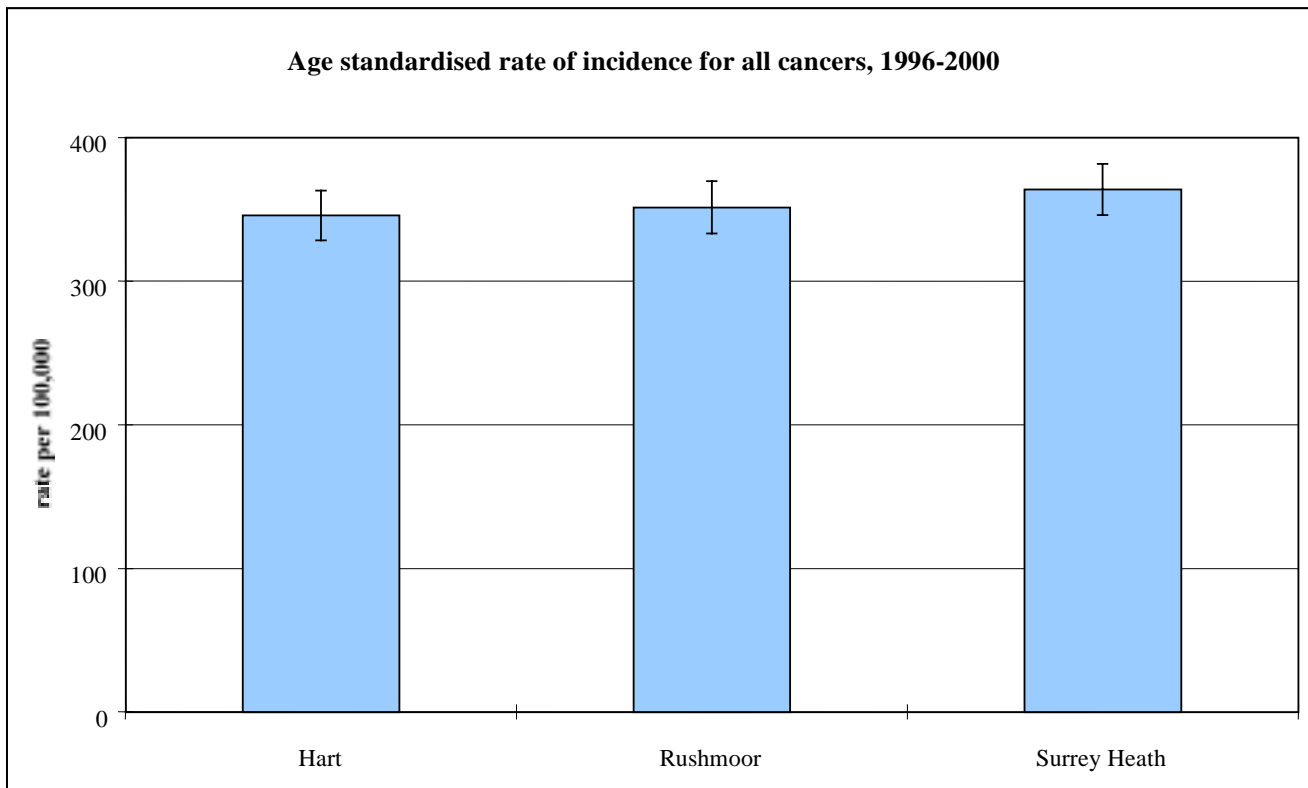
Source: Compendium of Clinical Indicators, 2001. Public Health Mortality File



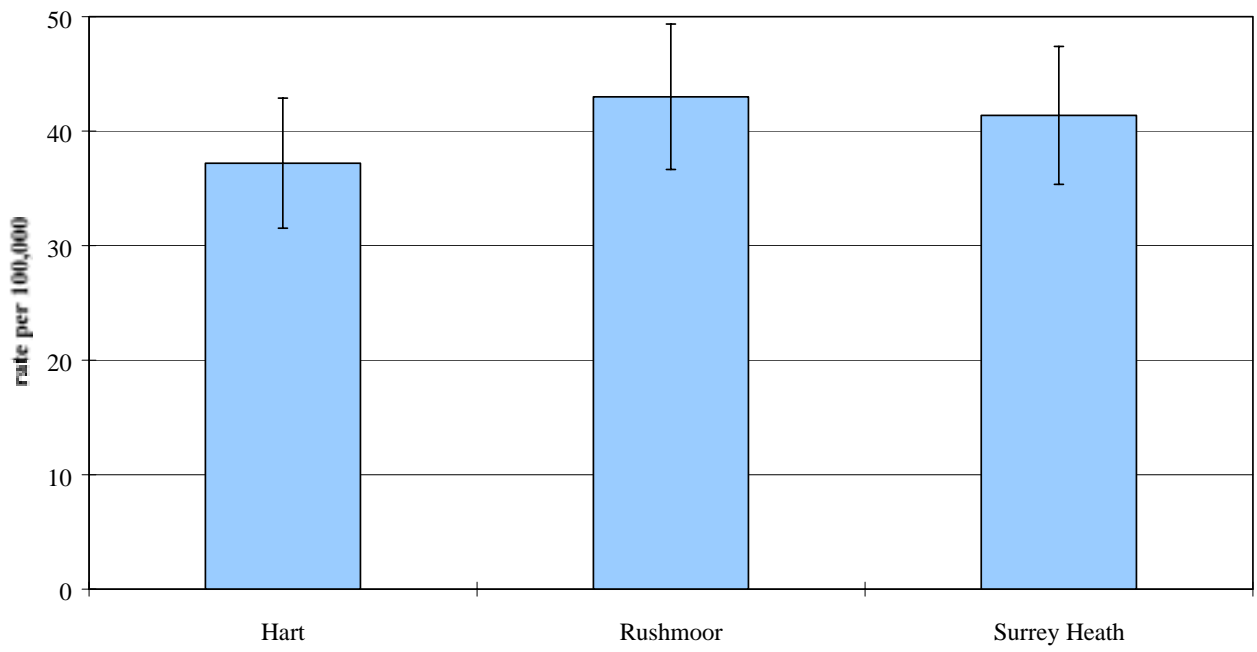
## Incidence of Cancer

Below are a series of charts showing the number and rates of new cases of cancer.

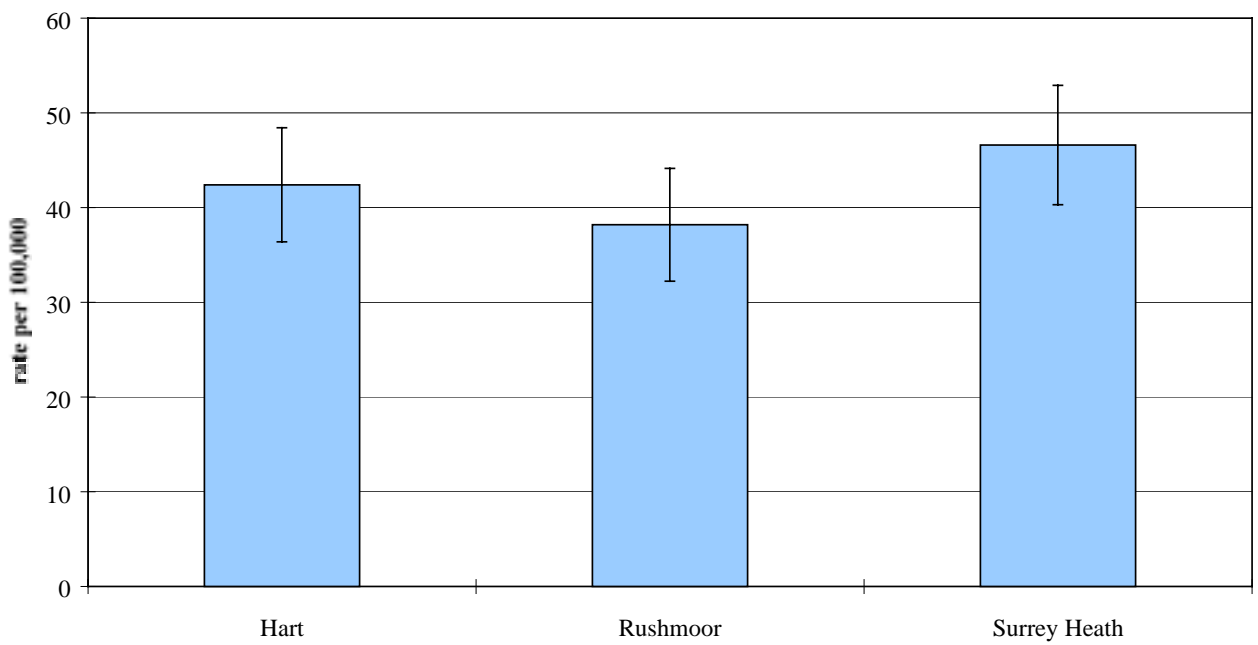
Source: South West Region Cancer Intelligence Service.



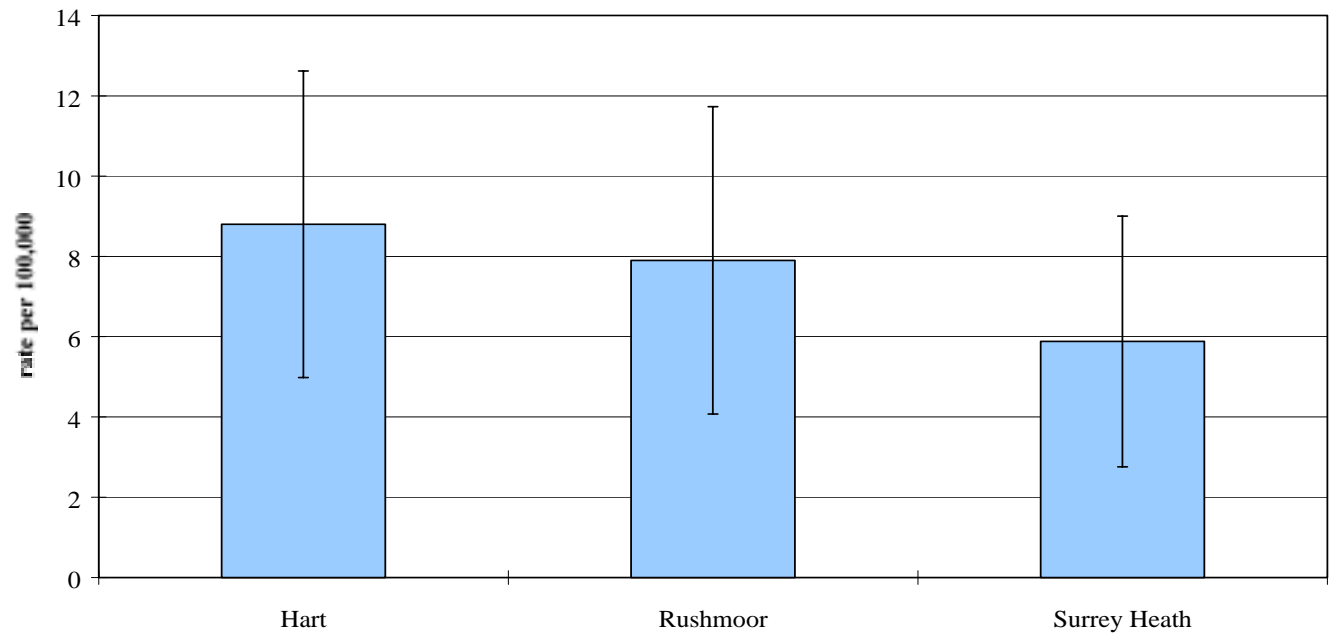
**Age standardised rate of incidence for lung cancer, 1996-2000**



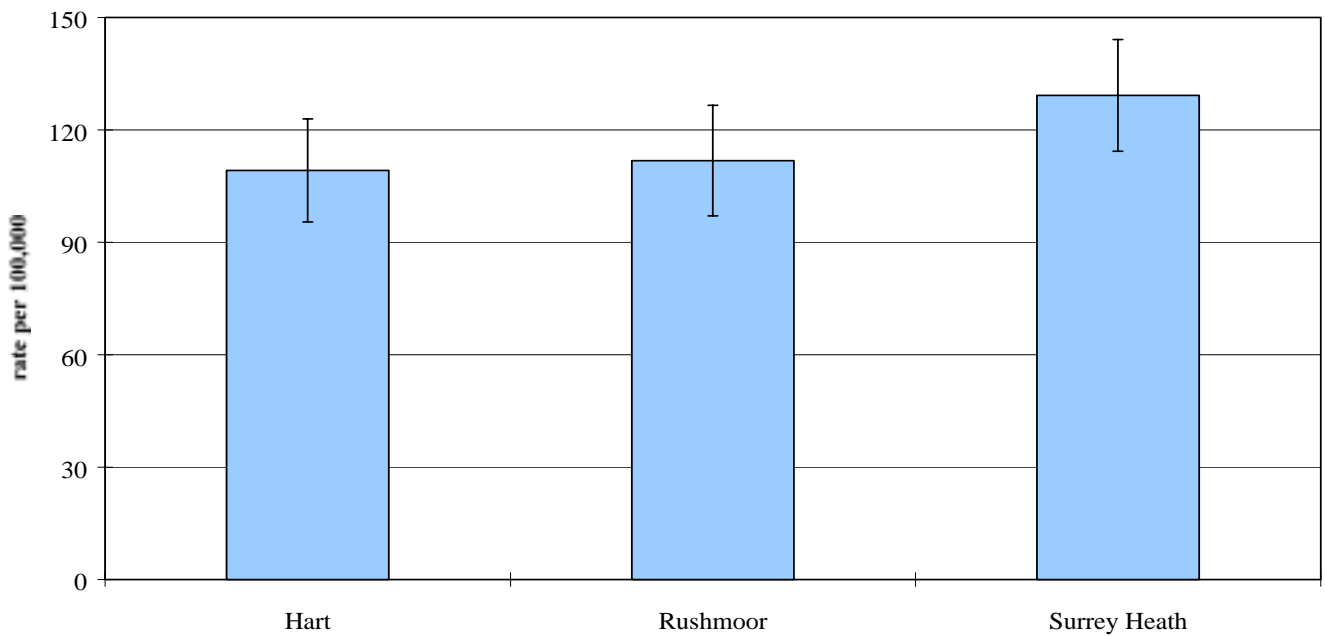
**Age standardised rate of incidence for colorectal cancer, 1996-2000**



**Age standardised rate of incidence for cervical cancer in women, 1996-2000**



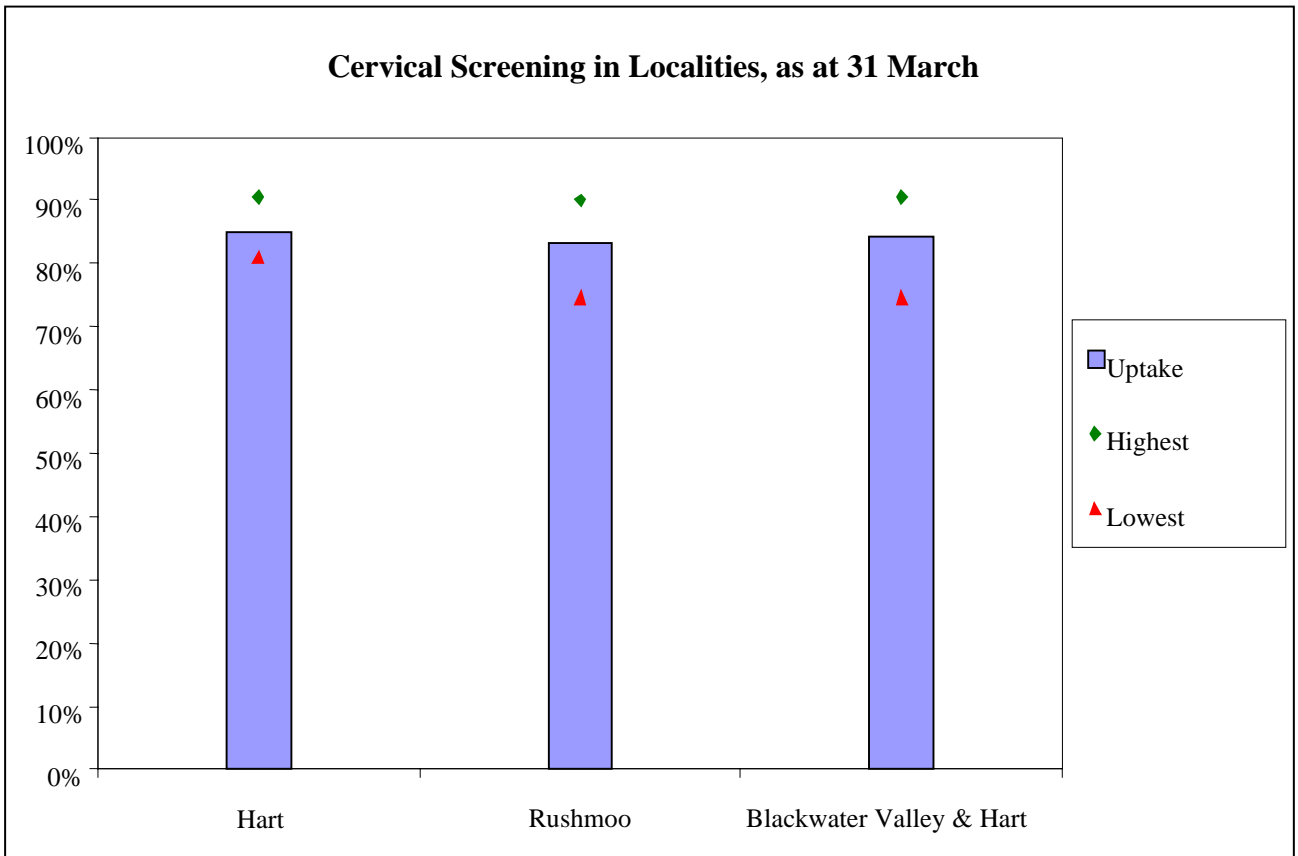
**Age standardised rate of incidence for breast cancer in women, 1996-2000**



## Cervical Screening

The chart below shows the average percentage uptake of cervical screening for women aged between 25 and 64 years old who had been tested in the five-year cycle to 31 March 2001. It also details the highest and lowest uptake by a practice.

Source: Patient and Practitioner Service Agency Hampshire and IOW: KM53, Exeter System



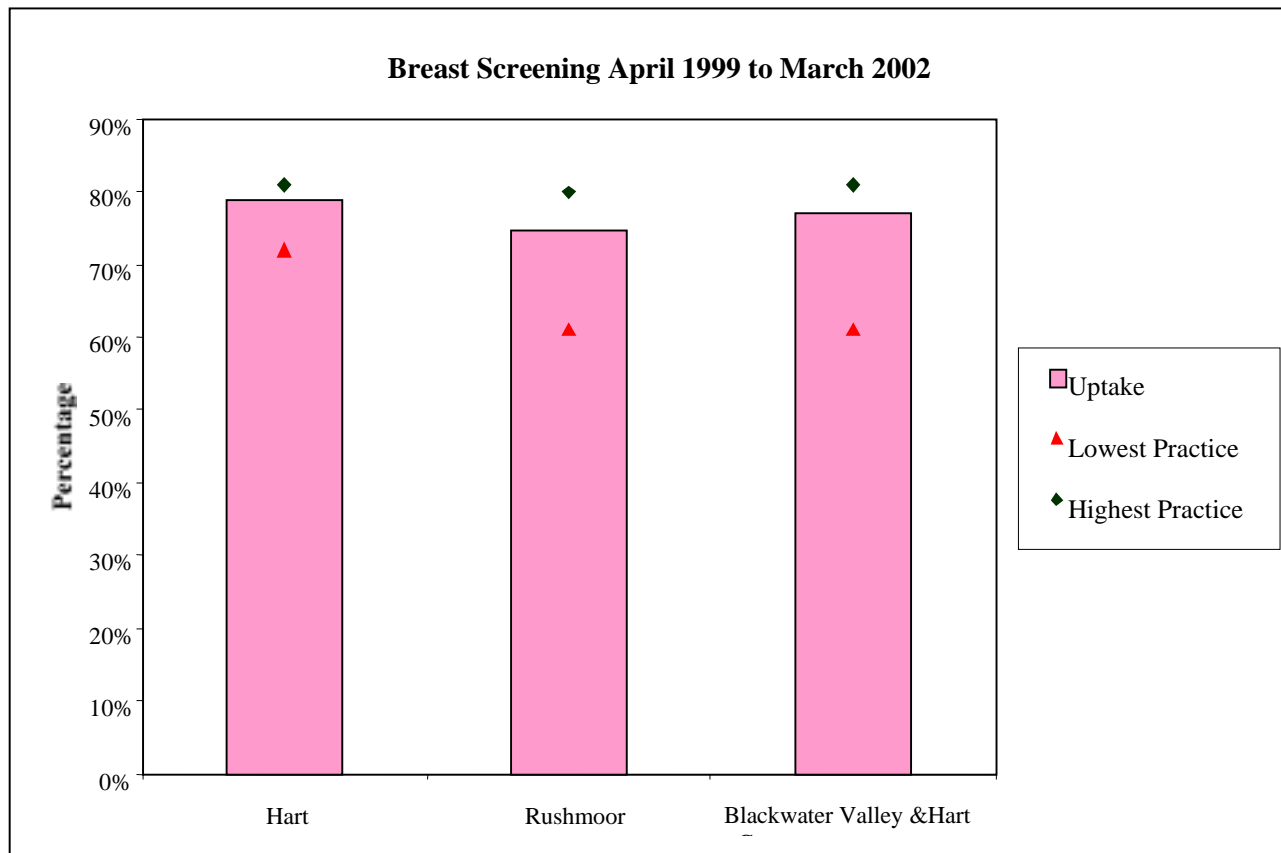
**Warning:**

Data is only available for Blackwater Valley and Hart PCT

## Breast Screening

The chart below shows the average percentage uptake of breast screening for women aged between 50 and 64 years old who had been tested in the last three year programme of screening offered to GP Practices to March 2002. It also details the highest and lowest uptake by a practice.

Source: Canrass System



### Warning:

Data is only available for Blackwater Valley and Hart PCT

### Comments:

- Rushmoor has shown a significant improvement in mortality rate over the last five years whilst Hart has remained fairly static. Surrey Heath has shown slight improvements year on year for the past three years.
- Rushmoor has higher numbers of deaths from deprivation linked cancers but Hart shows higher breast cancer deaths.
- Hart shows better uptake of both cervical and breast screening than Rushmoor.
- It is recommended that support is given to programmes to prevent people starting smoking and to reduce the number of people smoking.
- It is recommended that support is given to practices with the lowest uptake of breast and cervical screening uptake rates.

## HEALTH PROTECTION

Health protection is a term describing the public health work of the new national Health Protection Agency, to be launched in April 2003.

The agency brings together organisations concerned with infection (e.g. The Public Health Laboratory Service) with other expert agencies concerned with chemical and radiation hazards. (e.g. Chemical Incident Response Service and the National Radiological Protection Board.) The health protection umbrella also includes emergency planning, particularly arrangements for responding to major incidents caused by infection, chemicals or radiation.

At a local level, North Hants PCT hosts a consultant in communicable disease control, a community infection control nurse and an administrator who are employed by the Health Protection Agency. This team also provides services to Blackwater Valley and Hart PCT and, in part, to Mid Hampshire PCT.

Information on infection is obtained from a variety of sources including laboratory reports, doctors reporting legally notifiable infections, and from other health professionals, environmental health officers and members of the public.

The following table shows the reported cases of communicable diseases during 2002:

Source: Local notifications of infections and laboratory reports

Disease or Organism	Hart		Rushmoor	
	No. of cases	Cases/100000	No. of cases	Cases/100000
<b>Food poisoning</b>	176	202.9	137	154.5
Campylobacter	121	139.5	96	108.3
Salmonella	27	31.1	28	31.6
Esch. coli 0157	1	-	0	0.0
Giardia	8	9.2	11	12.4
Cryptosporidium	1	-	3	-
Typhoid	1	-	1	-
<b>Meningitis including meningococcal septicaemia</b>	3	3.5	15	16.9
<b>Tuberculosis</b>	1	1.2	6	6.8
<b>Viral hepatitis</b>	0	0.0	4 (1xHep A, 3xHep B)	-
<b>Vaccine preventable infections</b>				
Measles	4	-	4	-
Mumps	4	-	4	-
Rubella	14	-	3	-
Whooping cough	0	-	0	-
<b>Legionnaire's disease</b>	1	-	0	-
Other infections	scarlet fever (2) vibrio cholerae (1) shigella (1)	-	scarlet fever (2) psittacosis (1)	-

- numbers too small to be meaningful

### Warning:

Owing to the different ways in which information has been reported from Hart and Rushmoor, the figures in the above table may not always be directly comparable.

### **Infective diarrhoea and food poisoning**

- This accounted for the largest number of reports received. It must be remembered that food poisoning reports are the tip of the iceberg as many people do not seek medical advice and do not have faecal specimens sent for laboratory testing.
- During the year there were several diarrhoea outbreaks which were due to viruses which are spread through the person-to-person route, rather than through food. These outbreaks occurred in hospitals and in nursing and residential homes. Viral diarrhoea is common in the general population but is more likely to be investigated and reported when occurring in institutions.
- A particularly interesting small outbreak (1 case in Rushmoor but other cases in North Hampshire) was due to an unusual strain of salmonella which had also been detected in other parts of the country. This outbreak contributed to the national investigation suggesting imported eggs as the likely source.
- In most instances of food poisoning it is not possible to prove the source of the infection. Contrary to popular belief, most food poisoning probably originates at home. Education on the correct storage and handling of food is very important and is not always provided by schools or parents.
- It is recommended that food hygiene and personal hygiene advice is increased as they are important in preventing food poisoning and the spread of diarrhoea.

### **Meningitis and meningococcal septicaemia**

- No deaths occurred due to the meningococcal form of meningitis during 2002.
- No cases of group C meningococcal infection occurred in children or young people who had been immunised which demonstrates the success of the immunisation campaign which started in 1999.
- 2 cases of Haemophilus influenzae (Hib) meningitis occurred in young children who had been immunised against this germ. These were the first cases locally since 1992 when the Hib vaccine was first introduced. Increasing Hib infection has been recognised at a national level with 122 cases last year nationally despite near universal immunisation of the age group at greatest risk. National action is now being taken with an extra booster immunisation being offered to young children.
- It is recommended that GP's need to ensure all young people under the age of 25 years have been offered the meningitis C vaccine either at the surgery or by their school or college.
- As Haemophilus influenzae b infection seems to be re-emerging, doctors need to be aware of the possibility of serious Hib infections such as throat, eye, blood and joint infections, in addition to Hib meningitis.

### **Tuberculosis**

- Both Hart and Rushmoor have fewer cases of TB than the national average of around 11 cases per 100,000 population.
- Nationally, around 47% of TB cases are born abroad.
- There needs to be continued awareness of TB in low prevalence areas and it is likely that there will be increased investment in TB services in the future following a national TB Action Plan. Local TB services currently reflect a low prevalence area.
- It is recommended that TB services are reviewed when the TB Action Plan is published.

### **Viral hepatitis**

- The above cases are reported symptomatic cases of hepatitis A and B only.
- There may be asymptomatic cases of hepatitis A , B and C who may not be aware they are infected.
- Occasionally long term carriers of hepatitis B who are pregnant are identified through the antenatal screening programme.
- There is likely to be a significant number of people infected with hepatitis C, especially linked to drug abuse. Around 70% of intravenous drug abusers have evidence of hepatitis C infection and may develop serious liver disease in the future. Drug abusers are also at risk of being infected with hepatitis B and hepatitis A .There are effective vaccines for these infections.
- Hepatitis A and B can be prevented by immunisation and it is recommended that vaccines are offered to risk groups as advised by the Department of Health.
- There needs to be an awareness of undiagnosed cases of hepatitis C and planning for the future health impact of these cases.

### **Vaccine preventable infections**

- The above figures reflect only those cases notified by a doctor. It is important that suspected cases are notified, particularly for measles.
- Rash illnesses can be difficult to diagnose accurately and notification of a suspected cases of measles and rubella leads to the offer of a saliva test to help confirm the diagnosis. Confirmation of the diagnosis is important when assessing whether measles outbreaks are occurring due to sub optimal MMR uptake. (79% of local children had received one dose of MMR and 63% of children had received 2 doses. )
- Only 2 of the notified measles cases were confirmed last year. There may have been other cases which were not notified. Action may be needed to protect contacts following a case of measles.
- Reporting vaccine preventable infections also help inform national immunisation strategies.
- It is recommended that all notifiable vaccine preventable infections are reported.
- It is recommended that promotion of MMR vaccine should continue as a public health measure to prevent the serious consequences of these infections.
- A notable immunisation success for the PCT in 2002 was exceeding the national target for immunising people aged 65 or more against influenza. 72.5% of elderly people took up the offer of flu jabs.

### **HIV Infection**

- A special confidential reporting system exists for HIV infection notifications
- 41 adults in Blackwater Valley and Hart PCT are living with HIV infection.
- As with other infections, it is possible that there are people infected with HIV who are not aware.
- It is recommended that those in high risk groups should be encouraged to seek testing and that safe sex messages remain appropriate for all sexually active individuals
- All pregnant women are routinely offered an HIV test and a handful of cases have been detected in this way since the programme started in 1999. HIV positive women are then offered treatment to greatly reduce the risk of passing on infection to their unborn child.
- It is recommended that HIV prevention initiatives are continued and targeted to best local effect.

### **Chlamydia infection**

- This infection is usually sexually transmitted. It may be asymptomatic but can lead to serious pelvic infection and possible infertility. It is under-diagnosed at the present time and a possible approach to national screening has been piloted.
- It is recommended that chlamydia infection awareness is increased and a future coordinated and planned screening programme is developed nationally.

### **New entrants**

- The PCT is routinely informed of people from overseas who are seen at the Port Health Units when they arrive at Heathrow or Gatwick and who give destination addresses in the PCT area. This system is known to be very incomplete as not all new entrants are seen by Port Health Units.
- Last year in 2002, there were 355 new entrants notified by the Port Health Units to Blackwater Valley and Hart PCT. Depending on the country of origin and previous medical screening, some of these new entrants required TB screening and BCG immunisation after arrival in the area.
- It is also important that new entrants are helped to access primary care and other health services. Routine immunisations given vary between different countries and some people may be from countries where immunisation services had been disrupted.
- It is recommended that no opportunity is missed enabling new entrants to access primary care and other health services.
- It is recommended that new entrants from other countries have TB screening if appropriate and that immunization status is checked.

### **Emergency Planning**

- Health protection and public health staff are increasingly involved in emergency planning, particularly with reference to biological and chemical agents and radioactive materials.
- Local emergency planning takes account of local factors such as Farnborough Airport and Farnborough Air Show and the presence of military establishments and personnel.
- In addition, the location of Blackwater Valley and Hart PCT on the Hampshire Surrey boundary requires a coordinated response if agencies from both Hampshire and Surrey are involved.
- It is recommended that effective emergency planning continues as an essential high profile activity for the local NHS in conjunction with other agencies.

## Glossary

**Age Standardised:** a method of eliminating any variation that may have been caused by different age distributions when comparing rates from different populations

**Canrass System:** a computer system that records all data about breast screening

**CDS Inpatients:** electronic inpatient records submitted by hospitals to the HIS via the NHS Wide Clearing Service

**DASR:** directly age standardised rate

**European Standard Population:** a population age distribution used in age standardisation to enable rates to be compared across populations with different age distributions

**Exeter System:** a computer system that is used to record the primary care data such as which GP patients are registered with, monitor screening programmes, items of service.

**Primary Care Trust:** a group of GP practices that commission and provide health services and run community hospitals and community health services.

**95% confidence interval:** indicates the range within which we are 95% certain that the true value lies.

## CDS Criteria

**Accidents:** ICD10 primary diagnosis codes: S00-T98 and subsidiary and secondary codes: V00-X59, Y40-Y84

**Acute myocardial infarction:** OPCS4 primary procedure codes I21

**Admission:** episode start date = admission date

**Angiogram:** OPCS4 primary procedure code K63

**Average length of stay:** occupied bed days/admissions

**Falls:** ICD10 primary diagnosis codes: S00-T98 and subsidiary and secondary codes: W00-W19

**Fracture neck of femur:** OPCS4 primary procedure code S72.0

**Mental Illness:** main specialty code between 710 and 799

**Occupied Bed Days:** discharge date - admission date

**Revascularisation:** OPCS4 primary procedure codes K40-K46, K49-K50

**Severe accident:** occupied bed days more than 3

**Stroke:** ICD10 primary diagnosis codes I60-I69

**Subsequent myocardial infarction:** OPCS4 primary procedure codes I22

**Terminations:** OPCS4 primary procedure code Q11.1

**Transport accidents:** ICD10 primary diagnosis codes: S00-T98 and subsidiary and secondary codes: V00-V99

**Unstable angina:** OPCS4 primary procedure code I20.0