

A decorative graphic on the left side of the page, composed of numerous thin, dark green lines that curve and flow from the top left towards the bottom left, creating a sense of movement and depth.

Kidney Disease PCT Profile 2010
Stockton-on-Tees Teaching PCT

Better Kidney Care for All

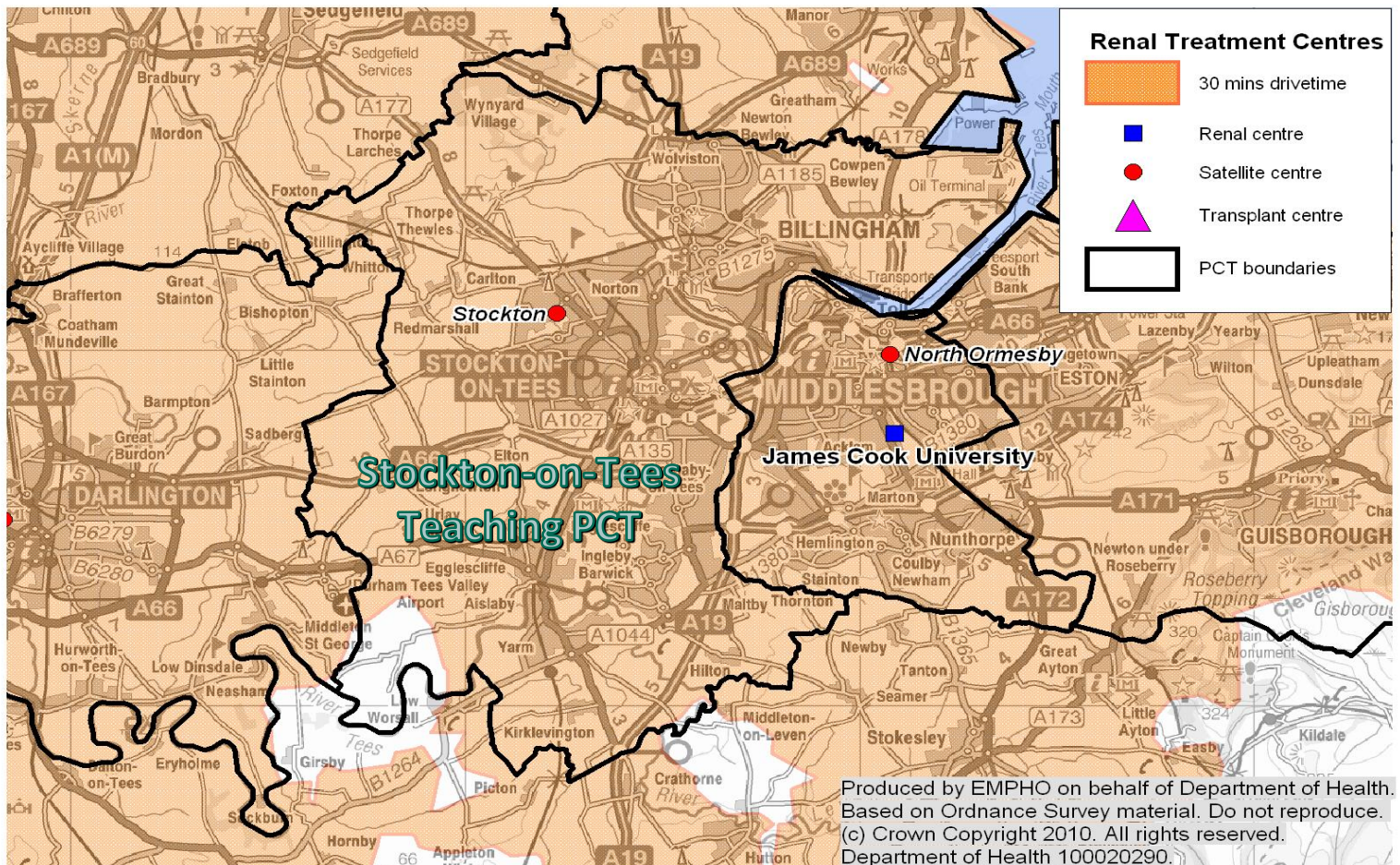
Kidney Disease PCT Profile 2010: Stockton-on-Tees Teaching PCT

The Kidney Disease PCT Profiles bring together a wide range of data on kidney disease in adults into a single location to aid benchmarking. A Kidney Disease PCT Profile is now available for every PCT in England. Further details of all the data sources used in this profile and links to the primary data are available in the Data Guide, which can be found at:

<http://www.kidneycare.nhs.uk>

Fig 1: Map of Stockton-on-Tees Teaching PCT

This map shows the English renal inpatient centres, satellite haemodialysis and transplant centres closest to the PCT. The shading indicates a 30 minute travel time by private transport to the treatment centre. Areas that are not shaded represent a drive time of over 30 minutes to the nearest English centre.



Renal PatientView provides live online results and information on diagnosis and treatment to patients attending renal units in the UK, via a secure Internet login. More information is available from www.renalpatientview.org or admin@renalpatientview.org.

Stockton-on-Tees Teaching PCT Key Messages

The prevalence of diagnosed chronic kidney disease (CKD) amongst people aged 18 and over in Stockton-on-Tees Teaching PCT is 4.1% compared to 5.2% in the ONS comparator group. However, this varies from 0% to 8.9% by general practice within the PCT.

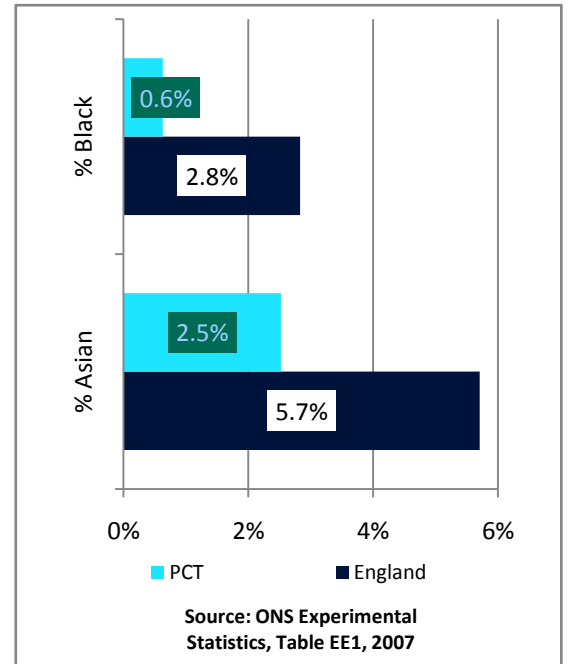
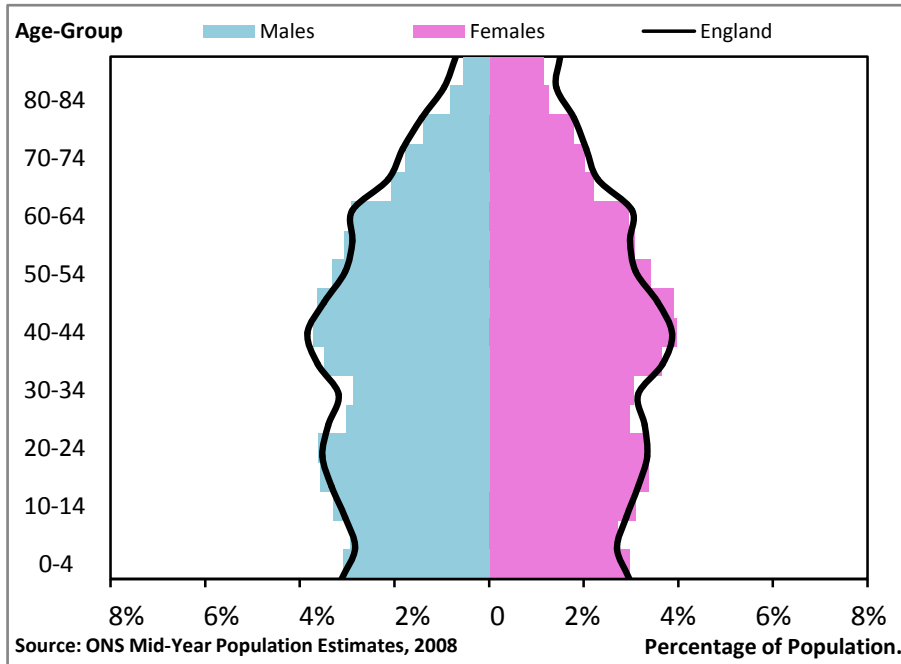
In Stockton-on-Tees Teaching PCT 74% of people aged 18 and over with CKD whose blood pressure is known have a measurement of 140/85 or less in the past 15 months. This compares to 73% in the ONS comparator group, and 73% in England as a whole.

After adjusting for the effects of age and gender, both the prevalence and acceptance rates for Renal Replacement Therapy in Stockton-on-Tees Teaching PCT are similar to the UK average.

After adjusting for the effects of age and gender, mortality from chronic renal failure in Stockton-on-Tees Teaching PCT is not significantly different to England as a whole.

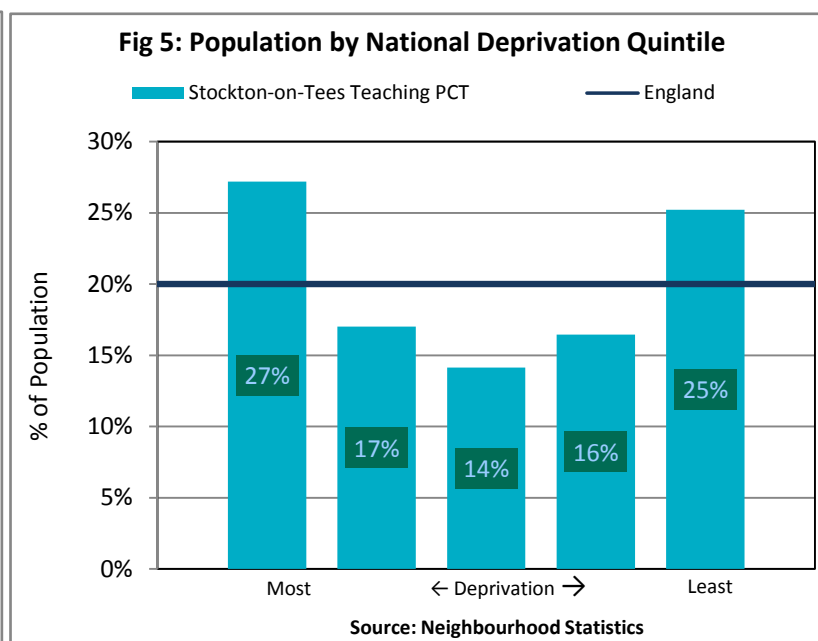
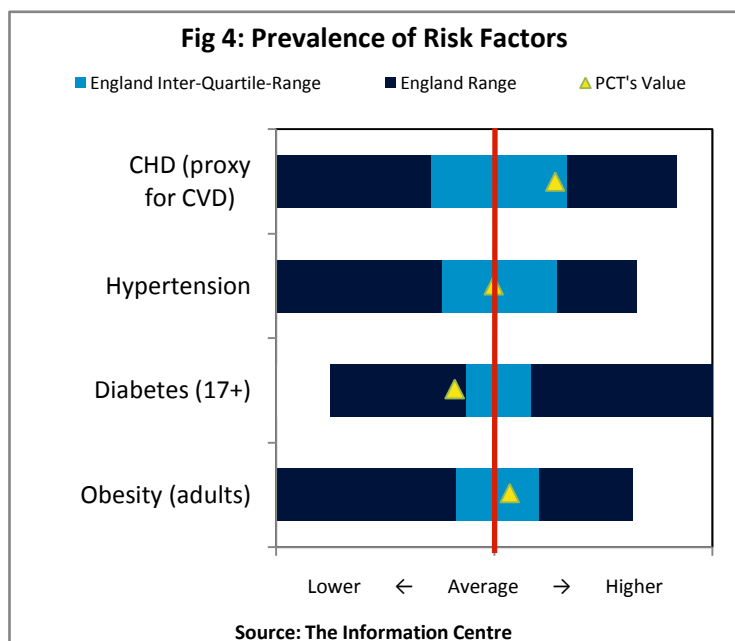
Demographic Characteristics and Predictive Factors for Kidney Disease

Figs 2 and 3: Age and Ethnic Structure of Stockton-on-Tees Teaching PCT



In general, CKD risk increases markedly with age, which is important in light of an ageing population. The most common risk factors for CKD are cardiovascular disease, hypertension and diabetes. These often co-exist with other factors such as obesity. CKD prevalence shows a socio-economic gradient with the most deprived at higher risk compared to the general population. There is also evidence that the progression of CKD to more severe forms including End Stage Renal Disease is higher in people from Black, Asian and other minority ethnic groups.

The spine chart (Figure 4) allows comparisons across disease areas and between the PCT and England. Blue shading and the red bar break the English range into quartiles.

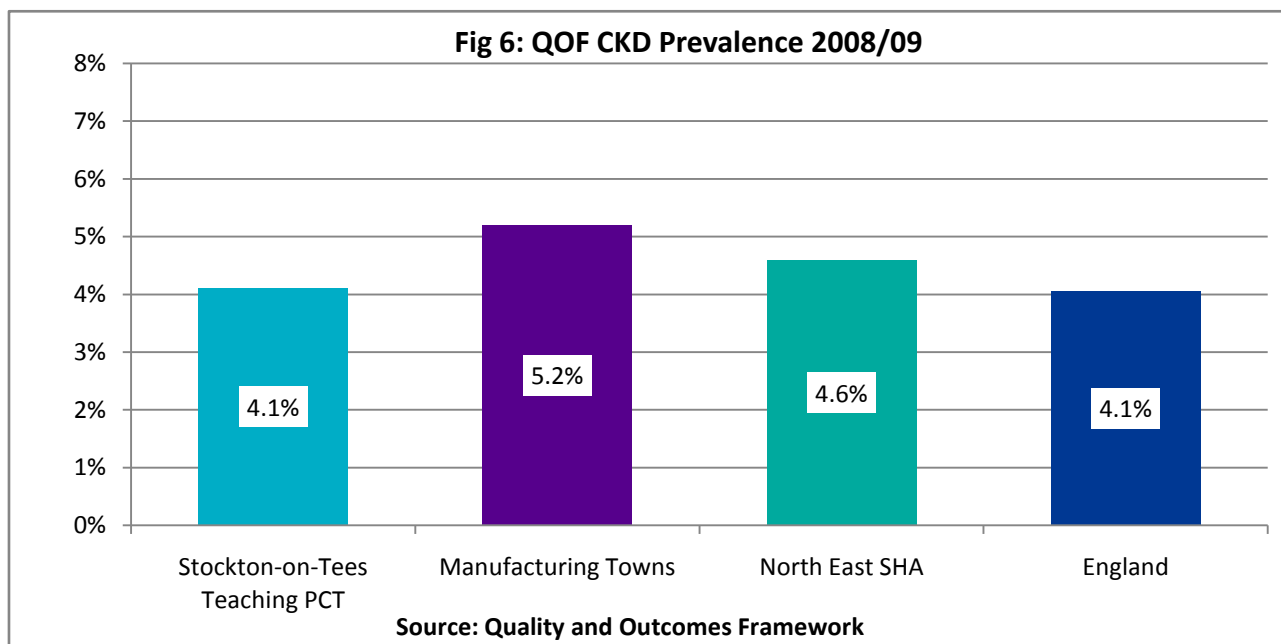


Benchmarking PCTs

Office for National Statistics (ONS) clusters are based on 2001 census data and 2006 area boundaries. Two PCTs are similar if their 'distance', based on social, demographic and economic characteristics, is small. Using this method Stockton-on-Tees Teaching PCT is classified as a 'Manufacturing Towns' cluster.

Quantifying Chronic Kidney Disease

These profiles use the same definition of CKD prevalence as that given in the Quality and Outcomes Framework (i.e. CKD stages 3-5 as defined by the National Institute for Health and Clinical Excellence). In 2008/09 there were 6,189 people aged 18 years and older diagnosed with CKD in Stockton-on-Tees Teaching PCT. The chart below compares the percentage of adults identified with CKD in the PCT against the cluster group, the SHA, and England as a whole.



Based on the APHO Prevalence model (www.apho.org.uk/resource/item.aspx?RID=63798, interim model due to be revised) it may be expected that 8.44% of people aged 18 and over in Stockton-on-Tees Teaching PCT have CKD.

Within-PCT Variability in Prevalence

The variability in the prevalence of CKD by practice in Stockton-on-Tees Teaching PCT is shown below. The reasons for variation between practices will include differences in the underlying risks factors (including practice-population demographics), thresholds for CKD testing, and the levels of ascertainment of CKD within practices. For some PCTs some practices have been excluded. Please see page 6 of the data guide for more details.

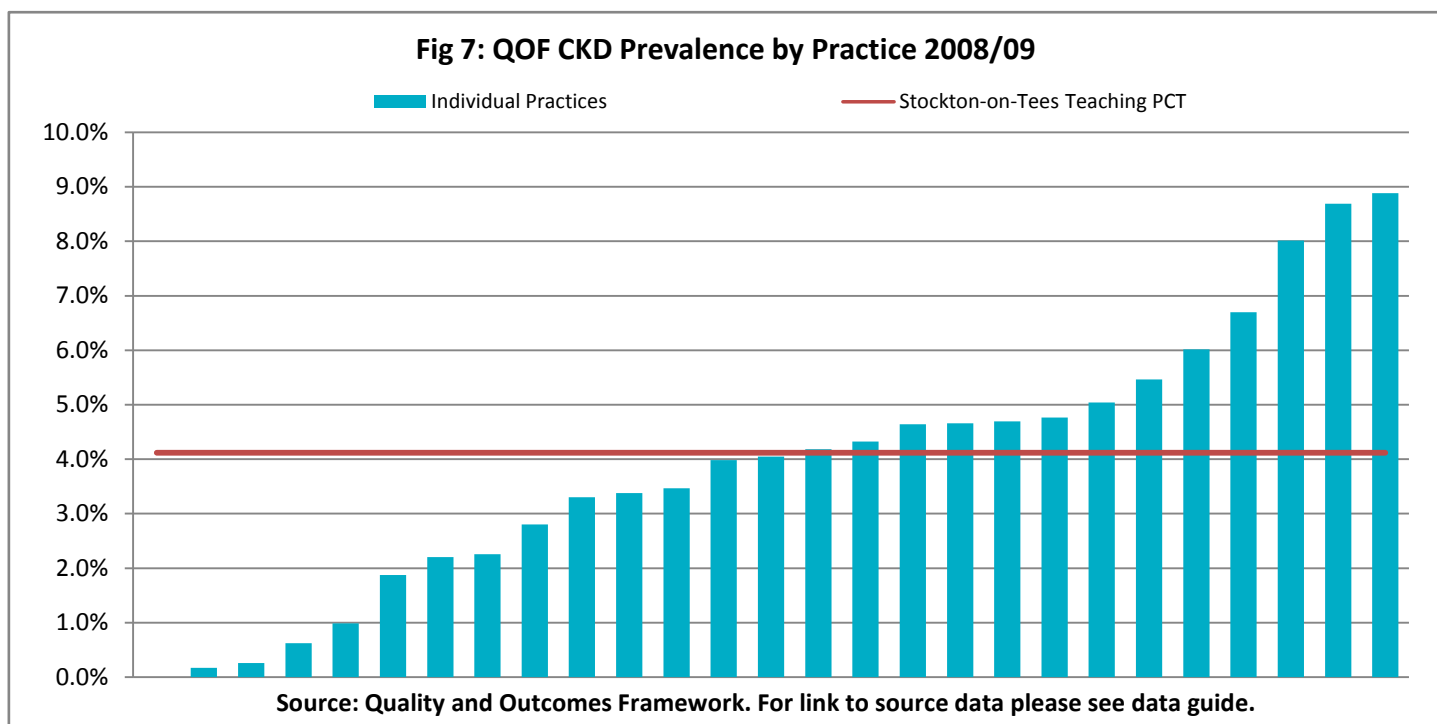


Figure 8 provides a summary of the management of blood pressure in patients with diagnosed CKD in primary care. The graph combines two of the QOF CKD measures; the number of the people on the CKD register and CKD indicator 3 (The percentage of patients on the CKD register in whom the last blood pressure reading, measured in the previous 15 months, is 140/85 or less). The proportion of people whose blood pressure status is unknown are also represented.

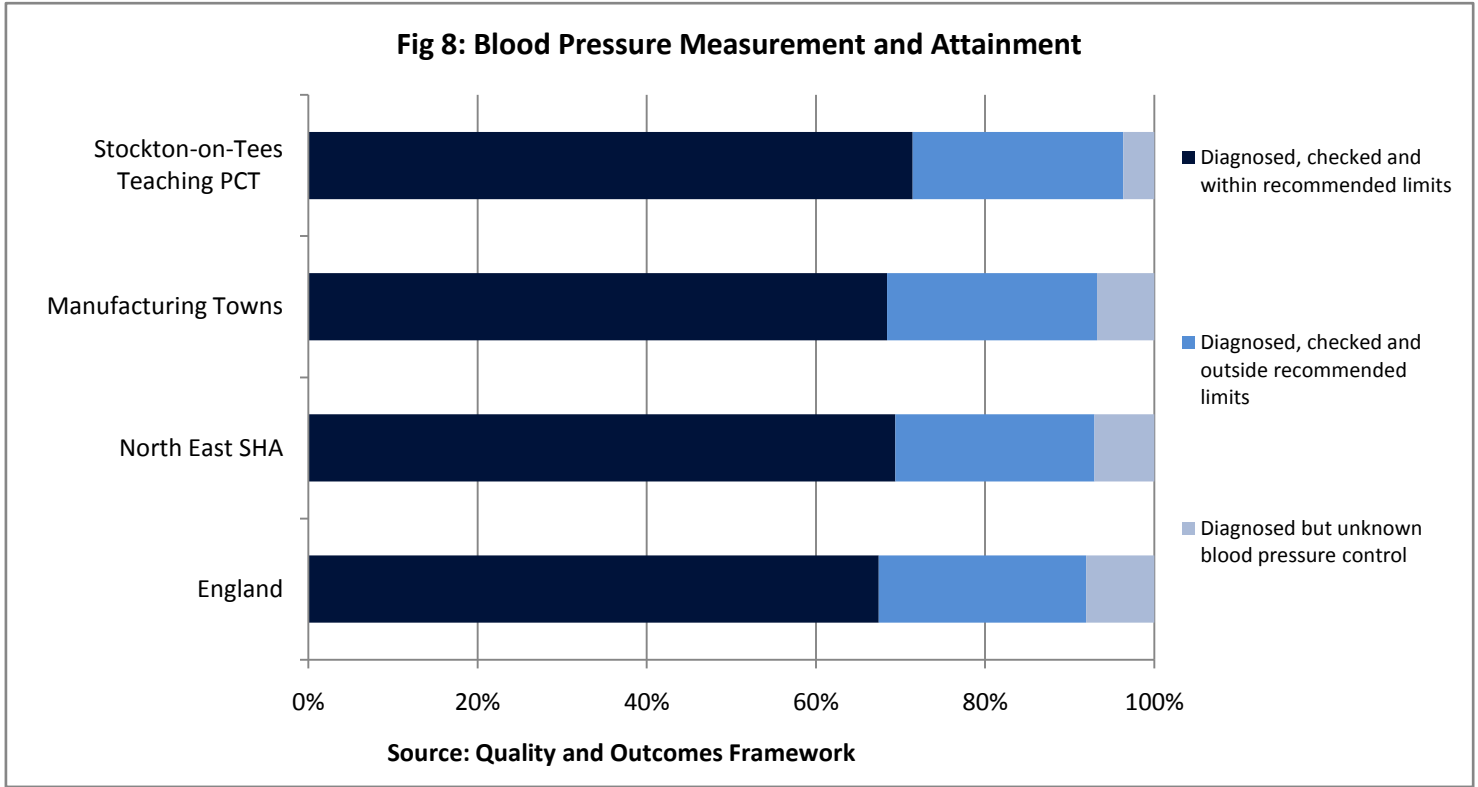
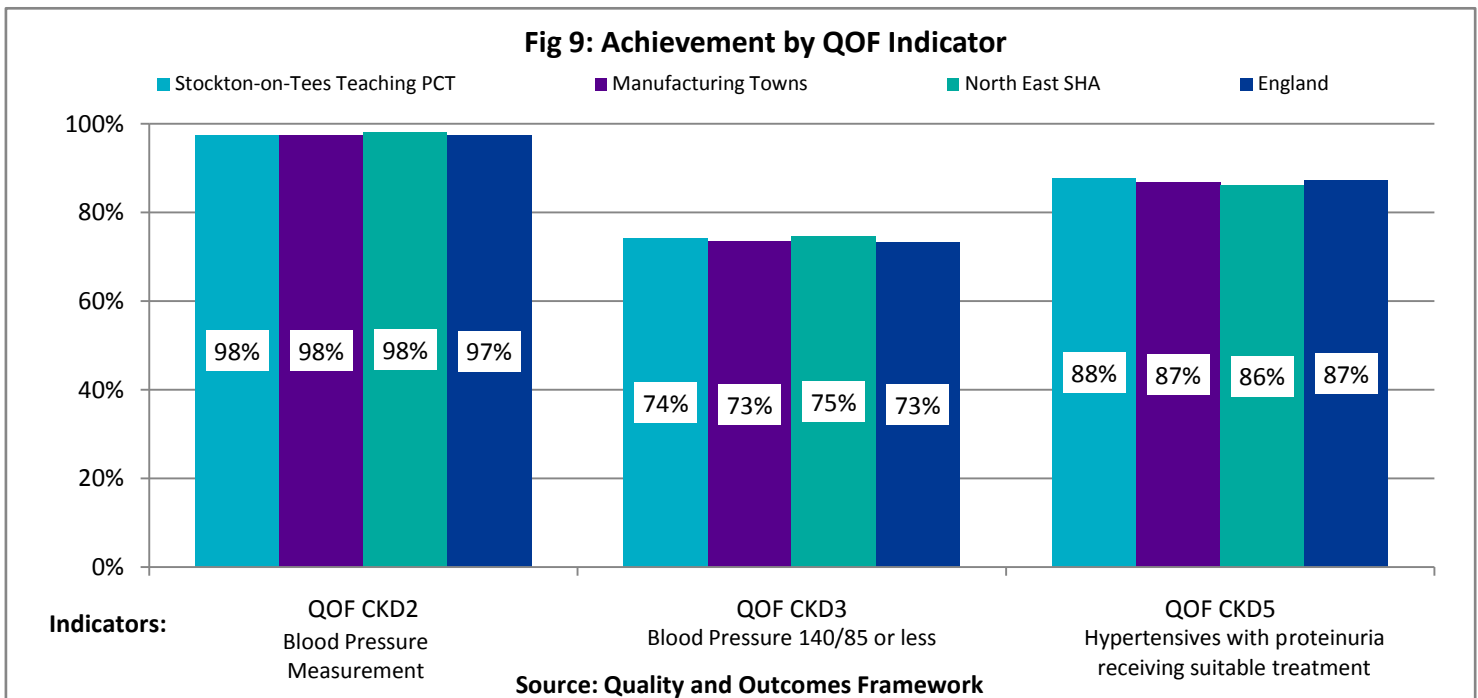
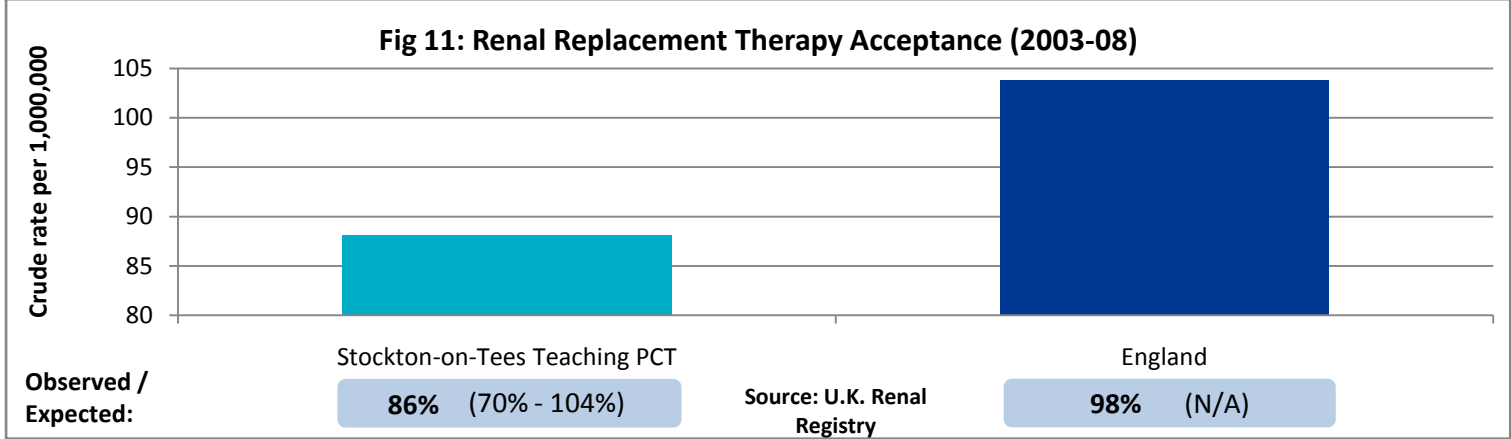
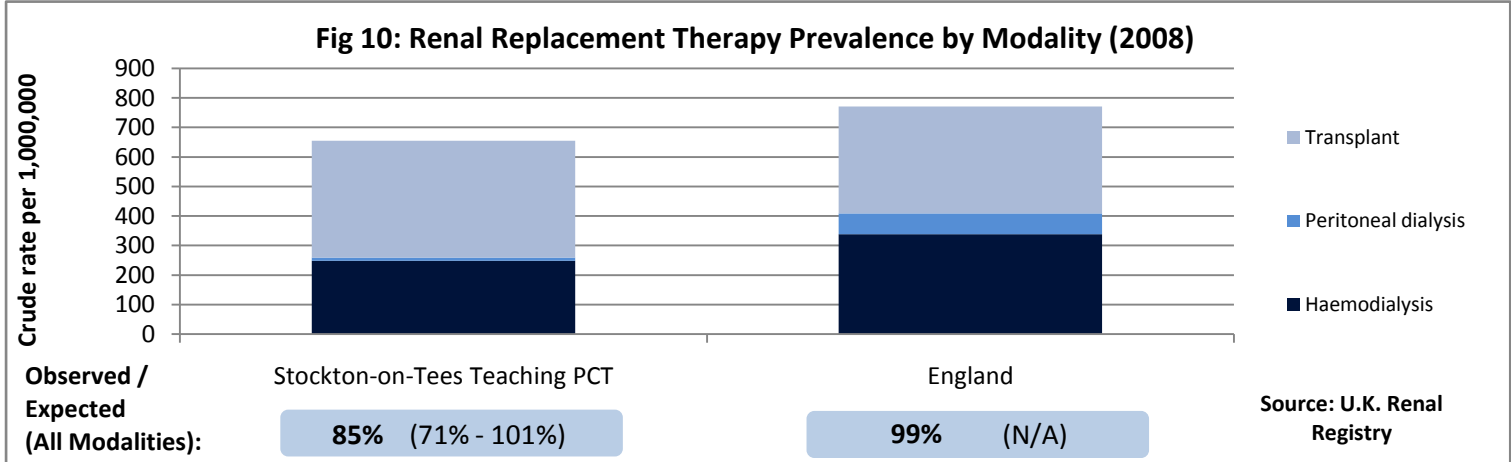


Figure 9 presents achievement against the QOF CKD clinical indicator 3 (see above), CKD indicator 2 (The percentage of patients on the CKD register whose notes have a record of blood pressure in the previous 15 months) and CKD indicator 5 (The percentage of patients on the CKD register with hypertension and proteinuria who are treated with an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin receptor blocker (ARB) unless a contraindication or side effects are recorded) for Stockton-on-Tees Teaching PCT, Manufacturing Towns, North East SHA, and England.



Provision of Renal Replacement Therapy

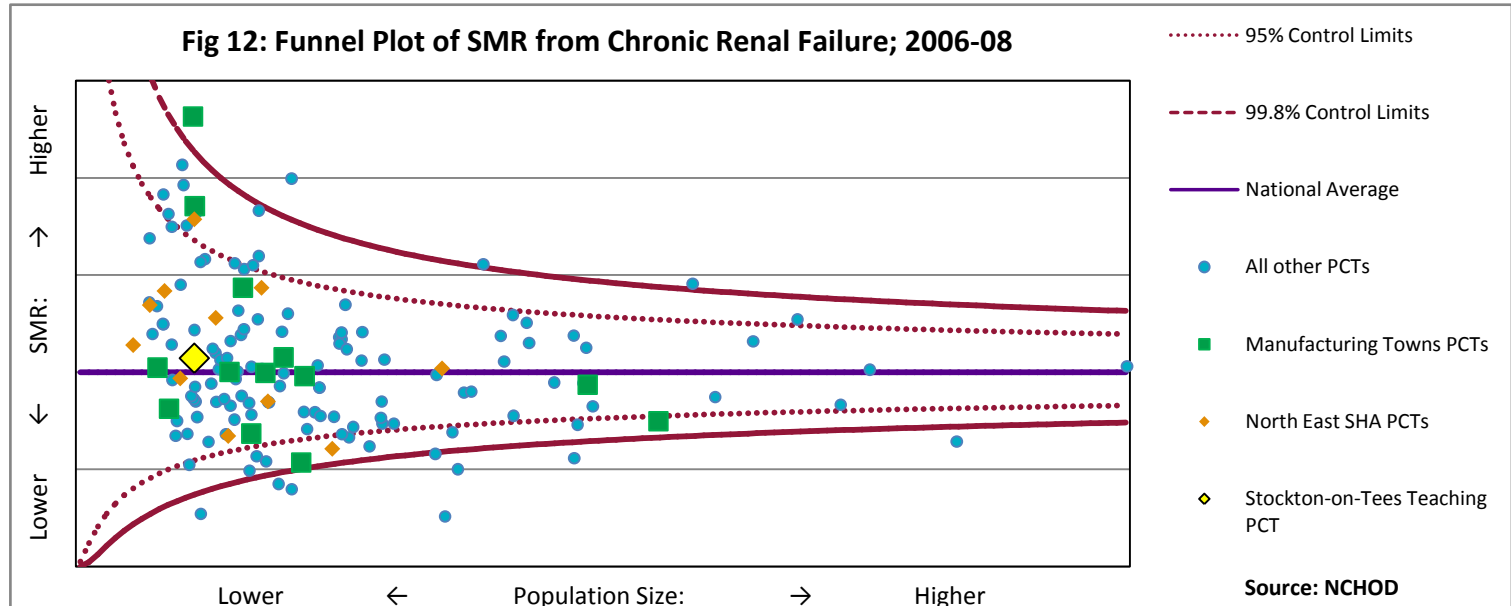
Figures 10 and 11 show the crude prevalence and acceptance rates for renal replacement therapy in Stockton-on-Tees Teaching PCT and in England. Ratios are shown with each graph, standardised to the United Kingdom (100%) with 95% confidence intervals in brackets.



Mortality from Chronic Renal Failure

Figure 12 shows the standardised mortality rate from chronic renal failure (CRF) for Stockton-on-Tees Teaching PCT compared to England. Variation in SMR between PCTs may reflect differences in cause of death coding as well as real differences in mortality from CRF.

The funnel plot's control limits show the range of natural variation in SMR that a PCT could expect to experience, given its population size. Values outside these limits may require further investigation.



Spending on Renal Care and Need

Figure 13 plots total spend on renal problems against the QOF-recorded prevalence of CKD. This prevalence is used as an indicator of need for renal services. The cost and need measures have been standardised to allow direct comparisons. Quadrants indicate relative spend and need. The red dotted box indicates the normal range of PCT values. Work on renal programme budgeting information is ongoing and there may be a number of reasons why there is a mismatch between spend and this indicator of need. However, this graph may act as a prompt to investigate reasons for any differences.

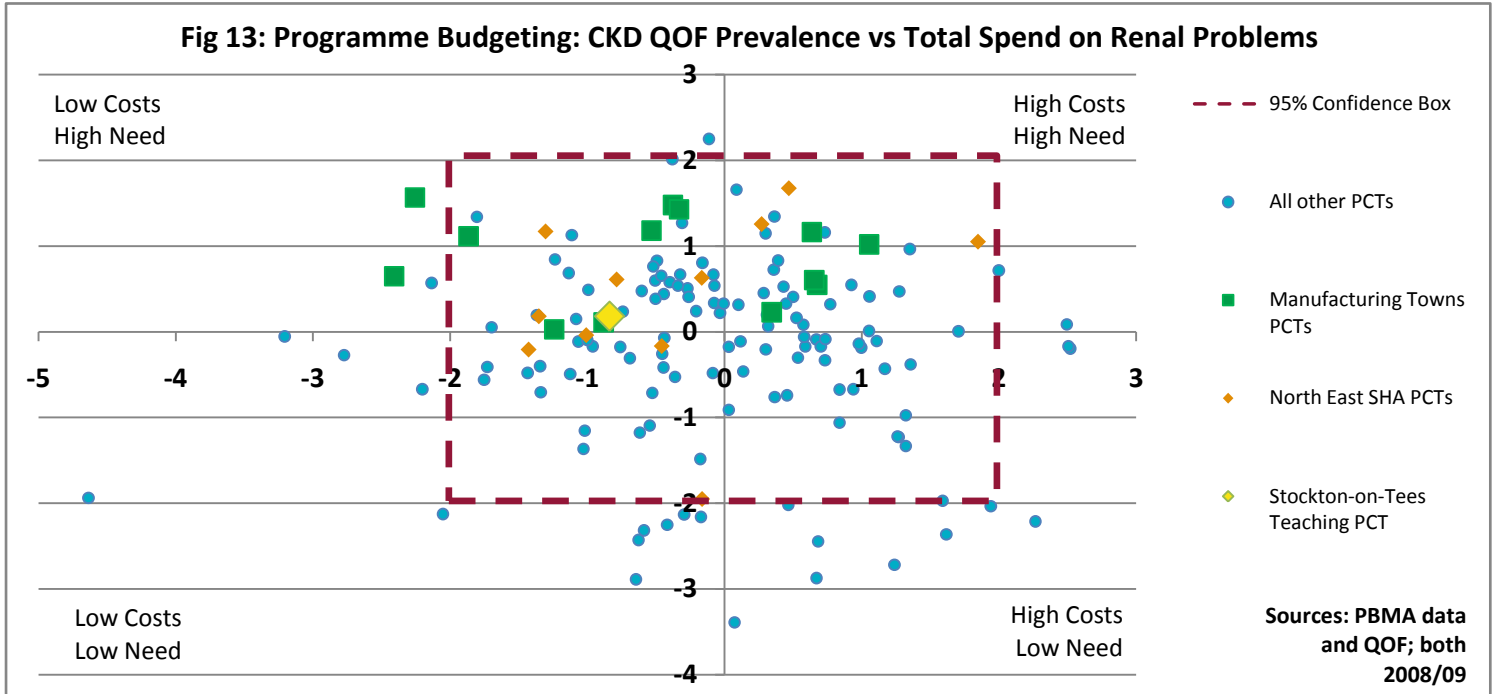
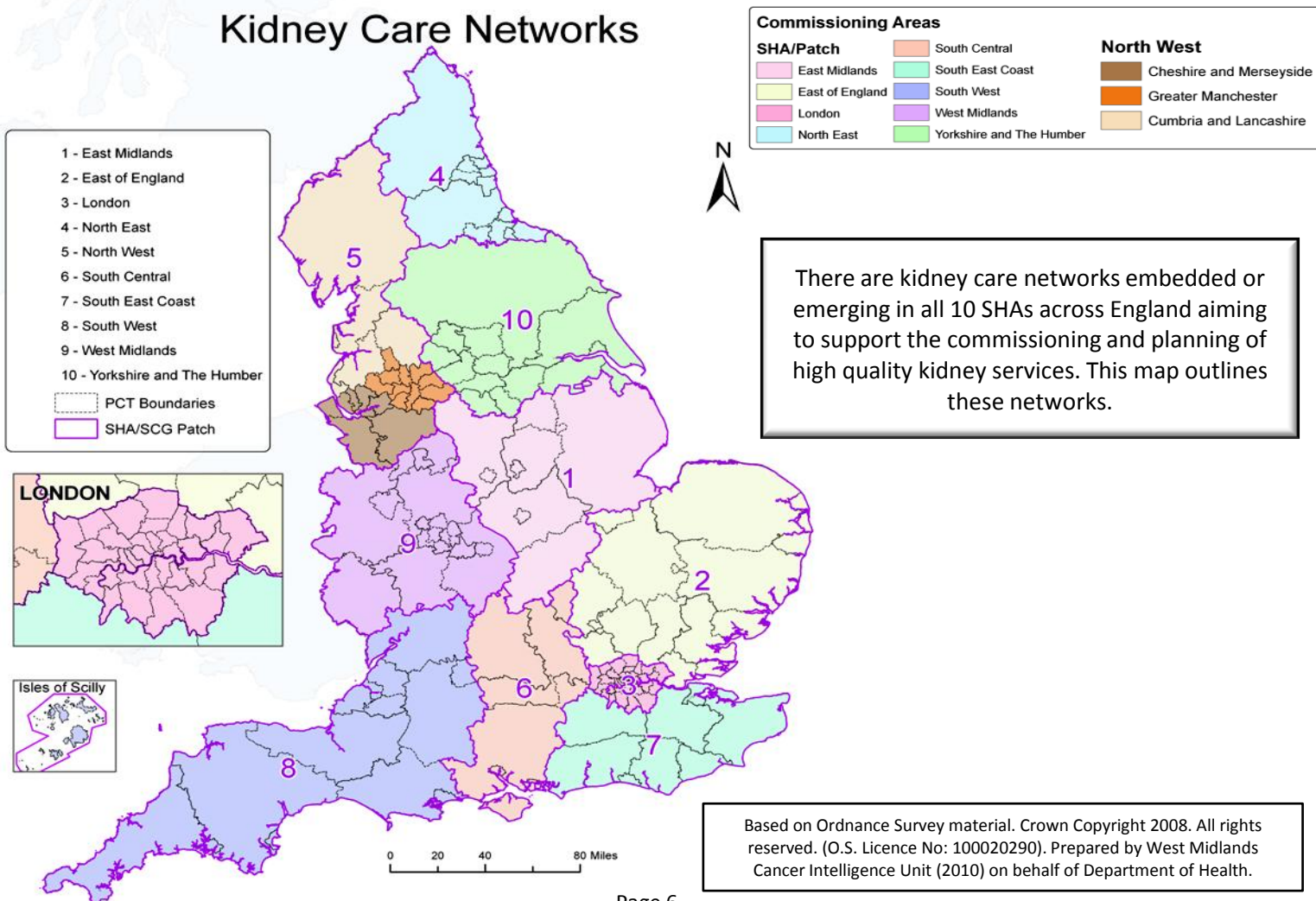


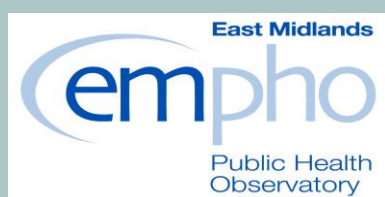
Fig 14: Map of Kidney Care Networks



This profile has been produced by the East Midlands Public Health Observatory (EMPHO) on behalf of NHS Kidney Care. It uses data provided by the Information Centre and the UK Renal Registry. EMPHO is a member of APHO.

Some of the data reported here have been supplied by the UK Renal Registry of the Renal Association. The interpretation and reporting of these data are the responsibility of EMPHO and should not be seen as an official policy or interpretation of the UK Renal Registry or the Renal Association.

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EMPHO is part of the UK & Ireland
Association of Public Health Observatories



www.kidneycare.nhs.uk
www.empho.org.uk

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or call 0300 123 23 23**