Devon NHS
Primary Care Trust

Report to Devon Diabetes Strategic Commissioning Group
Health Equity Profile for Diabetes

Executive Summary

Context

Diabetes is a major cause of death and disability. Prevalence is increasing, partly due to an increasingly elderly population and also due to the rising levels of obesity in the population as a whole. With high quality health care, diabetes as a primary cause of death is rare, but the condition is a major contributor to mortality and morbidity from ischaemic heart disease, stroke, peripheral vascular disease, renal failure and low vision. Devon has a higher than national average prevalence of diabetes overall.

Key Issues

Within Devon, areas with higher estimated prevalence of diabetes have higher emergency admission rates for diabetes in any diagnosis, suggesting that in general service use reflects need.

Emergency admissions for diabetes and diabetic complications across Devon show a strong gradient with deprivation. The rate for the most deprived quintile of the population is over four times that of the least deprived quintile. This gradient probably reflects appropriate use of health services, as those in the most deprived quintile are likely to be more severe and have a relative lack of domestic support.

The reported Quality and Outcomes Framework (QoF) prevalence of diabetes across Devon is consistently lower than the prevalence estimate derived from national models. The ratio of the two rates varies from 90% in Braunton to 57% in Moretonhampstead, suggesting that in some areas of Devon, a substantial proportion of people with diabetes are not currently recorded as having the condition by their GP practices and thus not necessarily receiving all the appropriate preventive care. For those diabetic patients who are registered as such with their GP practices, most are consistently receiving the recommended package of primary care interventions.

Recommendations

In practices with low ratios of reported Quality and Outcome Framework (QoF) to estimated prevalence, efforts should be made to identify any patients with diabetes and to ensure that they receive the recommended primary care interventions.

Given that many elderly patients with diabetes live in residential and nursing homes, where access to primary care may be difficult, but need for health care may be higher than elsewhere, consideration should be given to repeating this profile for patients living at home compared to

those living in such accommodation.

Devon NHS
Primary Care Trust

Report to Devon Diabetes Strategic Commissioning Group
Health Equity Profile for Diabetes

1. Introduction

1.1 Diabetes is a major cause of death and disability. Prevalence is increasing, partly due to an increasingly elderly population and also due to the rising levels of obesity in the population as a whole. With high quality health care, diabetes as a primary cause of death is rare, but the condition is a major contributor to mortality and morbidity from ischaemic heart disease, stroke, peripheral vascular disease, renal failure and low vision.

1.2 Health equity profiles identify how fairly services or other resources are distributed in relation to the health needs of different groups and geographical areas, and direct attention to those groups or areas where service provision may not match particular needs.

1.3 In any health equity audit or profile, some measure of need for health care is compared with some measure of use of health services to produce a need:use comparison. Mortality is commonly used as an indicator of need for health services, but is not an appropriate indicator in the case of diabetes, due to the low numbers of deaths from diabetes as a primary cause and difficulties in consistently identifying diabetes as a contributory factor in other conditions. Prevalence of diabetes has therefore been taken as estimating the need for health care in this case. Emergency hospital admissions and primary care process have been used to give estimates of service use. The analysis has been conducted at the smallest level for which there are adequate numbers – usually at Devon town level, but also at Local Authority level. Due to uncertainties in the data and their interpretation, need:use ratios have not been calculated.

1.4 It is not possible to give “ideal” values for need:use comparisons in health equity profiles and audits. Variations only give an indication of where further work to understand them may be useful in ensuring that local populations have access to and make best use of health services.

2. Need for Diabetes services

Prevalence of Diabetes

2.1 Estimated prevalence of diabetes is higher in Devon than in the South West or England as a whole; these figures probably reflect the higher proportion of older people in Devon (Figure 1). The highest prevalence rates are seen in the towns with the highest proportions of elderly people in the population: Axminster, Seaton and Sidmouth, while only Exeter has a prevalence lower than that for England. The highest prevalence rate of 6.59% in Axminster is nearly 50% greater than the English rate.

2.2 The prevalence by broad age band bears out this interpretation. For the 0-29 year age band, the prevalence rates for Devon and the South West are similar and slightly lower than that for England, with little variation between towns. For the 30-59 year age band, the Devon prevalence is similar to that of the South West and lower than that for England. Only Dartmouth, Ilfracombe, Lynton/Lynmouth and South Molton have prevalence rates at or slightly above the England average for this age band. For those aged 60 years or over, again the Devon prevalence is similar to the South West but below that for England; within Devon only Ilfracombe has a higher prevalence than England. Prevalence is higher in women compared to men.

3. Use of Diabetes services

Emergency admissions for diabetes

3.1 Diabetes as the primary reason for an emergency admission to hospital is rare; such admissions are considered avoidable with good primary care management and so are not a good indicator of appropriate use of health services. Numbers of emergency admissions to hospital for diabetes are low for all Devon towns with the exception of Exeter (Figure 2), making interpretation of the variation in rates difficult. Only the rate in Exeter is significantly higher than the Devon average, perhaps due to proximity to a hospital.

3.2 Emergency admissions for diabetic complications show similarly low numbers and the rates are again difficult to interpret, with Exeter the only town to show a significantly higher rate of admissions than the Devon average.

3.3 Emergency admissions where diabetes is mentioned with any other diagnosis are more numerous. These admissions are more likely to reflect appropriate use of accessible health services as a large proportion of them are for heart disease and stroke. The admission rates vary threefold across Devon towns, with the highest rates being in North Devon, Exeter and Newton Abbot. The lowest rates are seen in Moretonhampstead, Ottery St Mary and Kingsbridge.

Lower limb amputations

3.4 Peripheral vascular disease is a common complication in diabetic patients, leading to lower limb amputation as the disease progresses. Good diabetic management delays the onset and slows progression of diabetic complications, hence the lower the rate of lower limb amputation in diabetic patients the better. Numbers are too low to analyse below PCT level, but Devon as a whole has higher rates than the South West and England and Wales; the rates are falling and the latest figures for 2006/7 are not significantly higher than the regional or national rates (Figure 3).

Primary care process (QoF indicators)

3.5 The Quality and Outcomes Framework (QoF) specifies a large number of process and outcome indicators for diabetes, of which a selection of the more high level ones are shown in Figure 18.

3.6 QoF reported prevalence ranges from 3.0% in Exeter to 5.0% in Seaton. The variation probably reflects the different age structures of the local populations: Exeter has a much

younger age profile than Seaton. For all the process indicators listed, Devon towns achieve over 90%, with a few exceptions. For recording BMI, Dartmouth and Honiton are below 90%. For recording retinal screening, 8 towns record percentages in the 80-90% range. For recording neuropathy, 5 towns report rates from 72-89%.

3.7 Outcome measures vary more substantially across Devon towns (Figures 7 to 18). Flu immunisation uptake is consistently over 90%, with Barnstaple and Bideford at 89 and 88% and Dartmouth at 72%. Cholesterol<5 ranges from 70.6% in South Molton to 89.8% in Ashburton. BP<145/85 ranges from 68% in Bideford to 88.8% in Ilfracombe. HbA1c <10 varies from 89.3% in Dartmouth and Honiton to 96% in Kingsbridge. HbA1c <7.5 ranges from 53% in Ottery St Mary to 77% in Braunton.

4. Need:Use Comparisons

Estimated prevalence vs emergency admissions

4.1 In general, the higher the estimated prevalence of diabetes, the higher the emergency admission rate for diabetes in any diagnosis (Figure 19), suggesting that in general service use reflects need. However, within this generalisation, it is noticeable that some towns have very different admission rates for similar prevalence levels eg Bideford and Exmouth, which show a twofold difference in admission rates for virtually identical prevalence rates. The difference may be explained by social factors such as deprivation which influence admission rates or provision of alternative services in primary care.

Deprivation vs emergency admissions

4.2 Emergency admissions for diabetes and diabetic complications show a strong gradient with deprivation. The rate for the most deprived quintile of the population is over four times that of the least deprived quintile (Figure 20). This gradient probably reflect appropriate use of health services, as those in the most deprived quintile are likely to have more and more severe disease and a relative lack of domestic support.

Estimated prevalence vs QoF indicators

4.3 The reported QoF prevalence of diabetes is consistently lower than the prevalence estimate derived from national models across all Devon towns (Figure 21). The ratio of the two rates varies from 90% in Braunton to 57% in Moretonhampstead, suggesting that in some areas of Devon, a substantial proportion of people with diabetes are not currently recorded as having the condition by their GP practices and thus not necessarily receiving all the appropriate preventive care.

5. Conclusion

5.1 Devon, with its high proportion of older people, has a higher than national average prevalence of diabetes overall. There is substantial variation in prevalence across Devon towns, in general following the demographic pattern. Total emergency admissions for diabetes varies widely with deprivation and across Devon towns; in general, there does not seem to be major inequity of access to emergency care. QoF recorded prevalence is lower

than the estimated prevalence, but for those diabetic patients who are registered as such with their GP practices, most are consistently receiving the recommended package of primary care interventions.

6. Recommendations

6.1 In practices with low ratios of QoF to estimated prevalence, efforts should be made to identify any patients with diabetes and to ensure that they receive the recommended primary care interventions.

6.2 The diabetes group should consider how frequently the equity profile should be repeated and what other information could usefully be included in future work.

6.3 Given that many elderly patients with diabetes live in residential and nursing homes, where access to primary care may be difficult, but need for health care may be higher than elsewhere, consideration should be given to repeating this profile for patients living at home compared to those living in such accommodation.

Figure 1 – Estimated Prevalence of Diabetes by Devon Town (Type I and Type II), 2007/8

Area	Estimated Prevalence (n)			Estimated Prevalance (%)			Estimated Prevalence by Age (%)		
	Persons	Male	Female	Persons	Male	Female	0-29	30-59	60+
Ashburton/Buckfastleigh	574	237	336	4.98%	4.12%	5.82%	0.31%	3.42%	13.29%
Axminster	640	255	386	6.05%	4.94%	7.11%	0.30%	3.29%	12.86%
Barnstaple	2,291	942	1,349	4.81%	4.02%	5.58%	0.32%	3.22%	13.24%
Bideford/Northam	1,970	803	1,167	5.43%	4.51%	6.32%	0.31%	3.41%	13.56%
Braunton	577	225	352	5.00%	4.10%	5.82%	0.30%	2.93%	12.24%
Crediton	989	421	568	4.80%	4.13%	5.47%	0.30%	3.27%	12.60%
Cullompton	1,219	513	705	4.72%	4.03%	5.40%	0.30%	3.15%	12.72%
Dartmouth	504	206	298	5.96%	4.97%	6.90%	0.31%	3.52%	13.18%
Dawlish	1,099	436	663	5.52%	4.53%	6.45%	0.31%	3.29%	13.18%
Exeter	5,367	2,155	3,212	4.15%	3.40%	4.87%	0.36%	3.02%	13.35%
Exmouth	2,544	963	1,581	5.20%	4.19%	6.11%	0.32%	3.10%	12.62%
Great Torrington	594	252	342	5.05%	4.35%	5.72%	0.31%	3.40%	12.95%
Holsworthy	858	367	492	5.58%	4.78%	6.39%	0.30%	3.53%	13.34%
Honiton	871	341	531	5.25%	4.25%	6.18%	0.31%	3.18%	12.84%
Ilfracombe	1,016	430	586	5.26%	4.44%	6.08%	0.31%	3.50%	13.85%
Ivybridge	1,201	504	698	4.43%	3.79%	5.05%	0.30%	3.11%	11.73%
Kingsbridge	1,086	429	657	5.92%	4.84%	6.93%	0.32%	3.41%	12.86%
Lynton/Lynmouth	144	61	83	5.49%	4.71%	6.25%	0.35%	3.56%	13.09%
Moretonhampstead	174	71	103	5.64%	4.75%	6.47%	0.31%	3.42%	12.50%
Newton Abbot	3,135	1,263	1,872	4.87%	4.02%	5.69%	0.31%	3.18%	12.82%
Okehampton	1,200	509	691	5.24%	4.46%	6.02%	0.30%	3.38%	13.23%
Ottery St Mary	786	322	465	4.92%	4.14%	5.66%	0.29%	3.08%	11.69%
Seaton	914	345	569	6.59%	5.29%	7.75%	0.31%	3.33%	12.53%
Sidmouth	993	351	642	6.83%	5.26%	8.16%	0.31%	3.22%	12.44%
South Molton	937	392	545	5.51%	4.63%	6.38%	0.30%	3.51%	13.20%
Tavistock	1,499	601	898	5.15%	4.27%	5.98%	0.30%	3.36%	12.65%
Teignmouth	1,230	477	753	5.81%	4.65%	6.91%	0.31%	3.42%	13.31%
Tiverton	1,978	822	1,155	4.94%	4.16%	5.70%	0.30%	3.26%	13.20%
Totnes	1,068	428	640	5.03%	4.15%	5.87%	0.32%	3.40%	13.27%
Devon	**37,537**	**15,140**	**22,397**	**5.04%**	**4.16%**	**5.87%**	**0.32%**	**3.23%**	**13.00%**
South West	**235,039**	**94,546**	**140,493**	**4.62%**	**3.80%**	**5.40%**	**0.32%**	**3.20%**	**13.03%**
England	**2,262,484**	**940,502**	**1,321,983**	**4.48%**	**3.80%**	**5.14%**	**0.34%**	**3.52%**	**13.73%**

Figure 2 – Emergency Admissions for Diabetes by Devon Town, October 2005 to September 2008

Devon Town	Diabetes Complications			Diabetes as Primary Diagnosis			Diabetes in any Diagnosis		
	Number	DASR	Relationship	Number	DASR	Relationship	Number	DASR	Relationship
Ashburton/Buckfastleigh	3	9.6	No Sig Diff	3	9.6	No Sig Diff	203	380.9	No Sig Diff
Axminster	6	12.9	No Sig Diff	15	36.4	No Sig Diff	189	318.1	No Sig Diff
Barnstaple	9	5.8	Sig Lower	27	16.4	No Sig Diff	1,136	565.1	Sig High
Bideford/Northam	27	19.3	No Sig Diff	33	23.5	No Sig Diff	865	496.5	Sig High
Braunton	4	4.1	Sig Lower	11	16	No Sig Diff	291	444.4	Sig High
Crediton	9	10.3	No Sig Diff	9	10.3	Sig Lower	289	310.5	Sig Lower
Cullompton	14	14.7	No Sig Diff	21	20.6	No Sig Diff	368	308.3	Sig Lower
Dartmouth	4	13.8	No Sig Diff	8	24.9	No Sig Diff	236	512.5	Sig High
Dawlish	9	12.1	No Sig Diff	14	17.8	No Sig Diff	308	310.4	Sig Lower
Exeter	89	20.3	Sig High	129	30	Sig High	2,069	438.7	Sig High
Exmouth	21	9.3	No Sig Diff	33	15.9	No Sig Diff	662	240.4	Sig Lower
Great Torrington	4	7.8	No Sig Diff	4	7.8	Sig Lower	260	449.2	Sig High
Holsworthy	6	7.8	No Sig Diff	7	9.1	Sig Lower	324	384.7	No Sig Diff
Honiton	12	17.9	No Sig Diff	27	30.8	No Sig Diff	262	302.0	Sig Lower
Ilfracombe	10	13.9	No Sig Diff	17	21	No Sig Diff	426	519.7	Sig High
Ivybridge	12	10.3	No Sig Diff	20	18.2	No Sig Diff	435	374.2	No Sig Diff
Kingsbridge	3	2.4	Sig Lower	10	7.6	Sig Lower	236	187.8	Sig Lower
Lynton/Lynmouth	0	0	Sig Lower	0	0	Sig Lower	49	336.2	No Sig Diff
Moretonhampstead	1	7.6	No Sig Diff	1	7.6	No Sig Diff	26	142.1	Sig Lower
Newton Abbot	17	6.7	Sig Lower	35	13.2	No Sig Diff	1,312	446.9	Sig High
Okehampton	9	11.4	No Sig Diff	22	21.7	No Sig Diff	348	323.0	Sig Lower
Ottery St Mary	2	1.3	Sig Lower	7	8.4	Sig Lower	158	194.2	Sig Lower
Seaton	18	16.8	No Sig Diff	26	31.3	No Sig Diff	248	249.9	Sig Lower
Sidmouth	7	11.3	No Sig Diff	12	17.2	No Sig Diff	340	322.2	No Sig Diff
South Molton	5	7.2	No Sig Diff	10	15	No Sig Diff	269	315.8	Sig Lower
Tavistock	16	12.4	No Sig Diff	25	21	No Sig Diff	553	364.2	No Sig Diff
Teignmouth	6	9	No Sig Diff	10	11.5	No Sig Diff	386	273.3	Sig Lower
Tiverton	23	15.7	No Sig Diff	40	25	No Sig Diff	461	258.4	Sig Lower
Totnes	5	5.7	No Sig Diff	9	12.5	No Sig Diff	421	407.5	No Sig Diff
Devon	**351**	**11.6**		**585**	**19.2**		**13,130**	**367.4**	

Figure 3 – Emergency Admissions for Diabetes by Devon Town, October 2005 to September 2008

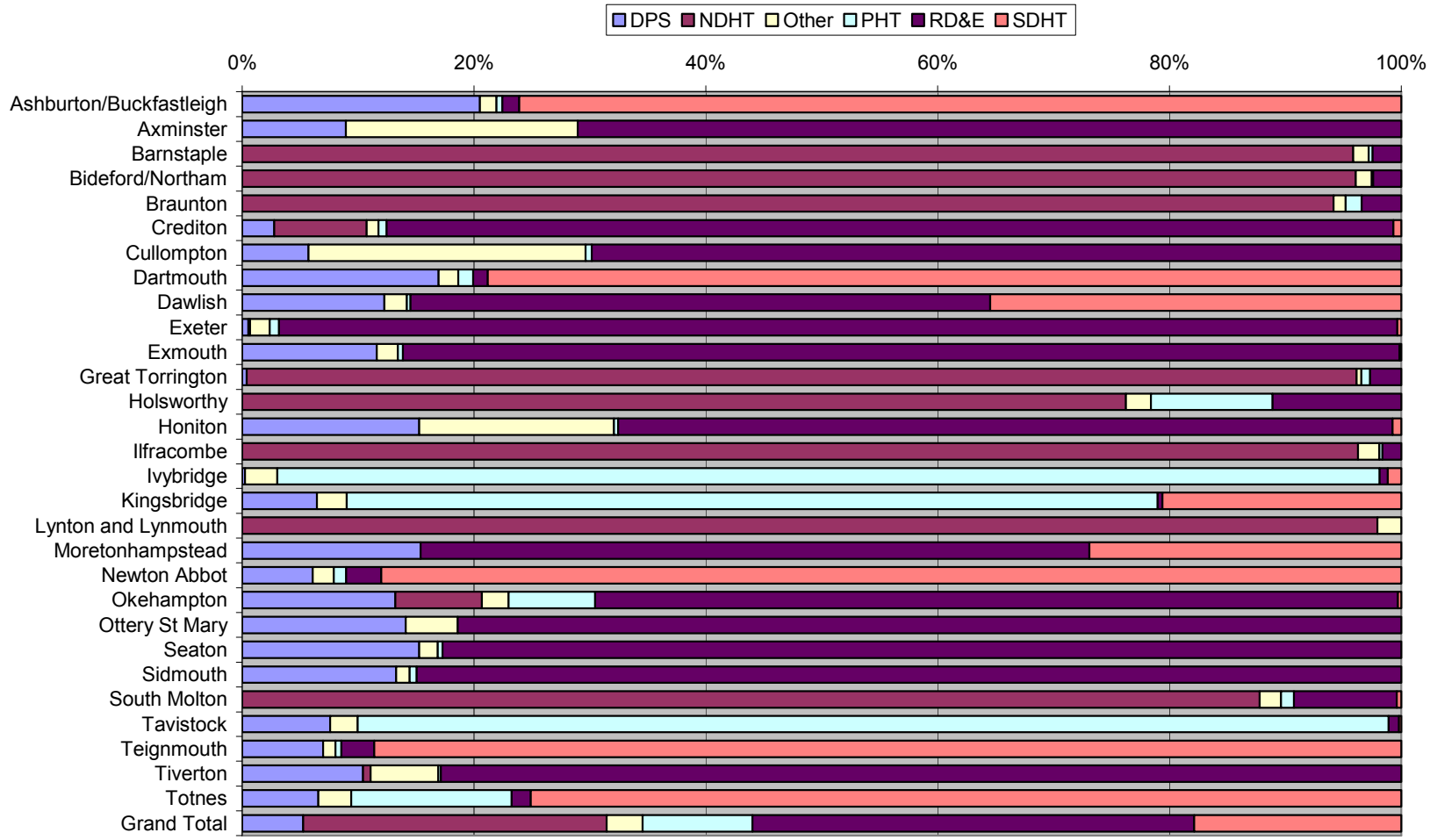


Figure 4 – Main Diagnosis of ICD10 Chapter for emergency admissions where Diabetes is secondary diagnosis, October 2005 to September 2008

Main Diagnosis	Total
I00 - I99 : Circulatory System	2,698
I20 - I25 : Ischaemic Heart Diseases	*979*
I30 - I52 : Other Forms of Heart Disease	*907*
I60 - I69 : Cerebrovascular Diseases	*453*
Others	*359*
R00 - R99 : Symptoms Signs and Abnormal Findings NEC	2,420
R00 - R09 : Symptoms and Signs Circulatory and Respiratory Systems	*879*
R50 - R69 : General Symptoms and Signs	*712*
R10 - R19 : Symptoms and Signs Digestive System and Abdomen	*458*
R40 - R46 : Symptoms and Signs Cognition Perception Emotional State and Behaviour	*138*
R30 - R39 : Symptoms and Signs Urinary System	*113*
Other	*120*
S00 - T98 : Injury Poisoning and Consequences of External Causes	1,458
S70 - S79 : Injuries to the Hip and Thigh	*340*
T80 - T88 : Compications of Surgical and Medical Care NEC	*334*
S00 - S09 : Injuries to the Head	*230*
S80 - S89 : Injuries to the Knee and Lower Leg	*121*
S40 - S49 : Injuries to the Shoulder and Upper Arm	*82*
T36 - T50 : Poisoning by Drugs Medicaments and Biological Substances	*74*
Others	*277*
J00 - J99 : Respiratory System	1,403
J40 - J47 : Chronic Lower Respiratory Diseases	*478*
J10 - J18 : Influenza and Pneumonia	*443*
J20 - J22 : Other Acute Lower Respiratory Infections	*293*
Other	*189*
K00 - K93 : Digestive System	1,149
N00 - N99 : Genitourinary System	850
C00 - D48 : Neoplasms	543
M00 - M99 : Muskuloskeletal System and Connective Tissue	406
L00 - L99 : Skin and Subcutaneous Tissue	396
E00 - E90 : Endocrine Nutritional and Metabolic	326
G00 - G99 : Nervous System	270
A00 - B99 : Infectious and Parasitic Diseases	235
D50 - D89 : Blood and blood forming organs	173
F00 - F99 : Mental and Behavioural Disorders	157
H00 - H59 : Eye and Adnexa	39
H60 - H95 : Ear and Mastoid Process	28
Z00 - Z99 : Factors Influencing Health Status and Contact with Health Services	23
O00 - O99 : Pregnancy Childbirth and Peurperium*	3
Q00 - Q99 : Congenital Malformations Deformations and Chromosomal Abnormalities	1
Grand Total	**12,578**

Figure 5 – Hospital Admissions, Lower Limb Amputations in Diabetic Patients

Year	Devon PCT				South West				England			
	Number	Expected	ISR*	95% CI	Number	Expected	ISR*	95% CI	Number	Expected	ISR*	95% CI
2002/3	118	86	13.45	11.13 - 16.11	560	547	10.02	9.21 - 10.89	4887	4805	9.96	9.68 - 10.24
2003/4	97	87	10.90	8.84 - 13.29	572	554	10.10	9.29 - 10.97	4915	4858	9.91	9.63 - 10.19
2004/5	95	89	10.51	8.5 - 12.84	613	561	10.69	9.86 - 11.57	4907	4907	9.79	9.52 - 10.07
2005/6	102	90	11.13	9.08 - 13.52	607	568	10.46	9.64 - 11.32	5031	4961	9.93	9.66 - 10.21
2006/7	105	91	11.30	9.25 - 13.68	594	575	10.11	9.31 - 10.96	5015	5015	9.79	9.52 - 10.07

* ISR is an Indirect standardized rate by age and sex to enable comparison with the England average

Figure 6 – Numbers on GP Diabetes Disease Registers by Devon Town, March 2008

Devon Town*	Register Size	Percentage
Ashburton/Buckfastleigh	394	3.43%
Axminster	455	4.21%
Barnstaple	2012	4.22%
Bideford/Northam	1575	4.33%
Braunton	518	4.51%
Crediton	667	3.22%
Cullompton	1077	3.91%
Dartmouth	321	3.81%
Dawlish	728	3.66%
Exeter	3921	3.04%
Exmouth	1825	3.73%
Great Torrington	498	4.22%
Holsworthy	743	4.36%
Honiton	599	3.61%
Ilfracombe	801	4.17%
Ivybridge	897	3.32%
Kingsbridge	755	4.13%
Lynton/Lynmouth	84	3.18%
Moretonhampstead	99	3.21%
Newton Abbot	2682	4.16%
Okehampton	920	3.87%
Ottery St Mary	505	3.15%
Seaton	697	5.02%
Sidmouth	633	4.40%
South Molton	726	4.23%
Tavistock	1016	3.45%
Teignmouth	943	4.21%
Tiverton	1529	3.75%
Totnes	706	3.32%
Devon	**28326**	**3.77%**
South West	**201489**	**3.76%**
England	**2088335**	**3.87%**

Figure 7 – QOF Indicator DM2 by Devon Town, March 2008

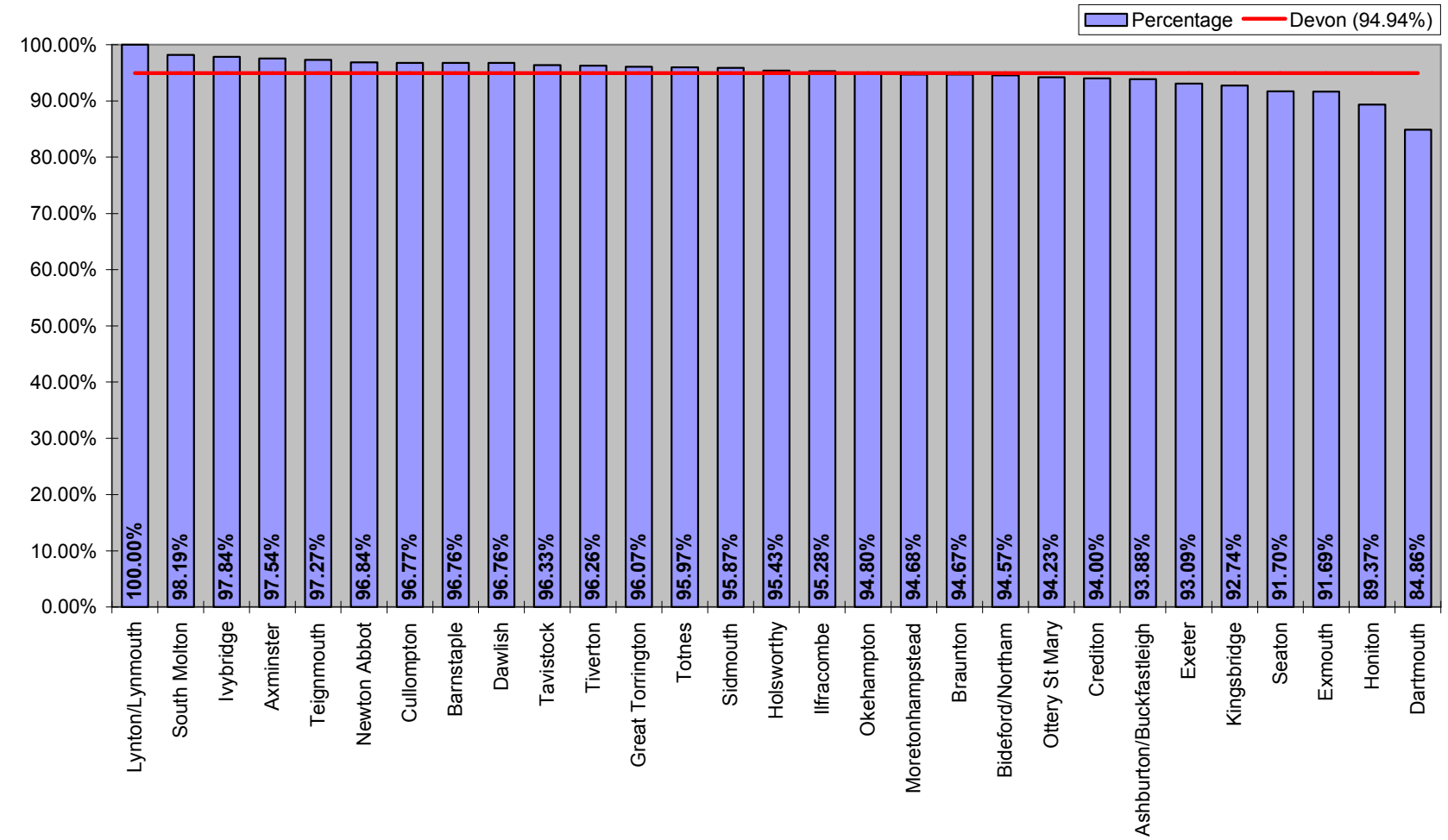


Figure 8 – QOF Indicator DM5 by Devon Town, March 2008

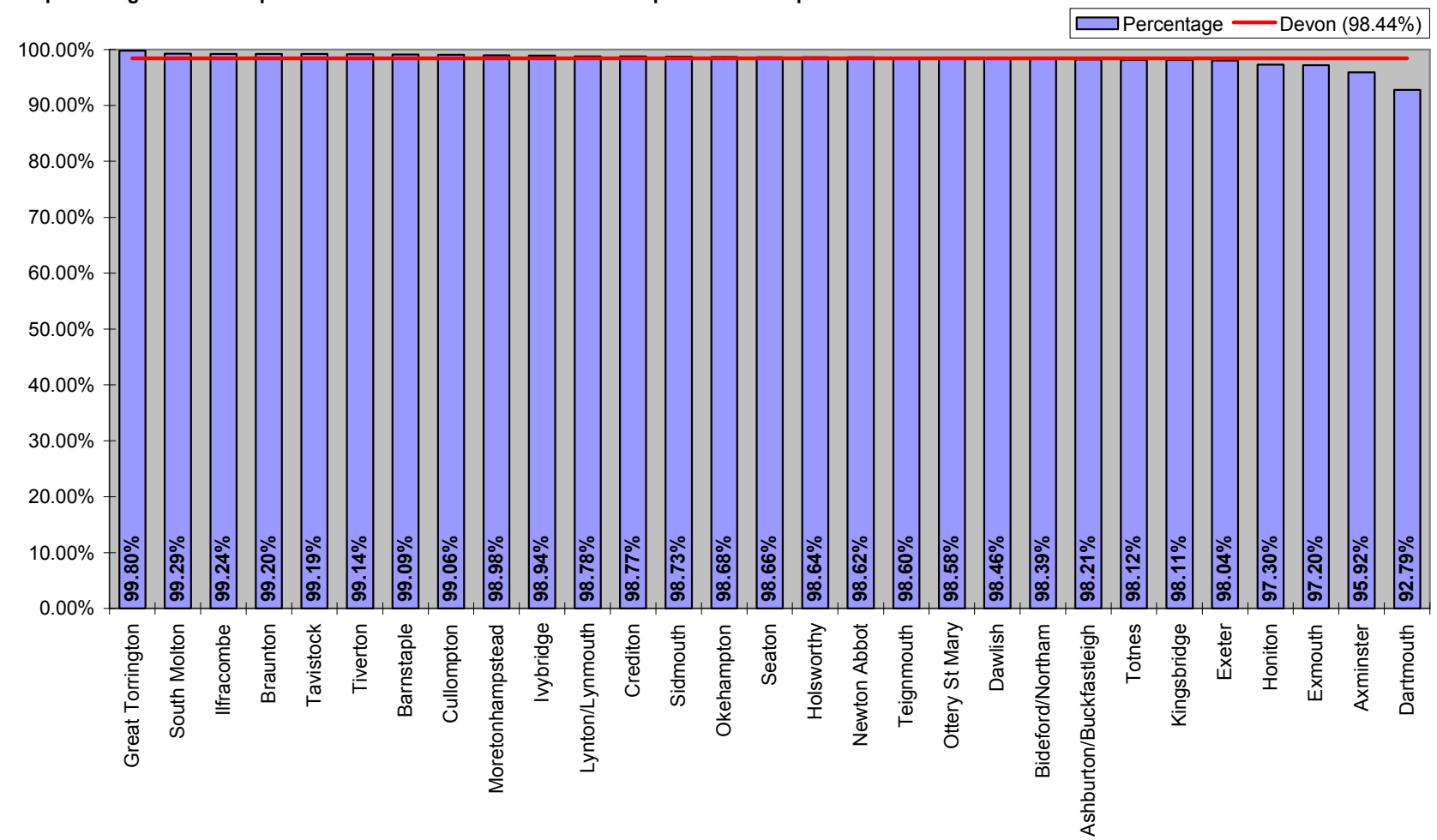


Figure 9 – QOF Indicator DM20 by Devon Town, March 2008

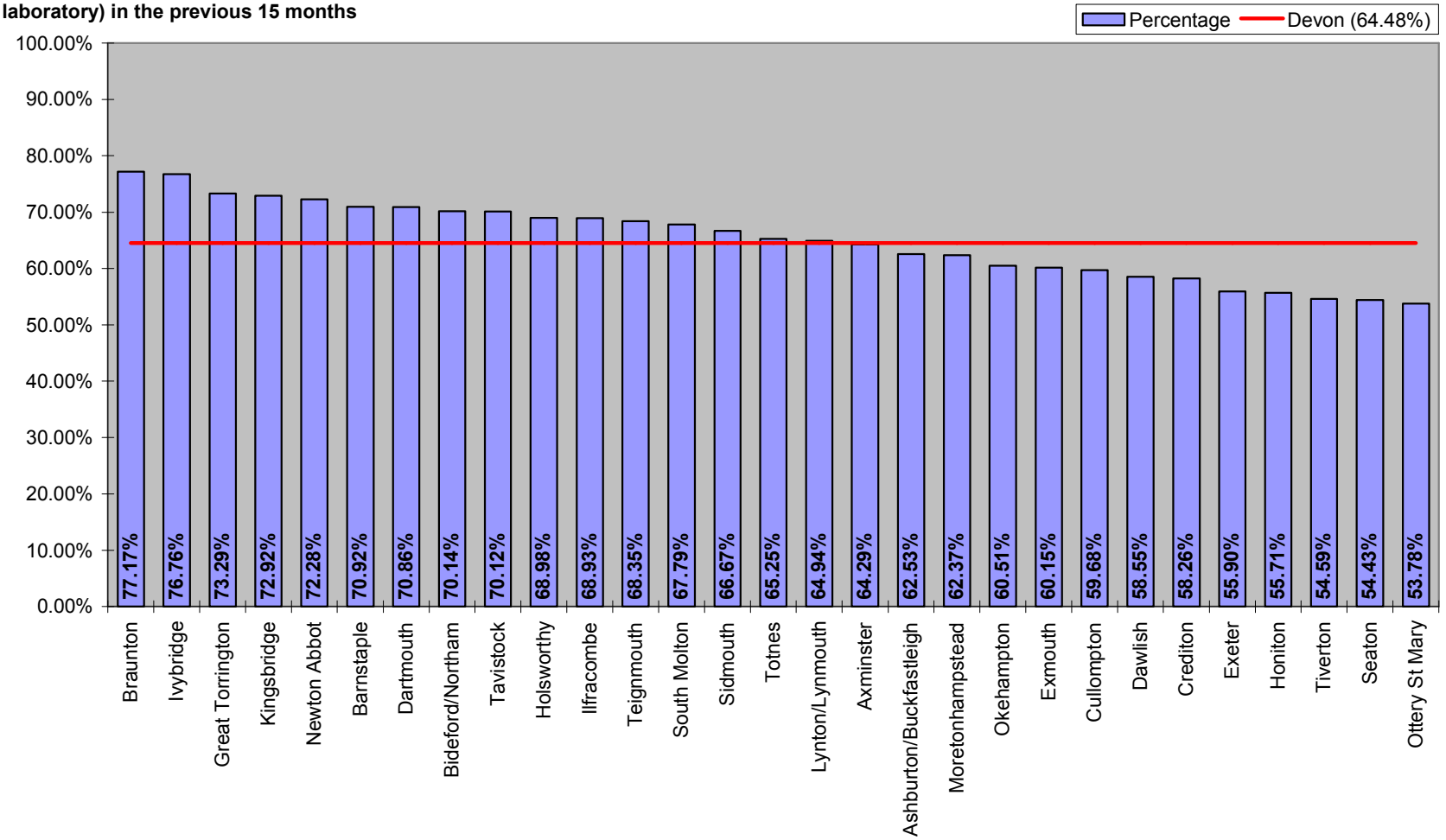


Figure 10 – QOF Indicator DM7 by Devon Town, March 2008

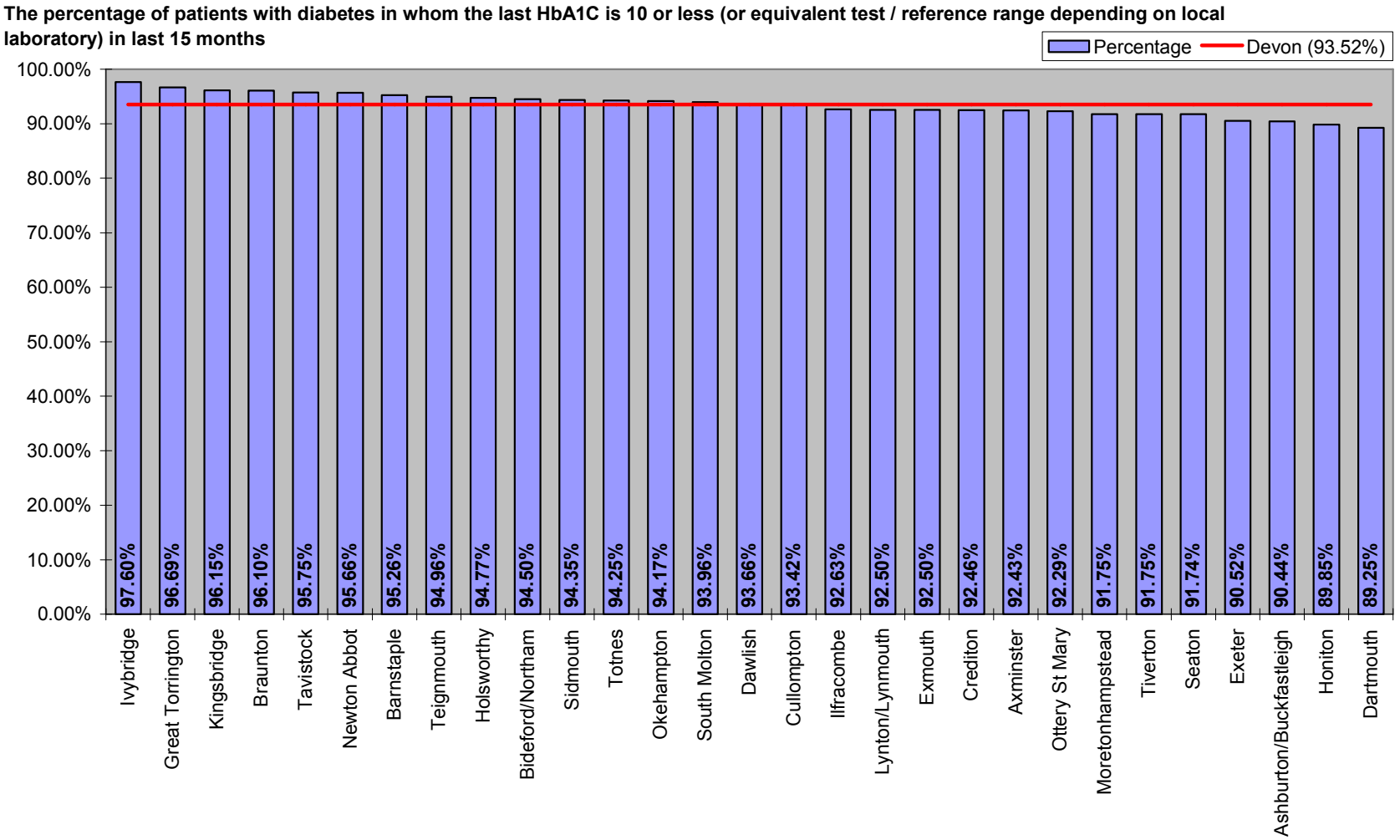


Figure 11 – QOF Indicator DM21 by Devon Town, March 2008

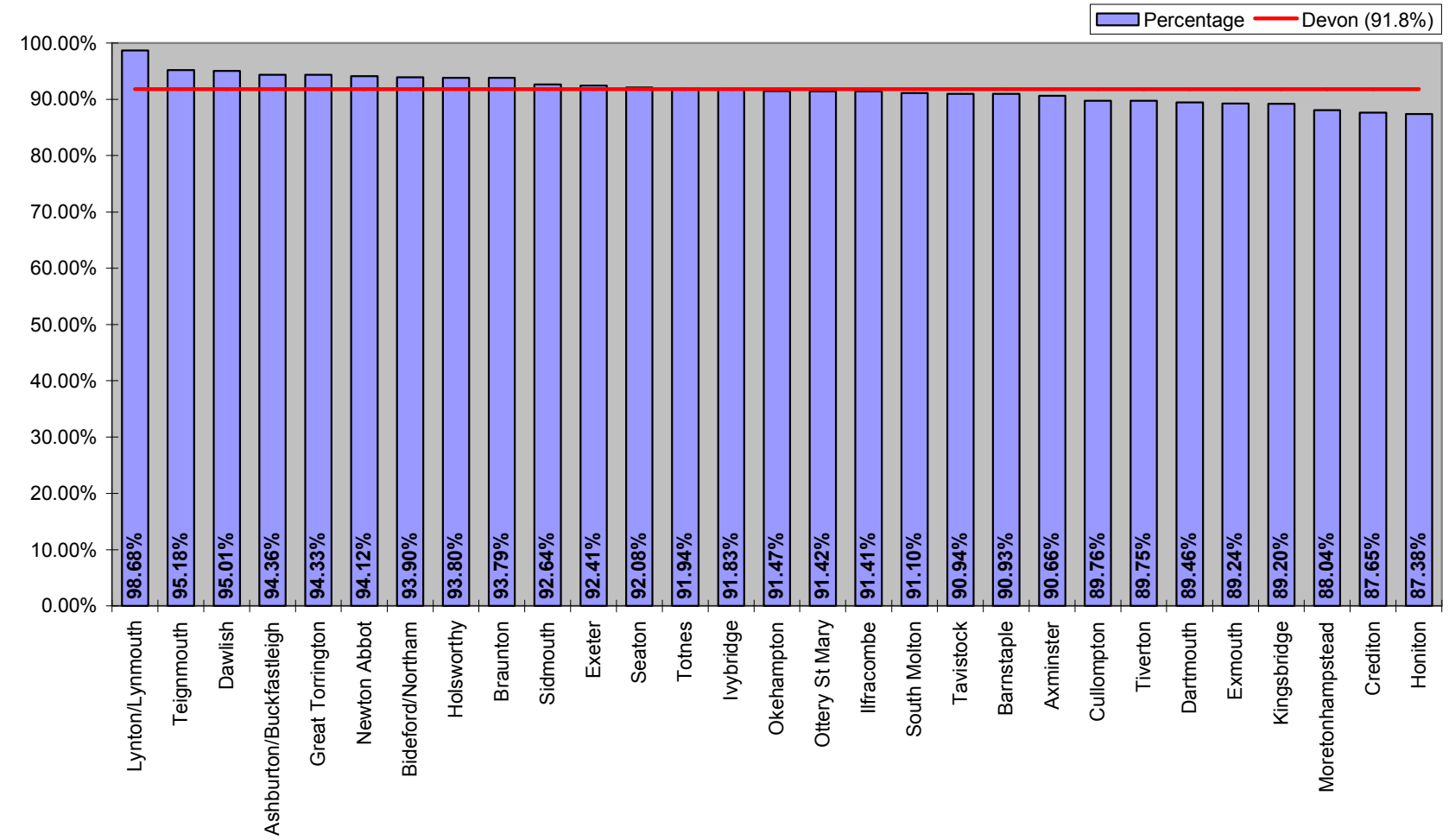


Figure 12 – QOF Indicator DM10 by Devon Town, March 2008

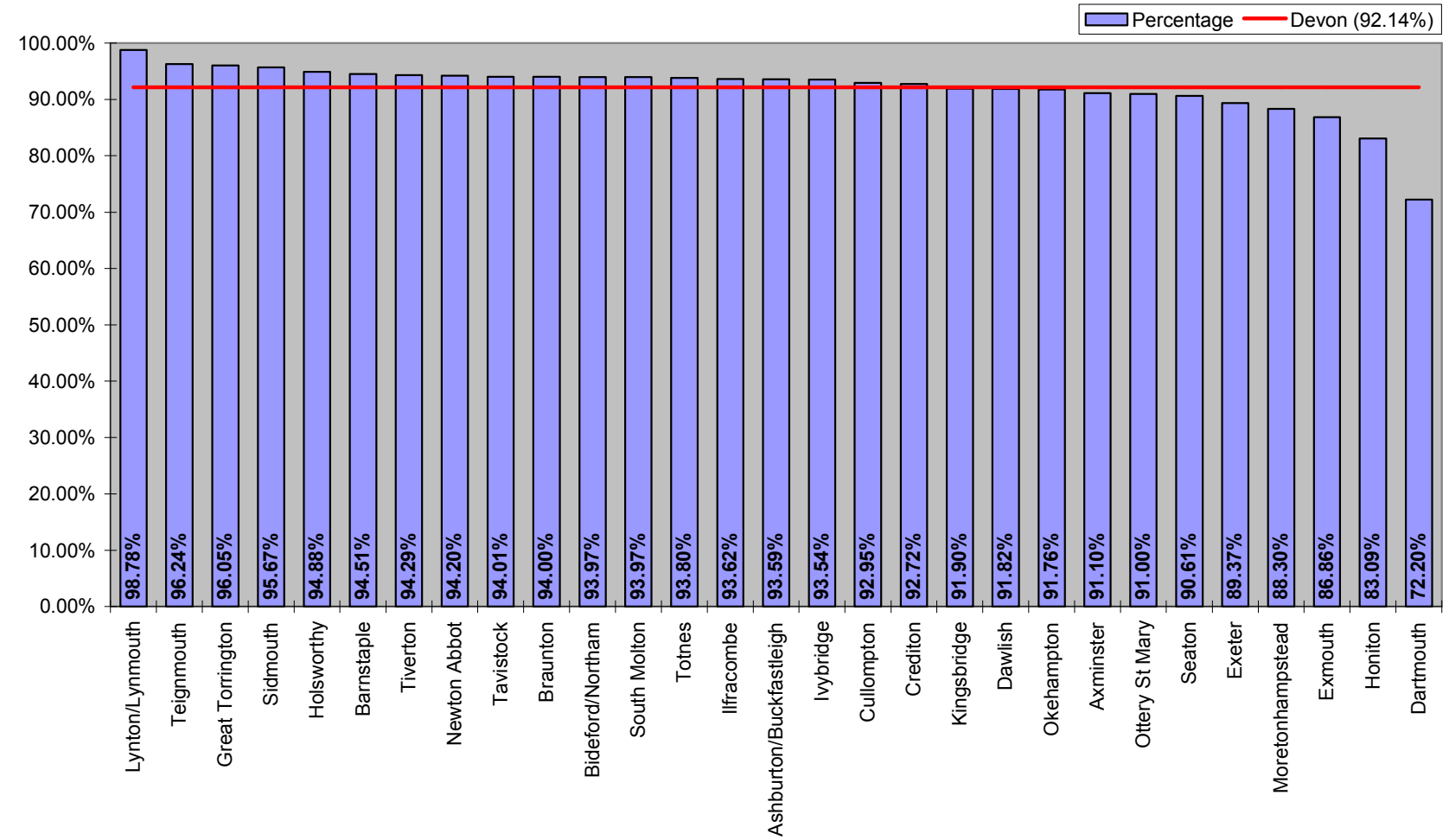


Figure 13 – QOF Indicator DM11 by Devon Town, March 2008

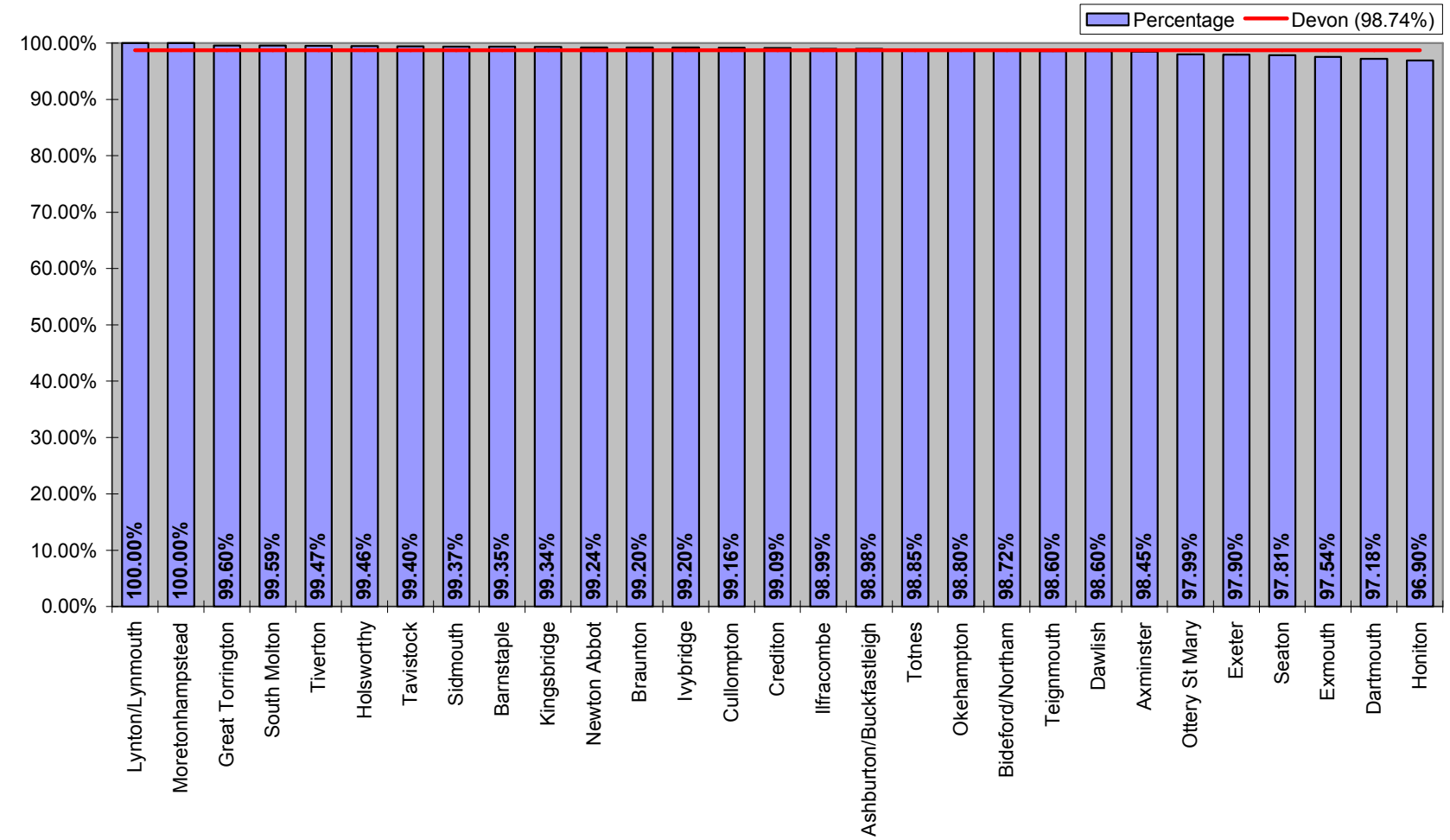


Figure 14 – QOF Indicator DM12 by Devon Town, March 2008

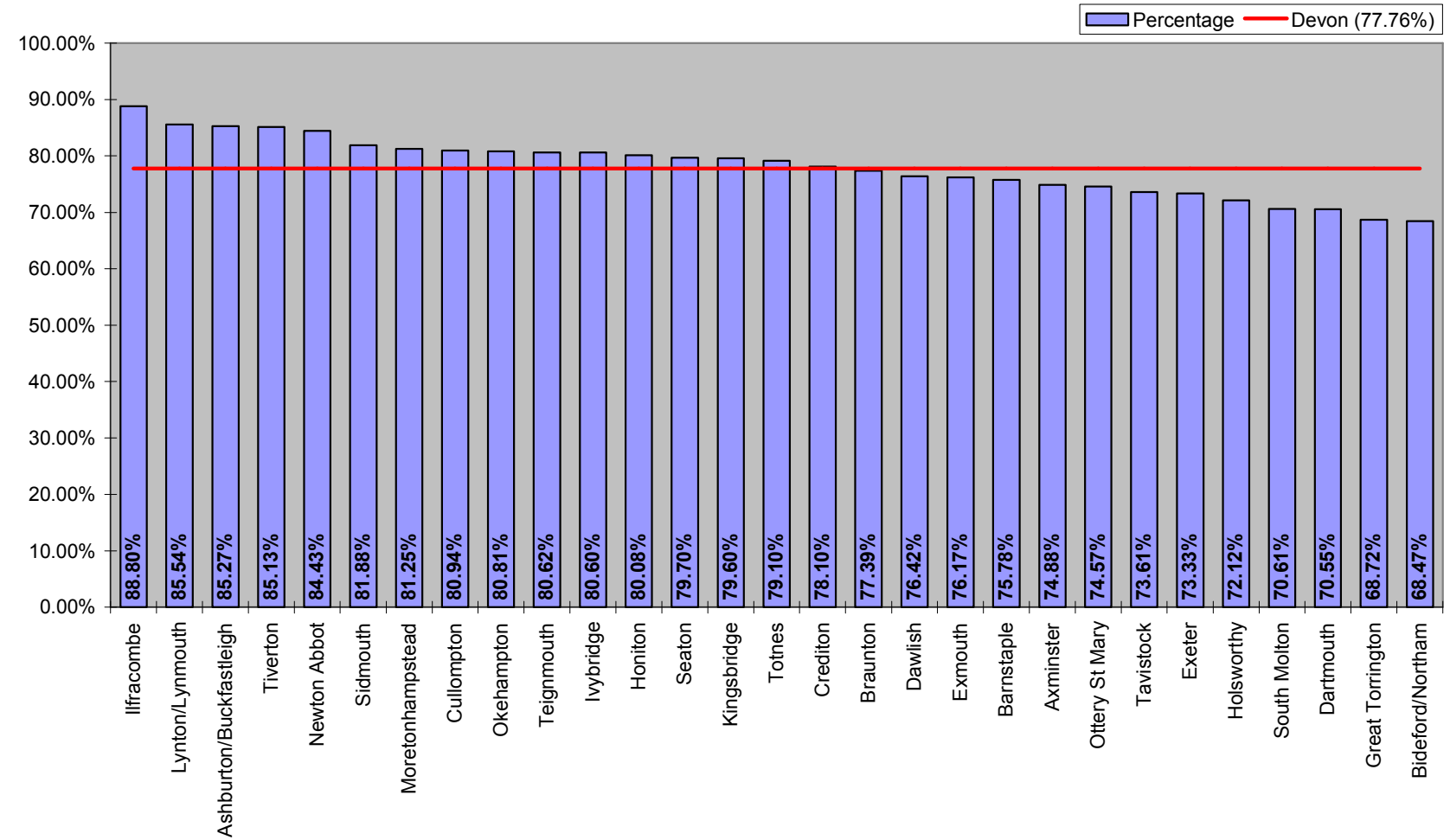


Figure 15 – QOF Indicator DM16 by Devon Town, March 2008

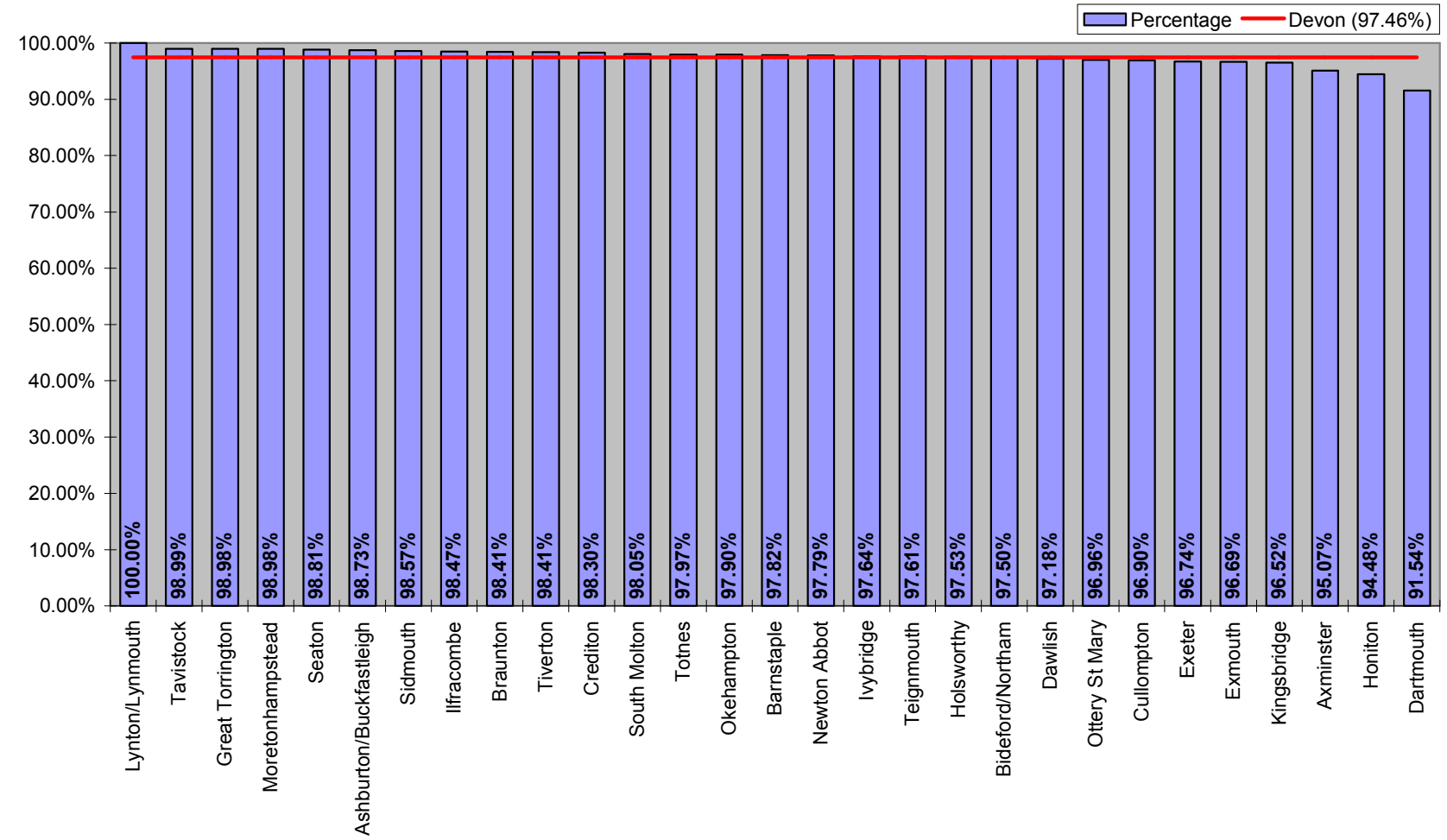


Figure 16 – QOF Indicator DM17 by Devon Town, March 2008

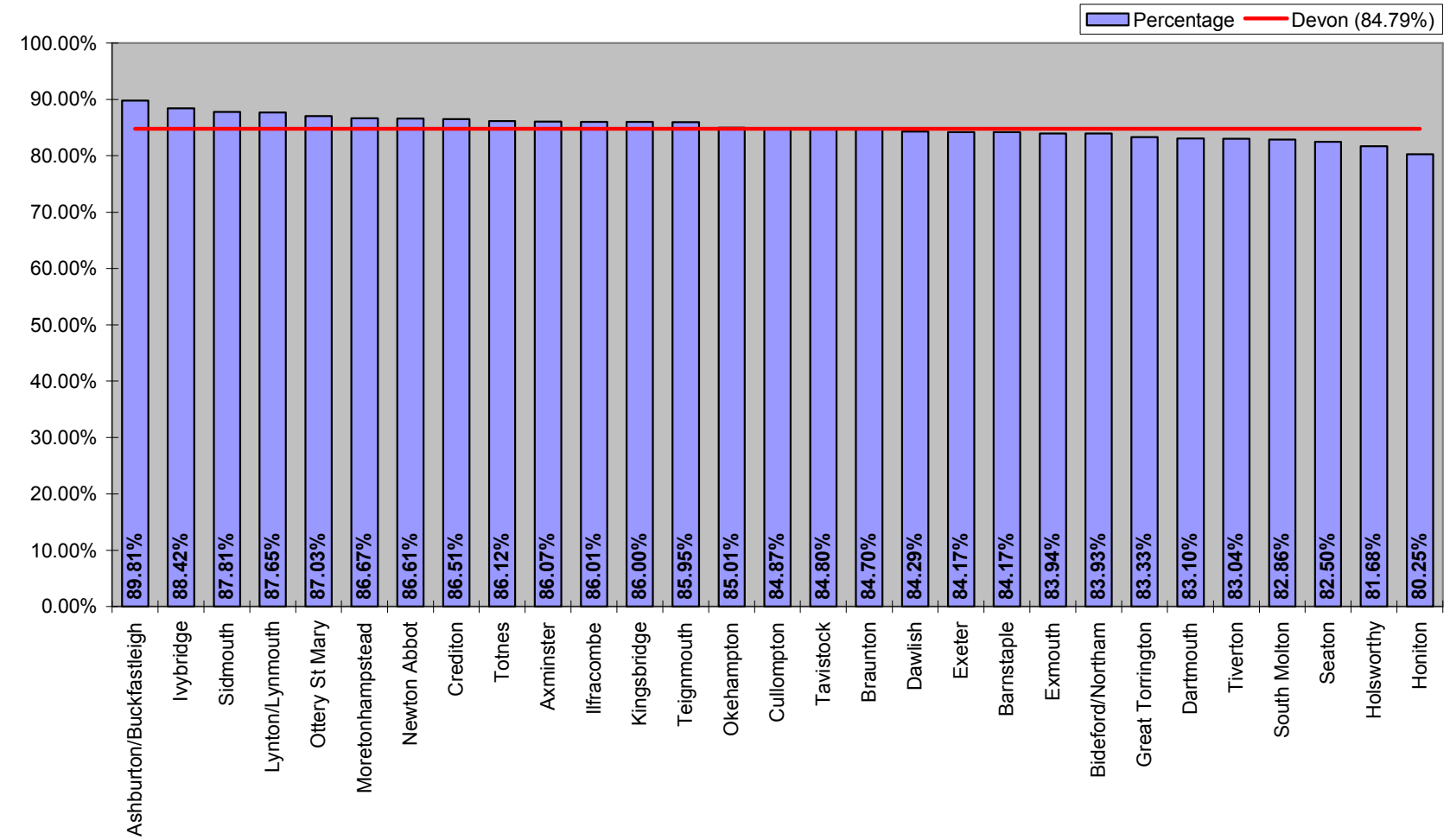


Figure 17 – QOF Indicator DM18 by Devon Town, March 2008

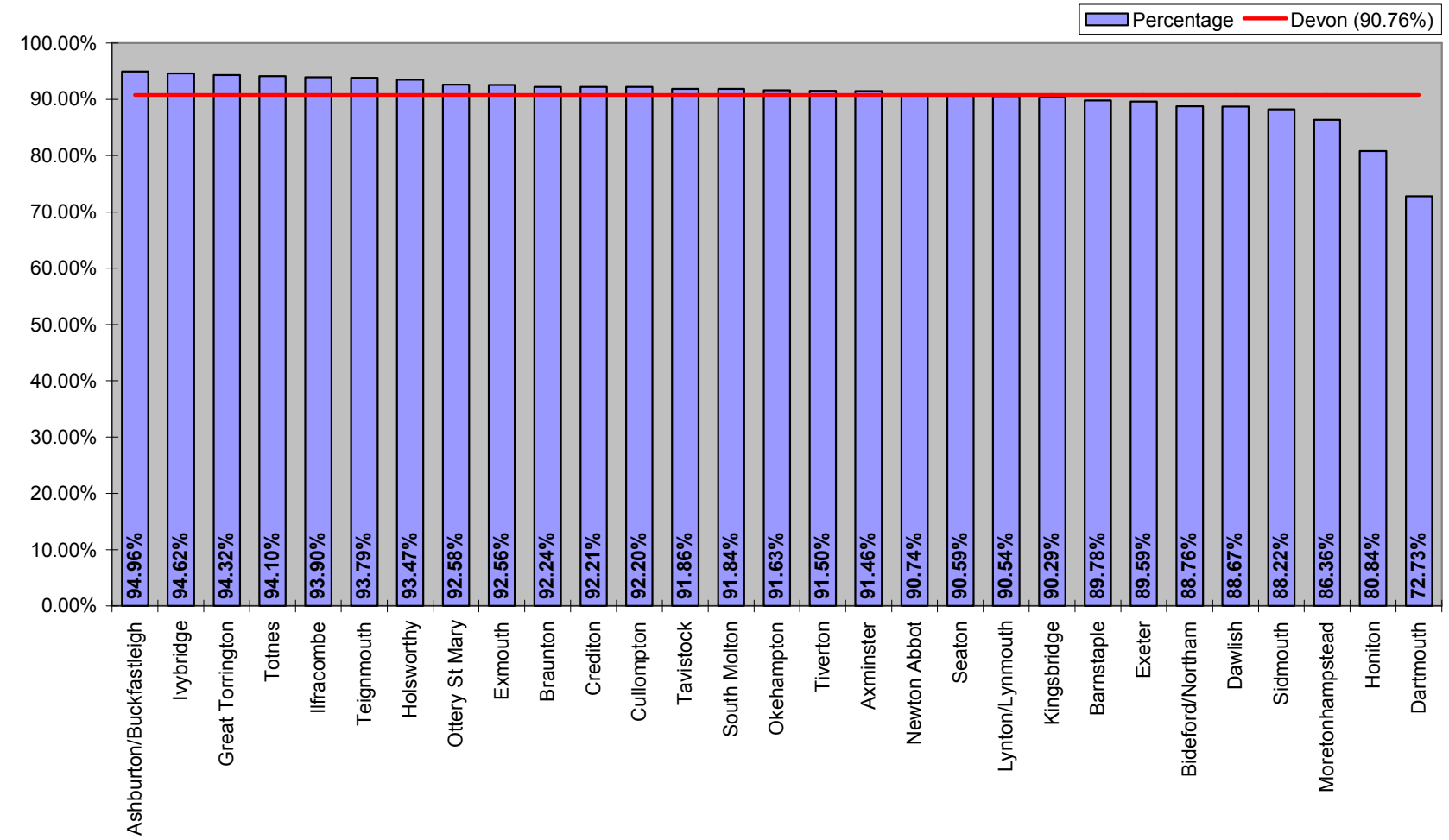


Figure 18 – Selected QOF Diabetes Indicators by Devon Town, March 2008

Devon Town		Process Measures						Outcome Measures				
	QOF Reported Prevalence (DM1)	BMI recorded (DM2)	HbA1C recorded (DM5)	Retinal screening rec'd (DM21)	Neuropathy recorded (DM10)	BP recorded (DM11)	Cholesterol recorded (DM16)	HbA1C < 7.5 (DM20)	HbA1C < 10 (DM7)	BP < 145/85 (DM12)	Cholesterol < 5 (DM17)	Immunization uptake (DM18)
Ashburton/Buckfastleigh	3.4%	93.9%	98.2%	94.4%	93.6%	99.0%	98.7%	62.5%	90.4%	85.3%	89.8%	95.0%
Axminster	4.2%	97.5%	95.9%	90.7%	91.1%	98.5%	95.1%	64.3%	92.4%	74.9%	86.1%	91.5%
Barnstaple	4.2%	96.8%	99.1%	90.9%	94.5%	99.3%	97.8%	70.9%	95.3%	75.8%	84.2%	89.8%
Bideford/Northam	4.3%	94.6%	98.4%	93.9%	94.0%	98.7%	97.5%	70.1%	94.5%	68.5%	83.9%	88.8%
Braunton	4.5%	94.7%	99.2%	93.8%	94.0%	99.2%	98.4%	77.2%	96.1%	77.4%	84.7%	92.2%
Crediton	3.2%	94.0%	98.8%	87.6%	92.7%	99.1%	98.3%	58.3%	92.5%	78.1%	86.5%	92.2%
Cullompton	3.9%	96.8%	99.1%	89.8%	93.0%	99.2%	96.9%	59.7%	93.4%	80.9%	84.9%	92.2%
Dartmouth	3.8%	84.9%	92.8%	89.5%	72.2%	97.2%	91.5%	70.9%	89.3%	70.5%	83.1%	72.7%
Dawlish	3.7%	96.8%	98.5%	95.0%	91.8%	98.6%	97.2%	58.5%	93.7%	76.4%	84.3%	88.7%
Exeter	3.0%	93.1%	98.0%	92.4%	89.4%	97.9%	96.7%	55.9%	90.5%	73.3%	84.2%	89.6%
Exmouth	3.7%	91.7%	97.2%	89.2%	86.9%	97.5%	96.7%	60.1%	92.5%	76.2%	83.9%	92.6%
Great Torrington	4.2%	96.1%	99.8%	94.3%	96.0%	99.6%	99.0%	73.3%	96.7%	68.7%	83.3%	94.3%
Holsworthy	4.4%	95.4%	98.6%	93.8%	94.9%	99.5%	97.5%	69.0%	94.8%	72.1%	81.7%	93.5%
Honiton	3.6%	89.4%	97.3%	87.4%	83.1%	96.9%	94.5%	55.7%	89.8%	80.1%	80.3%	80.8%
Ilfracombe	4.2%	95.3%	99.2%	91.4%	93.6%	99.0%	98.5%	68.9%	92.6%	88.8%	86.0%	93.9%
Ivybridge	3.3%	97.8%	98.9%	91.8%	93.5%	99.2%	97.6%	76.8%	97.6%	80.6%	88.4%	94.6%
Kingsbridge	4.1%	92.7%	98.1%	89.2%	91.9%	99.3%	96.5%	72.9%	96.1%	79.6%	86.0%	90.3%
Lynton/Lynmouth	3.2%	100.0%	98.8%	98.7%	98.8%	100.0%	100.0%	64.9%	92.5%	85.5%	87.7%	90.5%
Moretonhampstead	3.2%	94.7%	99.0%	88.0%	88.3%	100.0%	99.0%	62.4%	91.8%	81.3%	86.7%	86.4%
Newton Abbot	4.2%	96.8%	98.6%	94.1%	94.2%	99.2%	97.8%	72.3%	95.7%	84.4%	86.6%	90.7%
Okehampton	3.9%	94.8%	98.7%	91.5%	91.8%	98.8%	97.9%	60.5%	94.2%	80.8%	85.0%	91.6%
Ottery St Mary	3.2%	94.2%	98.6%	91.4%	91.0%	98.0%	97.0%	53.8%	92.3%	74.6%	87.0%	92.6%
Seaton	5.0%	91.7%	98.7%	92.1%	90.6%	97.8%	98.8%	54.4%	91.7%	79.7%	82.5%	90.6%
Sidmouth	4.4%	95.9%	98.7%	92.6%	95.7%	99.4%	98.6%	66.7%	94.4%	81.9%	87.8%	88.2%
South Molton	4.2%	98.2%	99.3%	91.1%	94.0%	99.6%	98.1%	67.8%	94.0%	70.6%	82.9%	91.8%
Tavistock	3.5%	96.3%	99.2%	90.9%	94.0%	99.4%	99.0%	70.1%	95.8%	73.6%	84.8%	91.9%
Teignmouth	4.2%	97.3%	98.6%	95.2%	96.2%	98.6%	97.6%	68.3%	95.0%	80.6%	85.9%	93.8%
Tiverton	3.8%	96.3%	99.1%	89.8%	94.3%	99.5%	98.4%	54.6%	91.7%	85.1%	83.0%	91.5%
Totnes	3.3%	96.0%	98.1%	91.9%	93.8%	98.9%	98.0%	65.3%	94.2%	79.1%	86.1%	94.1%
Devon	**3.8%**	**94.9%**	**98.4%**	**91.8%**	**92.1%**	**98.7%**	**97.5%**	**64.5%**	**93.5%**	**77.8%**	**84.8%**	**90.8%**

Figure 19 – Diabetes Estimated Prevalence vs Emergency Admissions

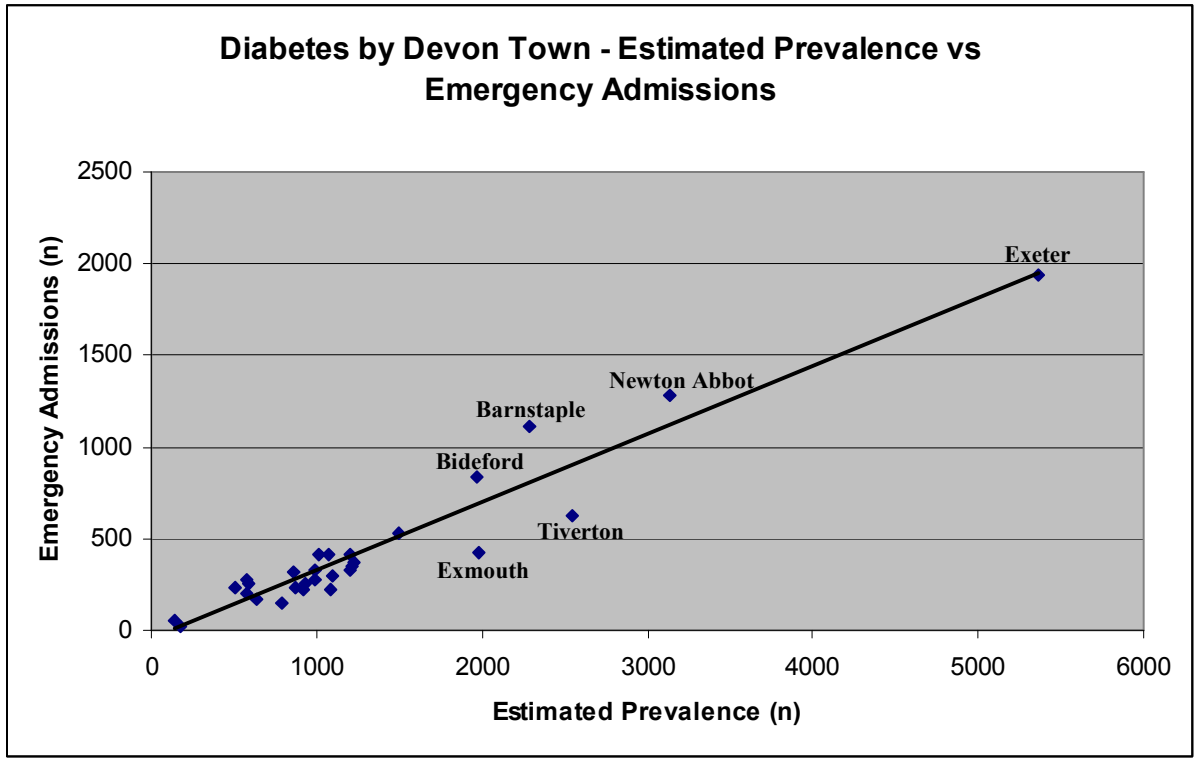
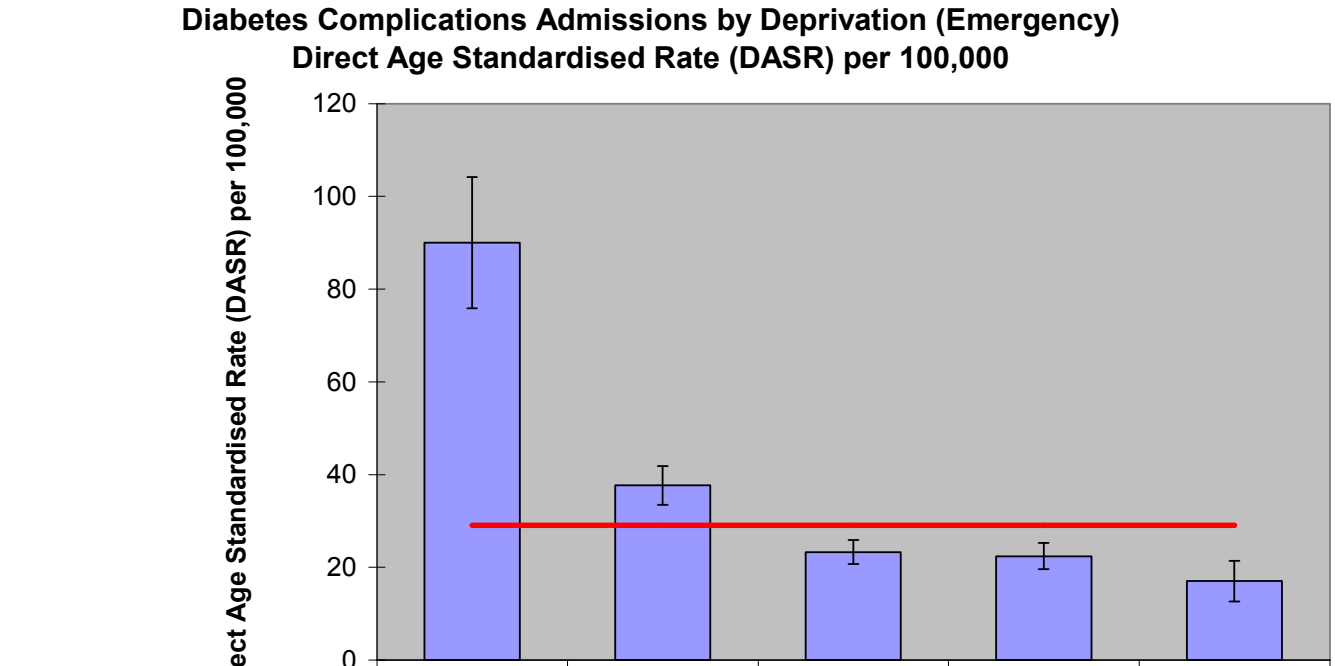


Figure 20 – Index of Multiple Deprivation 2007 vs Diabetes Emergency Admissions



	Most Deprived	Above Average	Average	Below Average	Least Deprived
DASR	90.0	37.7	23.3	22.4	17.0
Devon Primary Care Trust	29.0	29.0	29.0	29.0	29.0

Figure 21 – QOF Disease Registers vs Estimated Prevalence

Devon Town	QOF Register (%)	Estimated Prevalence (%)	Ratio (QOF vs Estimated Prevalence)
Braunton	4.51%	5.00%	0.90
Barnstaple	4.22%	4.81%	0.88
Newton Abbot	4.16%	4.87%	0.85
Great Torrington	4.22%	5.04%	0.84
Cullompton	3.91%	4.77%	0.82
Bideford/Northam	4.33%	5.43%	0.80
Holsworthy	4.36%	5.55%	0.79
Ilfracombe	4.17%	5.26%	0.79
South Molton	4.23%	5.52%	0.77
Seaton	5.02%	6.59%	0.76
Tiverton	3.75%	4.95%	0.76
Ivybridge	3.32%	4.43%	0.75
Okehampton	3.87%	5.23%	0.74
Exeter	3.04%	4.15%	0.73
Teignmouth	4.21%	5.79%	0.73
Exmouth	3.73%	5.20%	0.72
Kingsbridge	4.13%	5.92%	0.70
Ashburton/Buckfastleigh	3.43%	4.98%	0.69
Axminster	4.21%	6.06%	0.69
Honiton	3.61%	5.25%	0.69
Crediton	3.22%	4.80%	0.67
Tavistock	3.45%	5.14%	0.67
Dawlish	3.66%	5.52%	0.66
Totnes	3.32%	5.03%	0.66
Dartmouth	3.81%	5.96%	0.64
Ottery St Mary	3.15%	4.92%	0.64
Sidmouth	4.40%	6.83%	0.64
Lynton/Lynmouth	3.18%	5.47%	0.58
Moretonhampstead	3.21%	5.64%	0.57
Devon	**3.77%**	**5.04%**	**0.75**