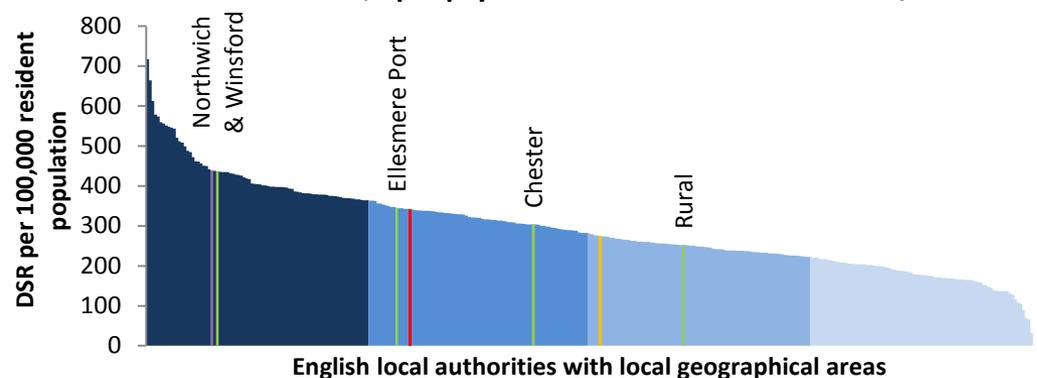




Diabetes, epilepsy and asthma admissions - 2013/14



English local authorities with local geographical areas

■ Cheshire West and Chester ■ NHS West Cheshire CCG ■ NHS Vale Royal CCG ■ Localities
Source: NHS Indicator Portal, Hospital Episode Statistics, ONS Mid Year Population Estimates

In 2013/14 there were 241 admissions to hospital for children in Cheshire West and Chester due to asthma, diabetes or epilepsy. Cheshire West and Chester is in the worst 50% of local authorities for emergency admissions related to these conditions.

Locally, the highest rate was in Northwich and Winsford (436 per 100,000), significantly higher than the England average. Our more deprived areas have rates that are 25% higher than in our less deprived areas however the rates are not significantly different.

Admission rates have fluctuated locally and trends differ between the two CCGs. Over time, Vale Royal CCG has generally experienced higher admission rates than West

Cheshire CCG, and in 2013/14 the rate for Vale Royal CCG was 50% higher than West Cheshire CCG, a significant difference. For Cheshire West and Chester, as a whole, there have been increases in recent years. However, over the longer term there were 50 less admissions for asthma in 2013/14 than in 2008/09, a 26% reduction.

Asthma accounts for the largest proportion (56%) of these admissions, followed by epilepsy (26%) and the remainder due to diabetes (18%). Admissions for asthma and epilepsy are more common in the children aged under 10 while diabetes admissions tend to occur in older children, only 5% of 0-4 admissions in this cohort were for diabetes.

Recommended actions

For asthma, NICE make a number of recommendations on treatment in its quality standard. These include : an annual structured review, objective measurements of severity, specialist review and GP follow up after admissions for acute exacerbations.

For diabetes, current NICE guidance suggests appropriate patient education, dietary advice, psychological support and management of complications. This guidance is currently under review (expected publication - August 2015).

For epilepsy, the NICE guideline key priorities include having the initial diagnosis by a specialist, a comprehensive care plan, an annual (at least) review by a specialist and prompt referral to a tertiary service if the diagnosis is uncertain or uncontrolled epilepsy.

Evidence of what works

Around one in 11 children are known to have asthma. In general, it has been estimated that a large proportion of asthma-related emergency department attendances and even deaths could have been prevented by early interventions.

Most children with diabetes are type one (insulin dependent). Clearly, the quality of their ongoing care is paramount to prevent complications, morbidity and resultant NHS activity for this life time condition. However, NICE have noted that fewer than 20% of children receive the basic care as recommended in their guidelines.

There are many different types and presentations of epilepsy. The diagnosis is easily confused and sometimes completely wrong. Obtaining a correct diagnosis (and thus treatment) is important as the disease can have a wide-ranging impact on the child's health and lifestyle.

Asthma, epilepsy and diabetes admission trend, Cheshire West and Chester

