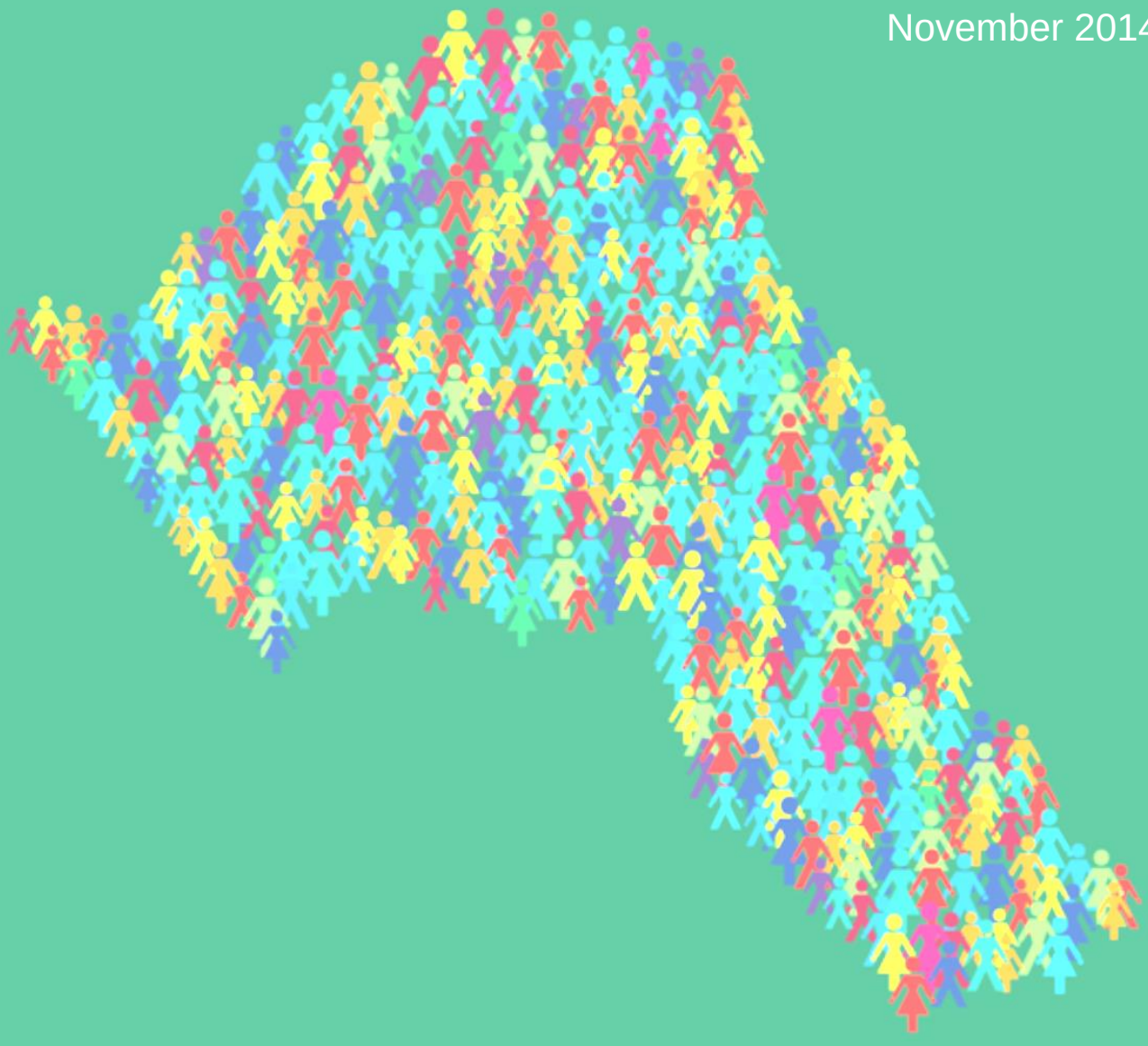
Camden

NHS
Camden
Clinical Commissioning Group

CAMDEN PROFILE
PUBLIC HEALTH INTELLIGENCE

Adult carers

First edition
November 2014



About this profile

PURPOSE

This public health intelligence profile describes the trends and patterns in those recorded as carers and those cared for in London Borough of Camden.

This work will support and inform:

- London Borough of Camden Councillors, adult social care and public health teams;
- Camden's clinical commissioning group;
- Individual general practices in Camden.

This profile can be found on: http://www.camdendata.info/

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FURTHER INFORMATION AND FEEDBACK

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please do contact us with your ideas.

Recommendations and key messages

OVERVIEW & RECOMMENDATIONS

1. **Improve recording of carers and those who have a carer on GP practice systems**
   The recorded prevalence of carers at Camden GP practices is significantly lower than expected based on estimates from the 2011 Census: about 1,740 versus 16,000. It is possible that GP practices primarily capture people providing a high level of care whereas the Census captures all carers. The difference between these numbers reflects the findings in The Princess Royal Trust for Carers, *Supporting Carers: An action guide for general practitioners and their teams,* 2011. This paper suggests that "less than 1% of practice lists are identified as carers compared to approximately 10% of the population being carers". Improving identification and recording of carers in GP practices is recommended in order to ensure accurate identification of this group for service provision and monitoring of their care and outcomes to inform commissioning. This is also true of people being cared for; though the numbers of people recorded within this group are higher.

2. **Review the recording of carer status and long term conditions**
   Ensure that carer status ('Is Carer'/'Has Carer') and long term conditions are correctly recorded, in particular people recorded as being carer with learning disabilities.

3. **Address general poor health in carers and people with a carer**
   Both carers and people with a carer are more likely to be suffering from a long term condition than the general population, including a high prevalence of depression among carers. Continued targeted work in delivering health checks could lead to improved health.

4. **Decrease levels of obesity in carers and people with a carer**
   Levels of obesity are significantly higher among carers and those being cared for. Among carers, the prevalence of obesity is twice that of the general population (22% vs. 11%). While this is partly explained by the older age profile of these groups, there is still a significant difference when adjusting for age. Targeted work focussing on carers' healthy eating and lifestyles could help to decrease levels of obesity and associated ill health. The same applies to people being cared for (26% vs. 12%). It is not known if people are being cared for because of ill health associated with obesity, or the obesity was caused by ill health. However, previous analysis has shown that levels of obesity are higher in people with diagnosed long term conditions and decreasing BMI could lead to improved health.

5. **Decrease smoking levels in people who are being cared for.**
   A higher proportion of people with a carer smoke compared to Camden's population (27% *vs* 20%). As people who are recorded as having a carer are likely to be suffering from long term ill health, interventions around smoking cessation and weight management should be available as part of secondary prevention strategies.

Recommendations and key messages

KEY MESSAGES

1. CARERS

- According to the 2011 Census, 7.9% of people in Camden are caring for others (not as part of paid work); This percentage would equate to about 16,000 people registered with a GP practice and resident in Camden. This estimate includes people who are caring for people due to their long-term physical or mental ill-health or disability or problems related to old age, for 1 or more hours a week (including family, friends, neighbours or others) .
  - The number of people recorded on GP practice systems as being a carer (about 1,740 as of September 2012) is much lower than the estimate from the 2011 Census. However, there is no standard definition of who should be recorded as a carer by GPs (e.g. how long someone spends caring) and historically there have not been any initiatives to systematically record carers in primary care. This could also explain the variation in prevalence by GP practice. In addition, it has been stated elsewhere that carers often do not recognise themselves as being a carer, or dislike being labelled as a 'carer', another reason why numbers could be underestimated.
  - **The information shown in this profile uses data extracted from Camden GP practices on carers (1,736 people).**
- The majority of carers in Camden are over the age of 40, and 70% are women. Compared to the general population, carers are more ethnically diverse and proportionately more live in the most deprived areas of Camden.
- Adjusted for the age structure of the population, people recorded as being a carer are significantly more likely to be overweight or obese than the Camden average, but have similar levels of smoking as the general population. The impact of obesity and being overweight on long term health is well-known, and this inequity should be addressed at a GP practice level.
- Accurate recording is advised as about 45% of carers have a long term condition, significantly more than the population of Camden (17%). In particular, adjusted for the age structure of the population, people recorded as being a carer are significantly more likely to have been diagnosed with learning disabilities, chronic depression and COPD than the Camden average and have more than one long term condition (LTC). This supports the evidence that people caring for others experience comparative poor health, as well negative social and financial consequences.

Key messages (cont)

2. PEOPLE WITH CARERS

- Recording by GP practice of people who have a carer varies significantly, averaging 1% across the population (2,285 people). The difference in prevalence by Camden GP could be due to differences in recording practices, or because of different patient population characteristics.
- As expected, levels of having a carer increases with age, in line with the prevalence of long term conditions. In addition, those receiving care are significantly more likely to be living in the two most deprived population groups of Camden.
- Main spoken language is not recorded for 366 (16%) people with carers. The proportion of people receiving care who had a first language which was not English is 19% (443), compared to Camden's total population (17%) and the 2011 Census (24%) (resident population aged 16 and over).
- There are proportionately more people recorded as overweight and obese among people having a carer compared to Camden's population (56% vs. 37%). Even adjusting for the age structure of the population, people recorded as having a carer are shown to be significantly more likely to be obese.
- A higher proportion smoke (27% vs 20%). Adjusted for the age structure of the population, smoking levels are significantly higher in those recorded as having a carer than Camden's adult population.

Additional information on carers can be found in the Camden Joint Strategic Needs Assessment (Ch. 21), available at: <http://www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/joint-strategic-needs-assessment/>

Understanding the data

95% confidence intervals (95% CI)

- Percentages and standardised ratios are reported with 95% confidence intervals. These quantify imprecision in the estimate.
- The imprecision is influenced by the random occurrences that are inherent in life.
- By comparing the 95% CIs around estimates or a target, we can say whether statistically, there are differences or not in the estimates we are observing, identifying which areas to focus on.

Indirectly standardised prevalence ratios (IDSR)

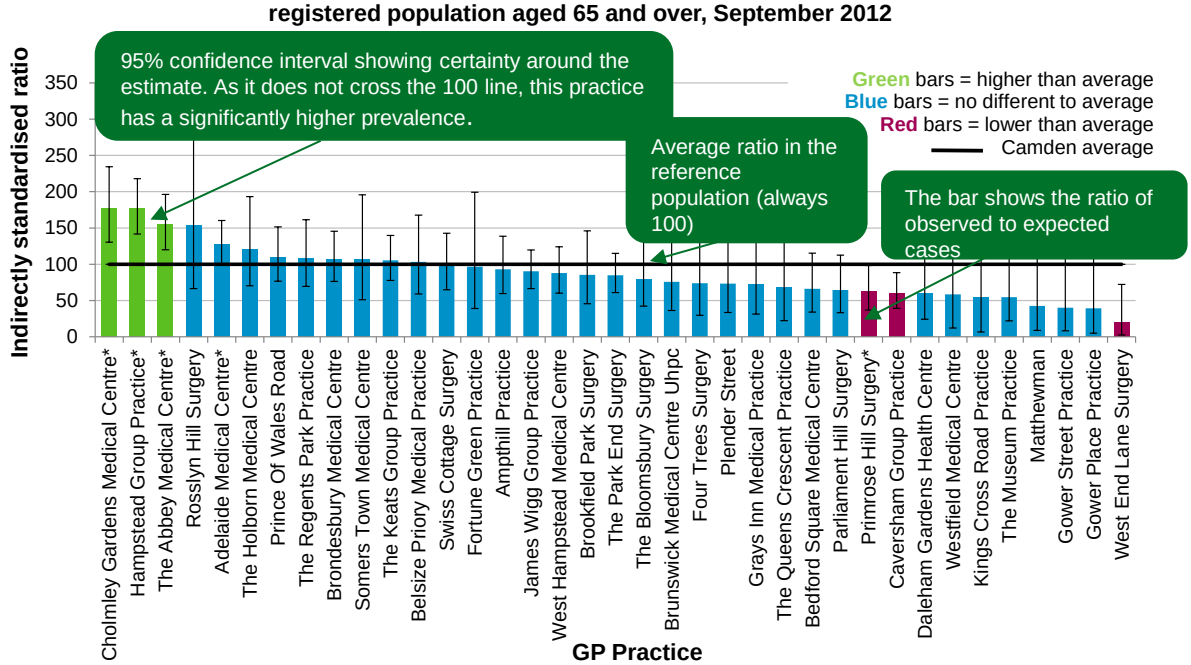
Why is it used?

- These ratios are the number of people diagnosed with each condition, relative to the number of events expected if the practice had the same disease profile and age structure as the Camden average.
- By using the standardised ratios, any differences in disease prevalence because of differences in age structures are taken into account. This allows for direct comparisons to be made (robustly) between practices with different population age structures.

Interpreting the values

- The Camden average is always 100. If the IDSR is over 100, it means that the practice had a higher than expected prevalence of the condition compared to Camden (and this was not due to the practice having an older population, for example). If the IDSR is less than 100, it means the practice had a lower than expected prevalence.
- The size of the IDSR tells how different a practice is from Camden. For example, an IDSR of 150 for a practice show that prevalence is 50% higher than the Camden average. Conversely, an IDSR of 60 indicates that the practice was 40% lower than the Camden average.

Indirectly age standardised ratio of dementia prevalence by GP practice, Camden's registered population aged 65 and over, September 2012



Source: Camden's GP PH dataset, 2012
Note: St. Philips Medical Centre and Camden Health Improvement Practice are excluded

* Practice is associated with one or more care homes

Understanding the data - How to use these analyses

It is important to bear in mind the following when looking at this profile (or any other public health intelligence products):

- It is the variation that is important

  In this profile, it is the variation between Camden GP practices that should be the main point of reflection rather than average achievement. It is the *unexplained variation* (defined as: *variation in the utilisation of health care services that cannot be explained by differences in patient populations or patient preferences*) as this can highlight areas for potential improvements. For example, it may highlight under- or over- use of some interventions and services, or it may identify the use of lower value or less effective activities.

  The data alone cannot tell us whether or not there are good and valid reasons for the variation. It only highlights areas for further investigation and reflection. A perfectly valid outcome of investigations is that the variation is as expected. However, to improve the quality of care and population health outcomes in Camden, a better understanding of reasons behind the variation at a GP practice level with clear identification of areas for improvement is needed.

- Reaching 100% achievement

  The graphs may show 100% on their y-axis (vertical) but there is no expectation that 100% will be (ever be) achieved for the vast majority of indicators. There will always be patients for whom the intervention is unsuitable and/or who do not wish to have the intervention. Again, it is about the variation between different GP practices, not an expectation of 100% achievement.

  Ideally, there would be benchmarking against the achievements in Camden with other deprived London boroughs (ie. with similar health needs), to give an indication of realistic level of achievement for specific indicators across the whole population and a Camden position, but these data are not currently available.

- Populations not individuals

  Epidemiology is about the health of the population, not the individual. In this profile this is either all of Camden's registered population or a GP practice population. It includes everyone registered on GP lists at the end of September 2012, whether they attend the practice regularly or not, or never at all.

- Beware of small numbers

  Some of the graphs have small numbers in them. They have been left in so that all GP practices can see what is happening in their practice (according to the data). In these cases, the wide 95% confidence intervals will signify the uncertainty around the percentages, but be careful when interpreting them.

- Problems with coding and/or data extraction

  There were some specific problems with data extractions from some GP practices for particular variables and these have been noted on the relevant graphs. If after review of the data, any GP practices think there are other problems with coding or data extraction, we will investigate and will amend publications as appropriate: publichealth.intelligence@islington.gov.uk

GP PH dataset and case definition

Camden GP PH Dataset

- Much of the epidemiological analysis in this profile has been undertaken using an anonymised patient-level dataset from GP practices in Camden, in agreement with local GPs and with governance from our multi disciplinary Health Intelligence Advisory Group.
- The dataset includes key information on demographics (including language and country of birth), behavioural and clinical risk factors, key conditions, details on the control and management of conditions, key medications, and interventions.
- This unique resource means that for the first time in Camden, it is possible to undertake in depth epidemiological analysis of primary care data for public health purposes, strengthening evidence based decision making within the borough at all levels. More information on the dataset can be found in the Annual Public Health Report 2011.

Case definitions for Carers

- Read codes used to determine people recorded as being carers or having carers were used after consultation with input from the Health Intelligence Advisory Group.
- Specific codes extracted (where data was recorded) were:

Is a carer	
918A	Carer
918A0	Cares for a friend
918A1	Cares for a neighbour
918A2	Cares for a relative
918G	Is a carer
918H	Primary carer
918W	Carer of a person with learning disability
918a	Carer of a person with substance misuse
Has a carer	
8CAs	Advised to self care
8GEA	Care from relatives
8GEB	Care from friends
8O7	Carer support
918F	Has a carer
918g	Parent is informal carer
918h	Child is informal carer
918i	Relative is informal carer
918j	Partner is informal carer
918k	Friend is informal carer
918w	Has a parent carer

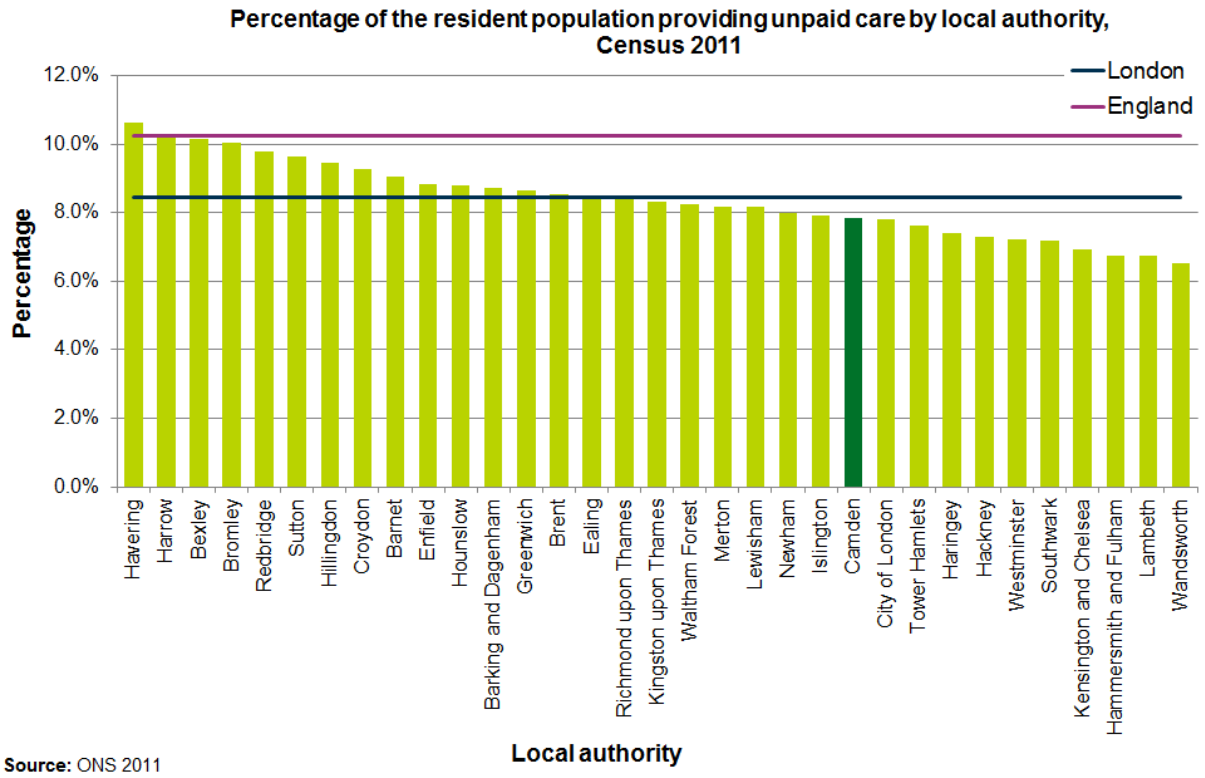
PEOPLE WHO ARE CARERS

This section focuses on people who have been recorded as being a carer by their GP.

Overall prevalence of carers

- The 2011 Census prevalence is based on the resident population whilst data in this profile is based on the GP registered population. The Census estimate includes people who spend at least 1 hour a week caring for others, whereas the way in which carers are recorded in GP records may only include people caring for longer periods.
- Based on the response of the resident population, 17,306 (7.9%) of people in Camden (of all ages) were caring for others (not as part of paid work). This percentage would equate to about 16,000 people registered with a GP practice and resident in Camden.
- Of the 17,306 carers identified in the 2011 Census, 11,551 people reported providing 1 to 19 hours of care a week, 2,457 people reported providing 20-49 hours of care a week whilst 3,318 people reported providing 50 or more hours of care a week.
- The number of people recorded in GP practices as being a carer (1,736; 0.9%) is considerably lower than this estimate.
- Most of the analysis in this slide set uses carers identified in the GP dataset (1,736 people).

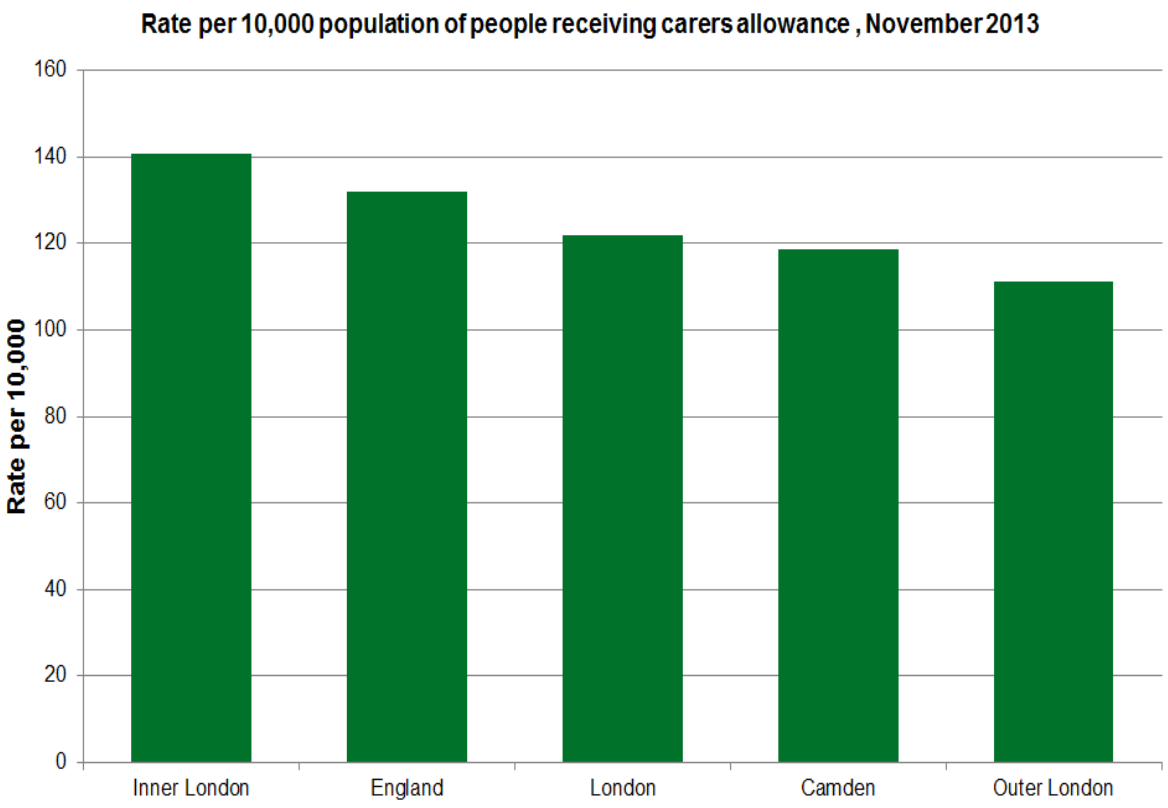
Overall prevalence of carers – Census 2011



Source: ONS 2011

- Carers are defined in the 2011 Census as people that are caring for people (including family, friends, neighbours or others) due to their long-term physical or mental ill-health or disability or problems related to old age, for 1 or more hours a week
- 7.9% of people in Camden (of all ages) were caring for others (not as part of paid work), this was below the London average (8.4%).

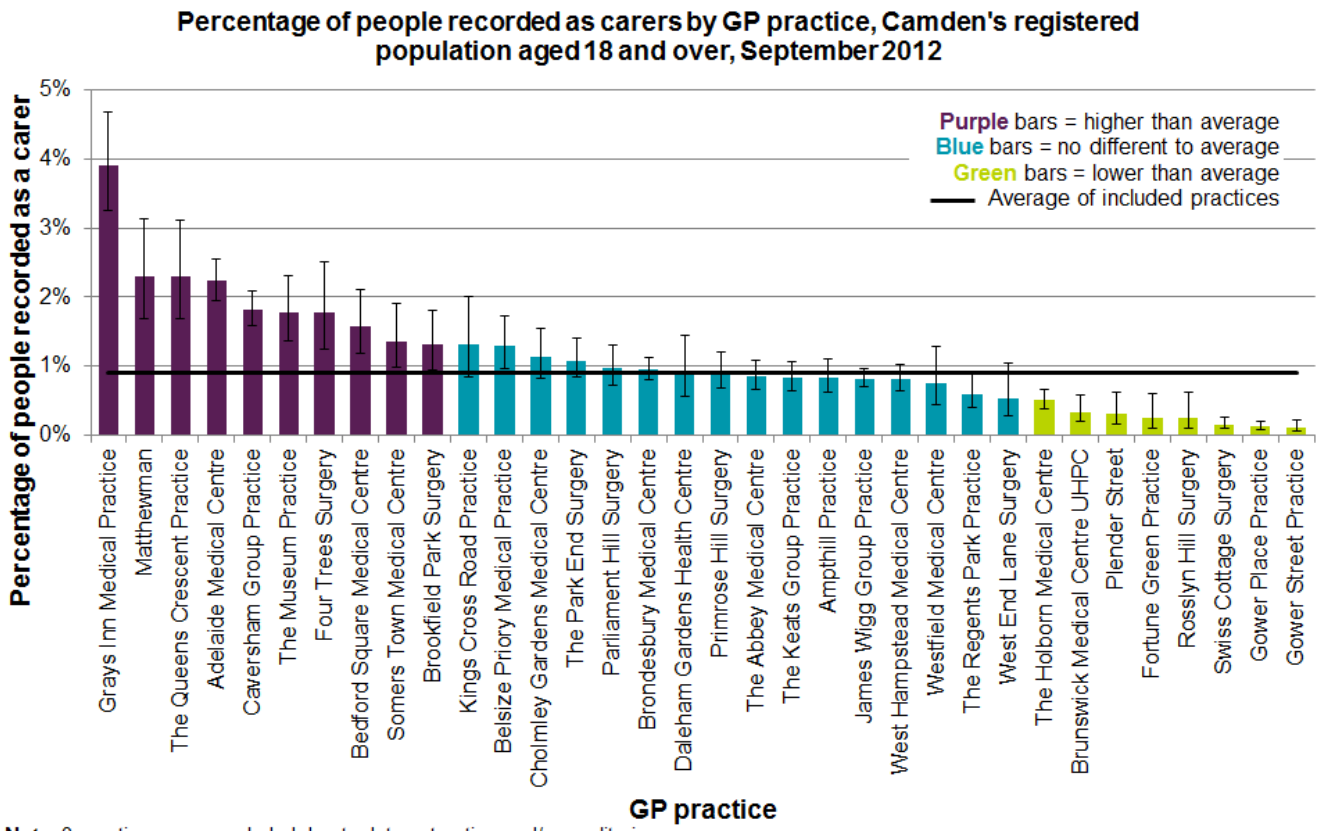
Overall prevalence of carers – Carer's Allowance



Source: ONS 2014

- People are eligible for Carer's Allowance if they spend at least 35 hours a week caring for someone, earn less than £102 or study less than 21 hours per week.
- In November 2013 there were 2,220 Carer's Allowance claimants in Camden.
- For comparison, this is lower than the number of carers spending 50 hours or more (3,318 people) on care based on the Census 2011.
- Camden shows a lower rate of claimants (119 per 10,000 population) compared to national and London rates.

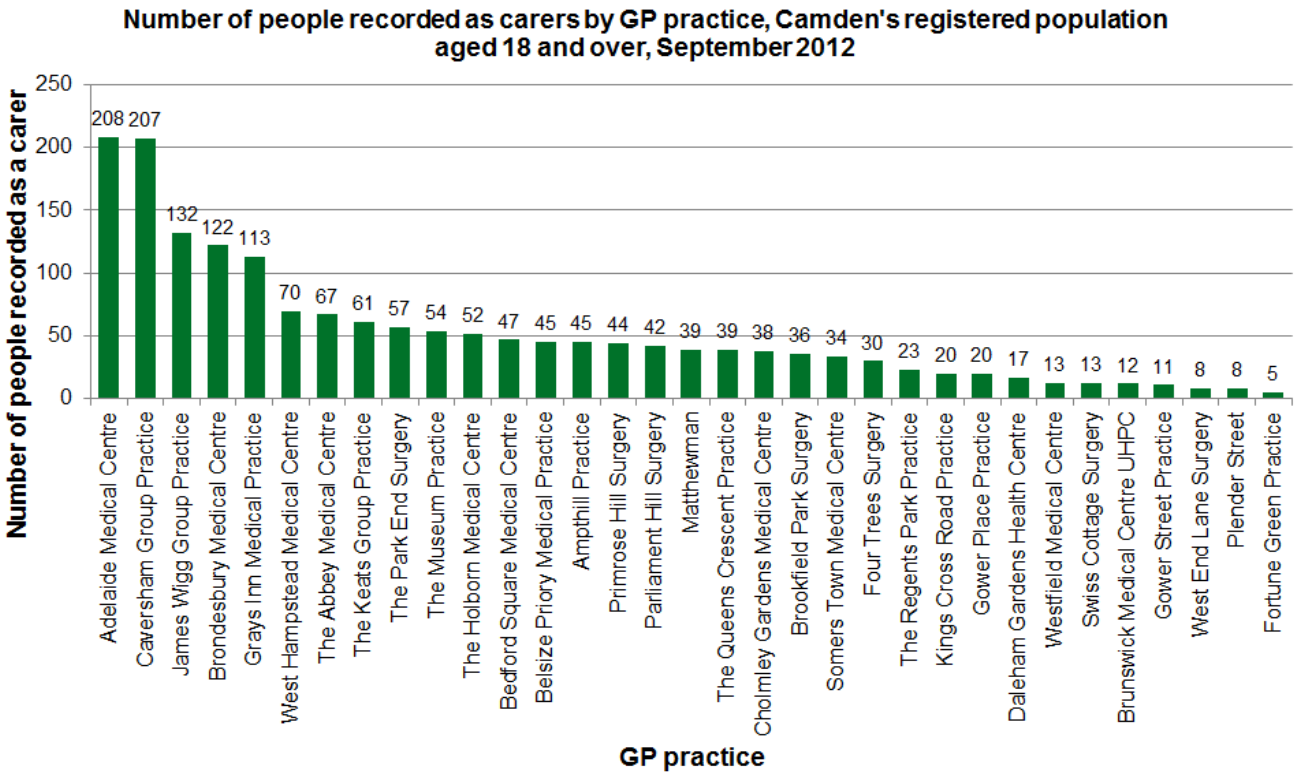
Carers: GP practice (percentage)



Note: 3 practices were excluded due to data extraction and/or quality issues.
Source: Camden's GP PH Dataset, 2012

- There are 1,736 people recorded as carers in Camden as of September 2012.
- The percentage of people recorded as carer ranges between 3.9% (Gray's Inn Medical Practice) to 0.1% at Gower Street and Gower Place practices). The low percentage at these practices is likely to reflect a young student population.
- Of the 37 practices in Camden, three were excluded due to data extraction and/or quality issues.
- Variation between practices may be due to differences in population characteristics and data recording practices.

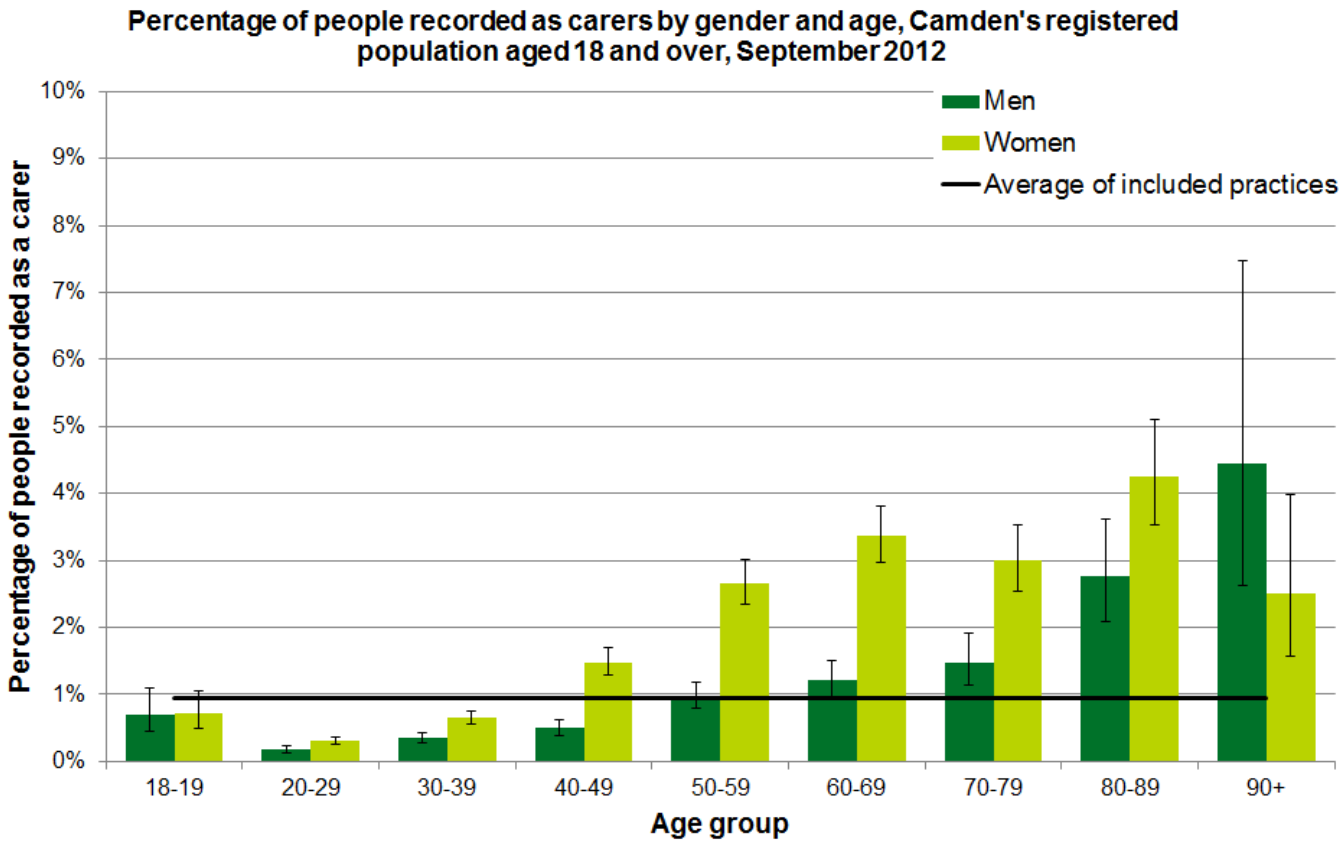
Carers GP practice (numbers)



Note: 3 practices have been excluded due to data extraction and/or quality issues, 1 practice is not shown due to small numbers **Source**: Camden's GP PH Dataset, 2012

- There is large variation in the number of people recorded as being a carer, from five people at Fortune Green Practice to approximately 200 people at Adelaide Medical Centre and Caversham Group Practice.
- Variation between practices is due to differences in practice sizes and/ or diagnosis and recording practices.

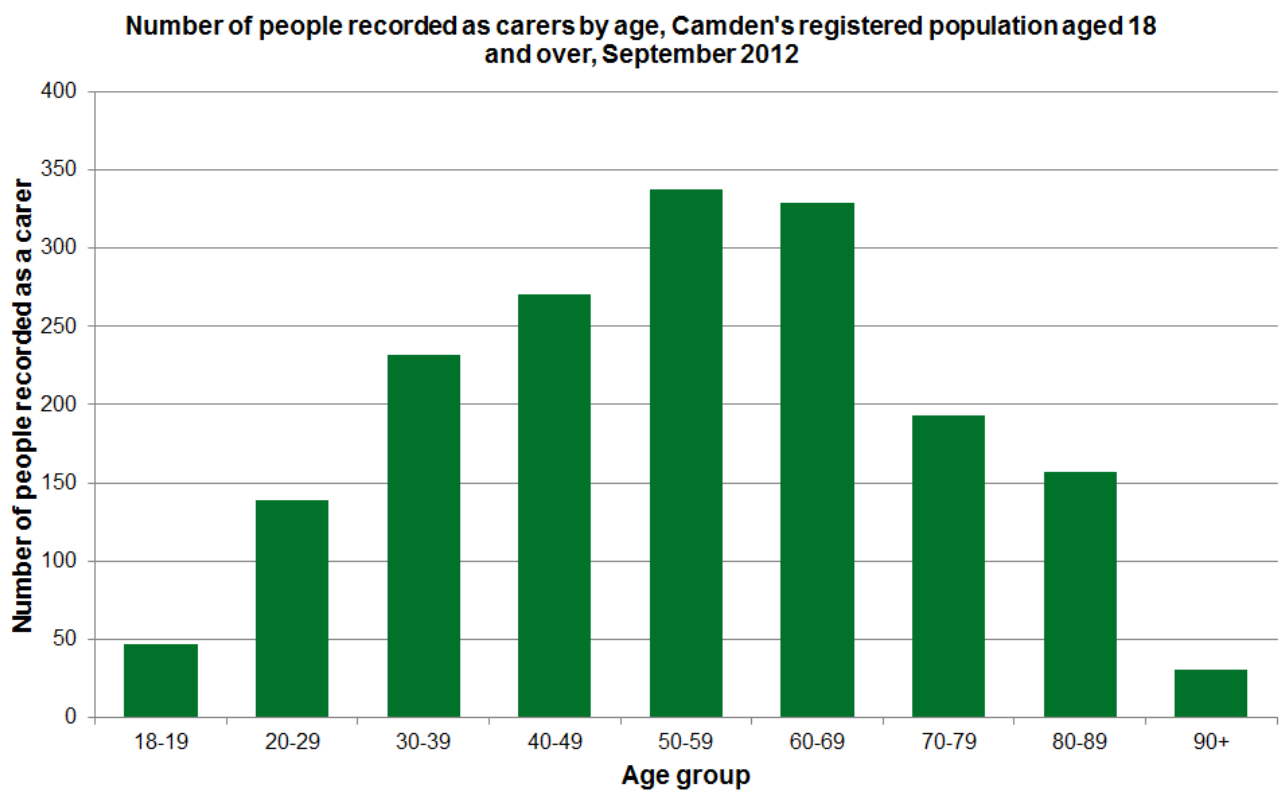
Carers: gender and age (percentage)



Note: 3 practices have been excluded due to data extraction and/or quality issues.
Source: Camden's GP PH Dataset, 2012

- Women make up 70% of the carers' population.
- The percentage of people who are carers increases with age, this is likely to reflect the higher number of older people looking after a partner.
- For women the increase with age is only shown up to the 60-69 age group.

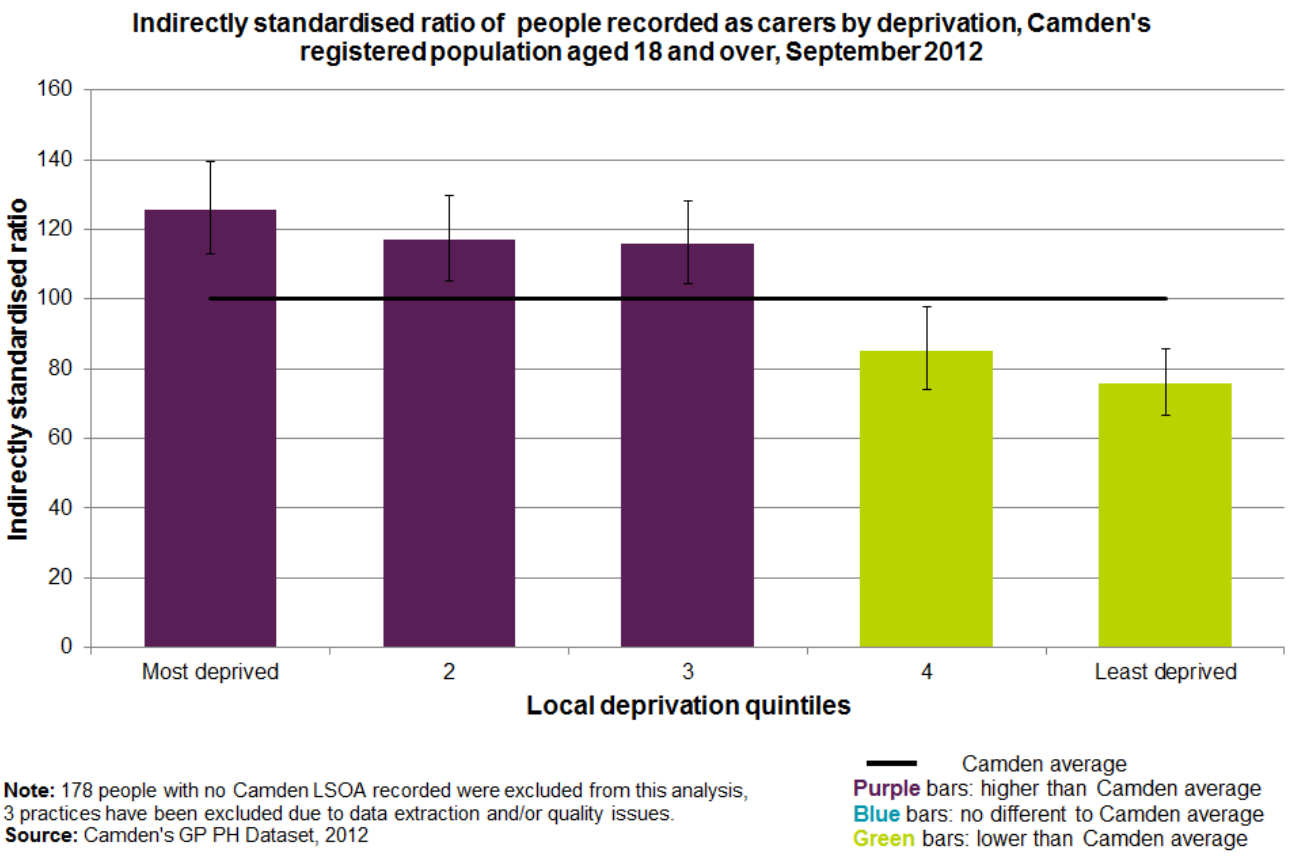
Carers: age (number)



Note: 3 practices have been excluded due to data extraction and/or quality issues.
Source: Camden's GP PH Dataset, 2012

- The greatest number of carers are aged between 40 – 69, peaking in the 50-59 age category reflecting both the comparatively large size of the age groups 40-69 and high percentages in these age groups.

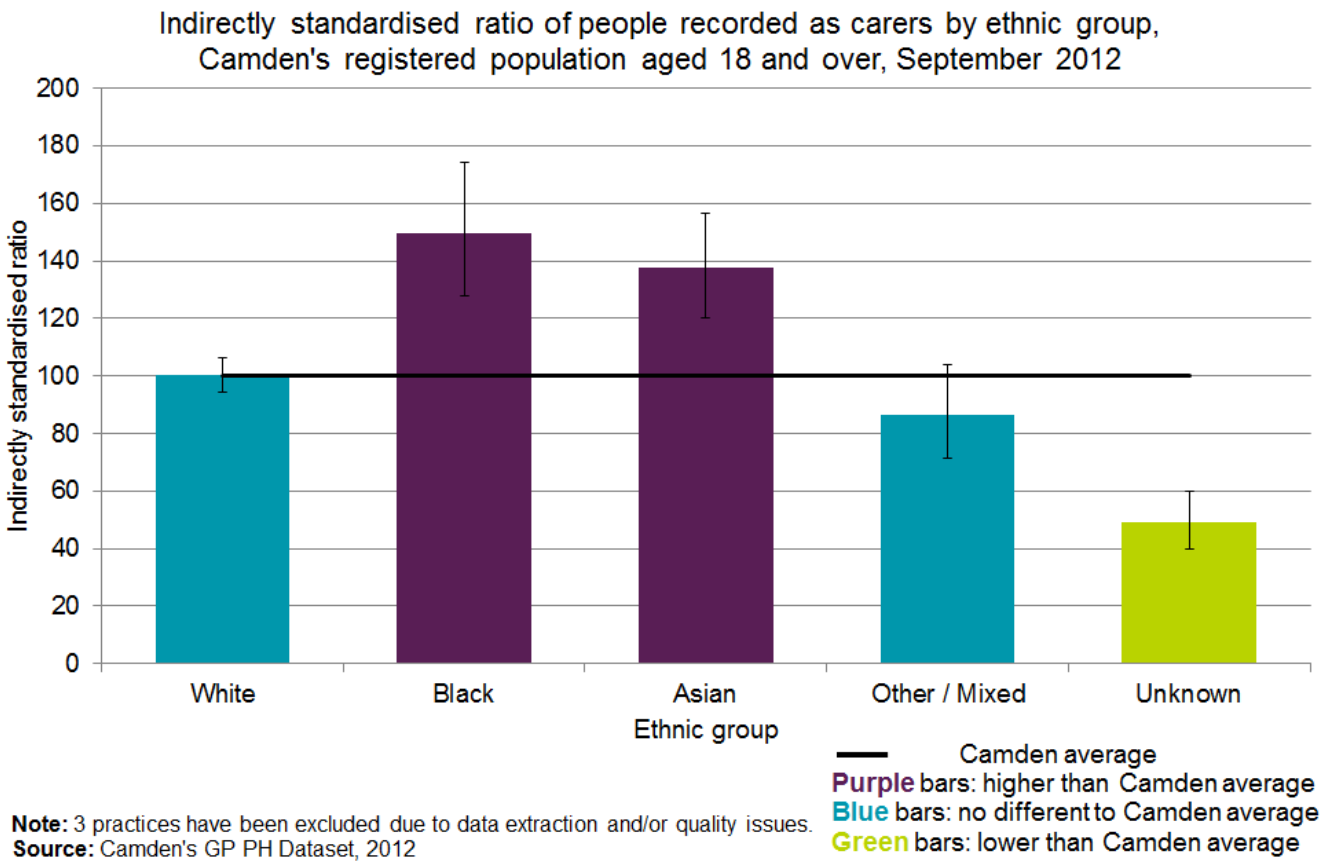
Carers: local deprivation quintile



Note: 178 people with no Camden LSOA recorded were excluded from this analysis, 3 practices have been excluded due to data extraction and/or quality issues.
Source: Camden's GP PH Dataset, 2012

- Adjusted for the age structure of the population, people living in the more deprived areas in Camden are 16-26% more likely to be recorded as being a carer compared to the Camden average.

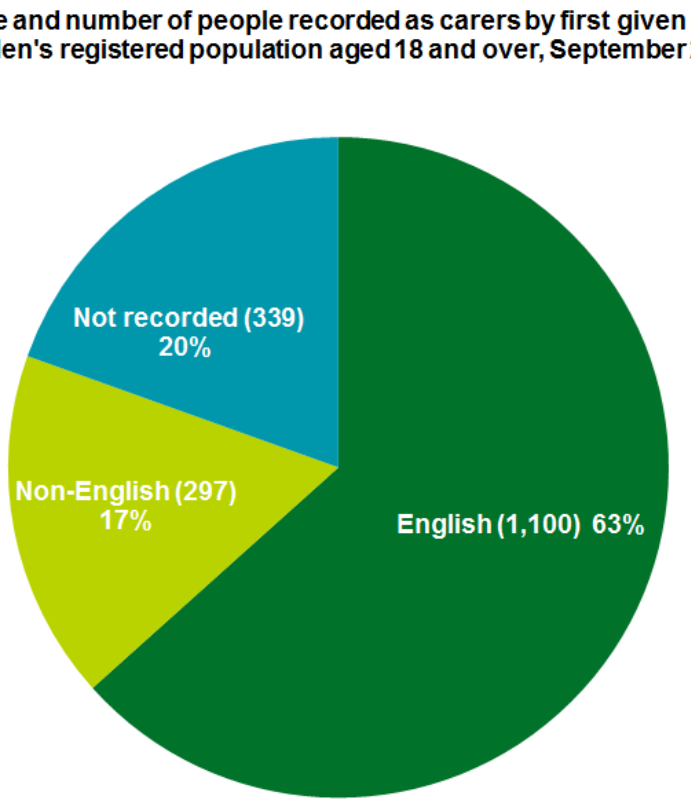
Carers: ethnicity



Note: 3 practices have been excluded due to data extraction and/or quality issues.
Source: Camden's GP PH Dataset, 2012

- Taking the age structure into account, Black and Asian groups are shown to be 38-50% more likely to be carers than the Camden average.
- About 65% of people recorded as being a carer are White (not shown on chart), which is comparable to the proportion in the registered population.

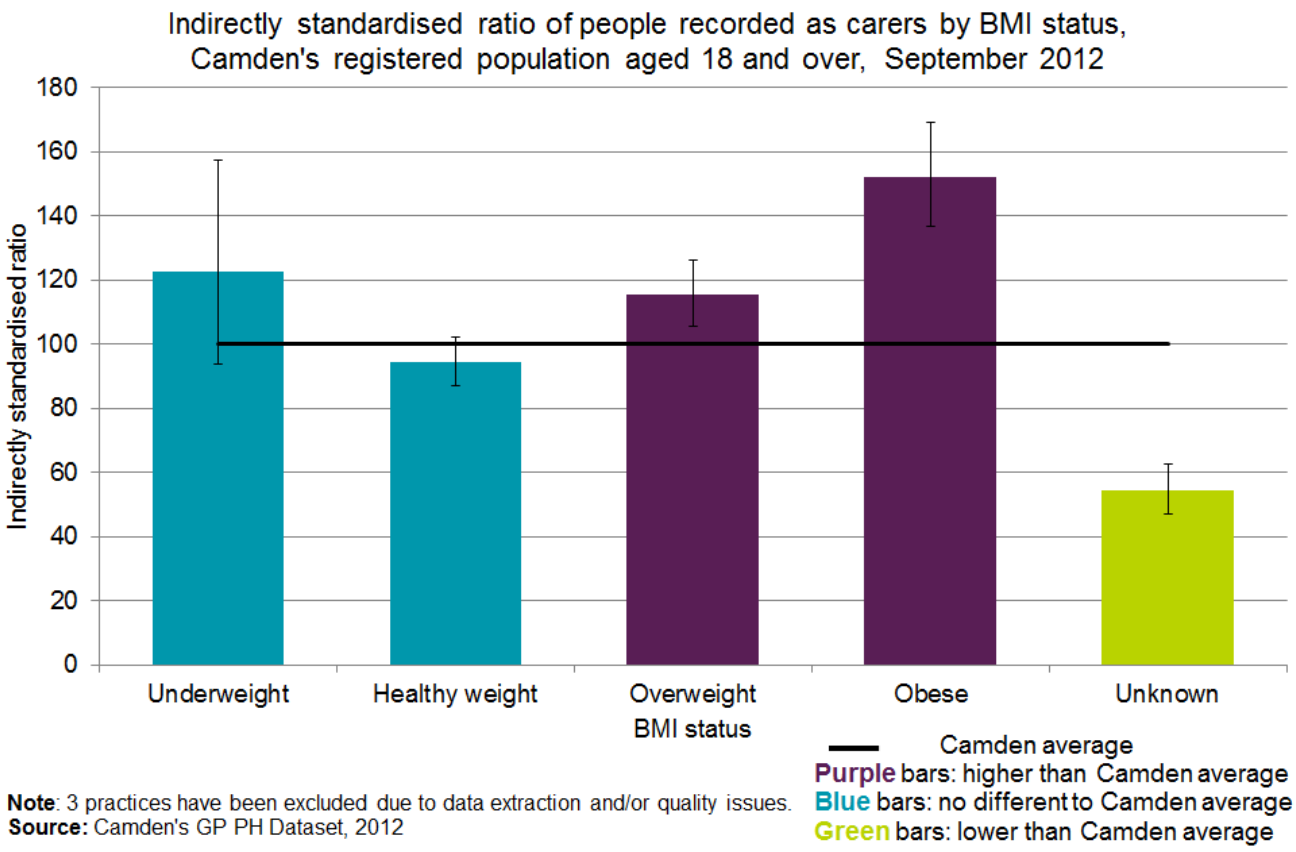
Carers: first given language



Note: 3 practices were excluded due to data extraction and/or quality issues. **Source:** Camden's GP PH Dataset, 2012

- Twenty percent of those recorded as being a carer do not have a recorded first language.
- 297 people (17%) recorded as being a carer have a first language which is not English, this is the same proportion as for the total registered GP population (17%).
- It may be noted that in the 2011 Census (resident population aged 16 and over) 24% had a main language that is not English. This suggests people who don't have English as their first language are less likely to be registered with a GP practice. It is likely there is a similar bias for people who are carers.

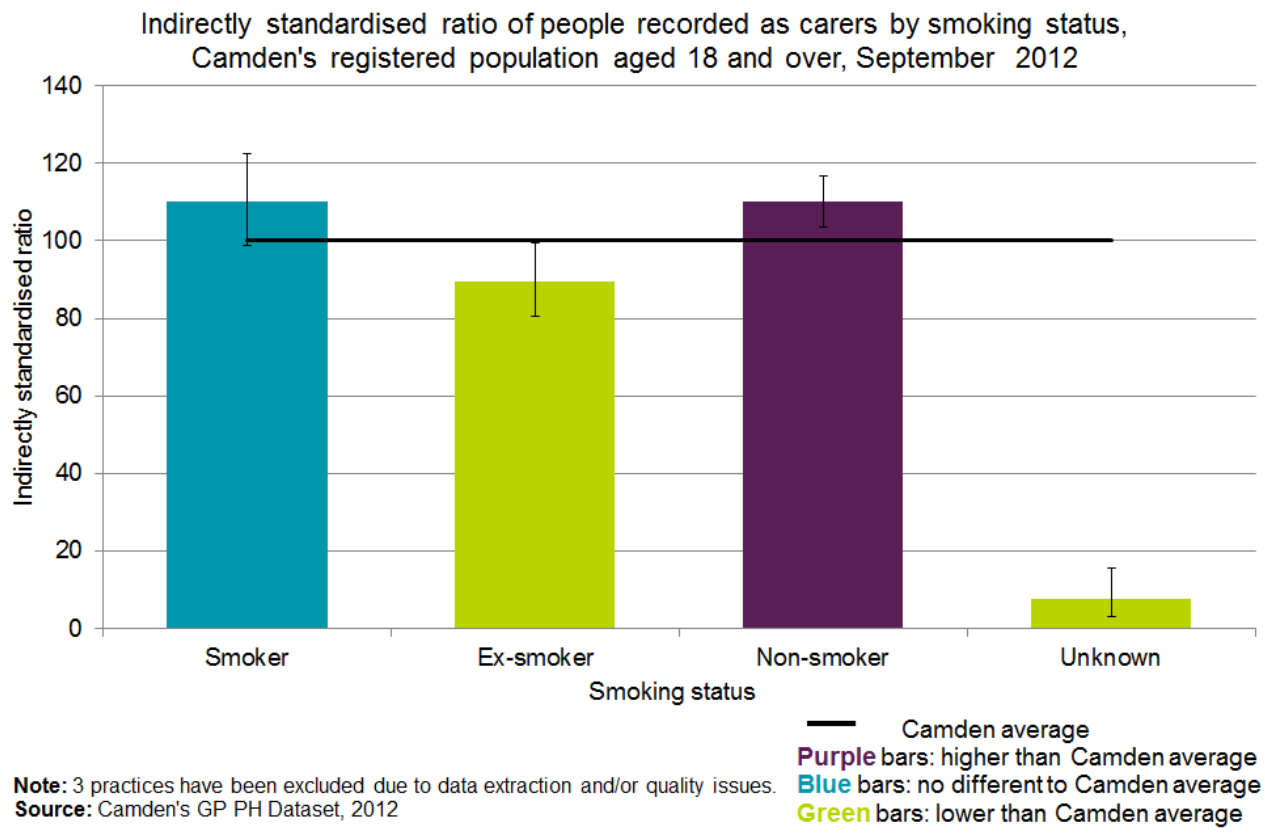
Carers: BMI group



Note: 3 practices have been excluded due to data extraction and/or quality issues.
Source: Camden's GP PH Dataset, 2012

- The prevalence of obesity among carers is twice as high as the general population, 23% *vs.* 11% (not shown on chart).
- Even after adjusting for the age structure of the population, carers are 50% more likely to be obese than the general population and almost 20% more likely to be overweight.

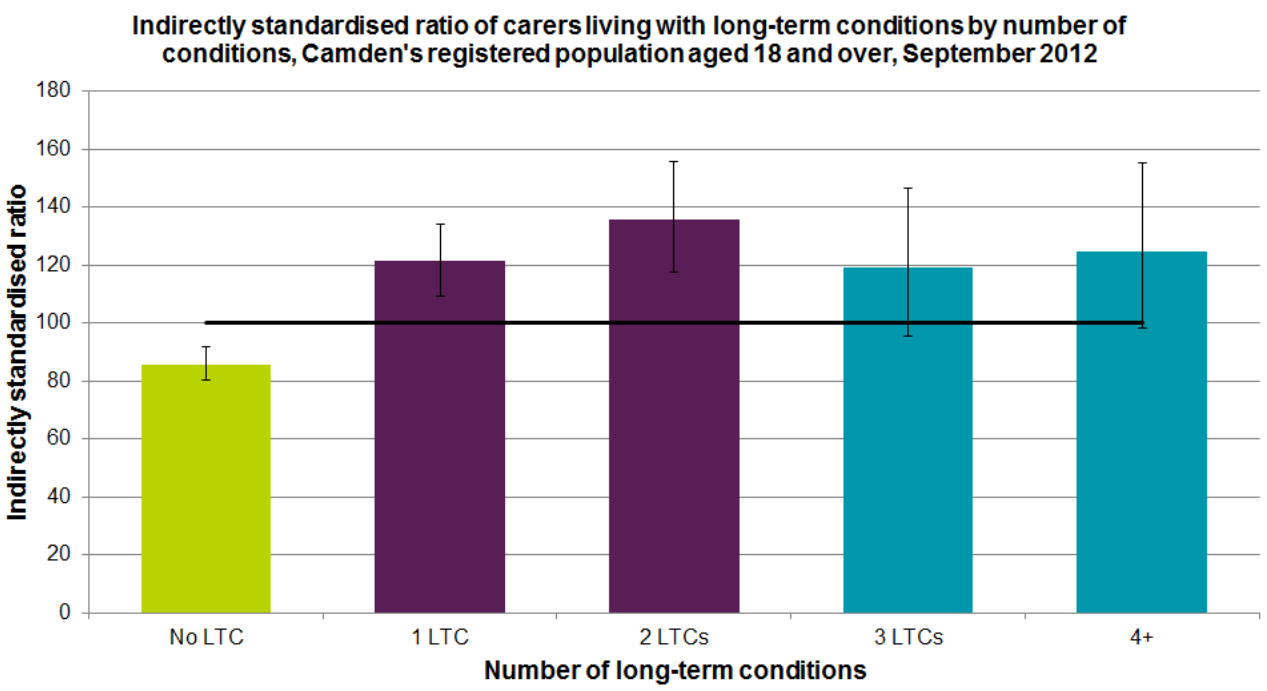
Carers: smoking status



Note: 3 practices have been excluded due to data extraction and/or quality issues.
Source: Camden's GP PH Dataset, 2012

- Smoking levels are similar in those recorded as carer (20%) and Camden's adult population (19%) (not shown on chart).
- Adjusted for the age structure of the population, carers are shown to be 10% more likely to be non-smokers than the general population.
- Recording of smoking status in people who are carers is significantly higher than the general population, meaning the proportion of smokers in the general population may be under- or over-represented (data not shown on chart).

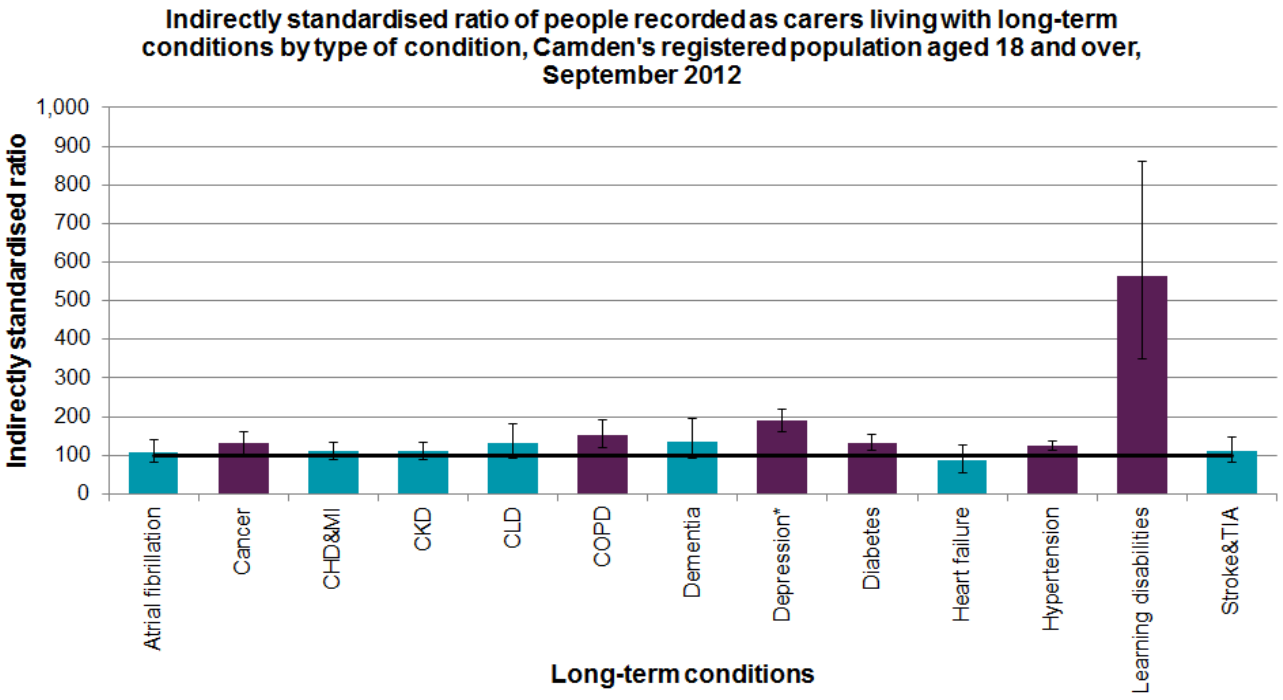
Carers: number of LTCs



Note: Long term conditions include: High blood pressure, CKD, diabetes, MI/CHD, Cancer, Stroke/TIA, COPD, Atrial Fibrillation, Heart Failure, dementia, Depression (includes chronic depression), Chronic Liver Disease and Learning Disabilities. 3 practices have been excluded due to data extraction and/or quality issues; 6 further practices have been excluded as chronic depression was not coded.
Source: Camden's GP PH Dataset, 2012

- Nearly half of those recorded as carers have also been diagnosed with a LTC (not shown on chart).
- Those recorded as carers are 25% more likely to have been diagnosed with one or more LTCs than the Camden average (not shown on chart).
- Adjusted for the age structure of the population, people recorded as carers are 22-35% more likely to suffer from one or two LTCs when compared to the Camden average. However, there is no difference for three or more LTCs.

Carers: type of LTCs

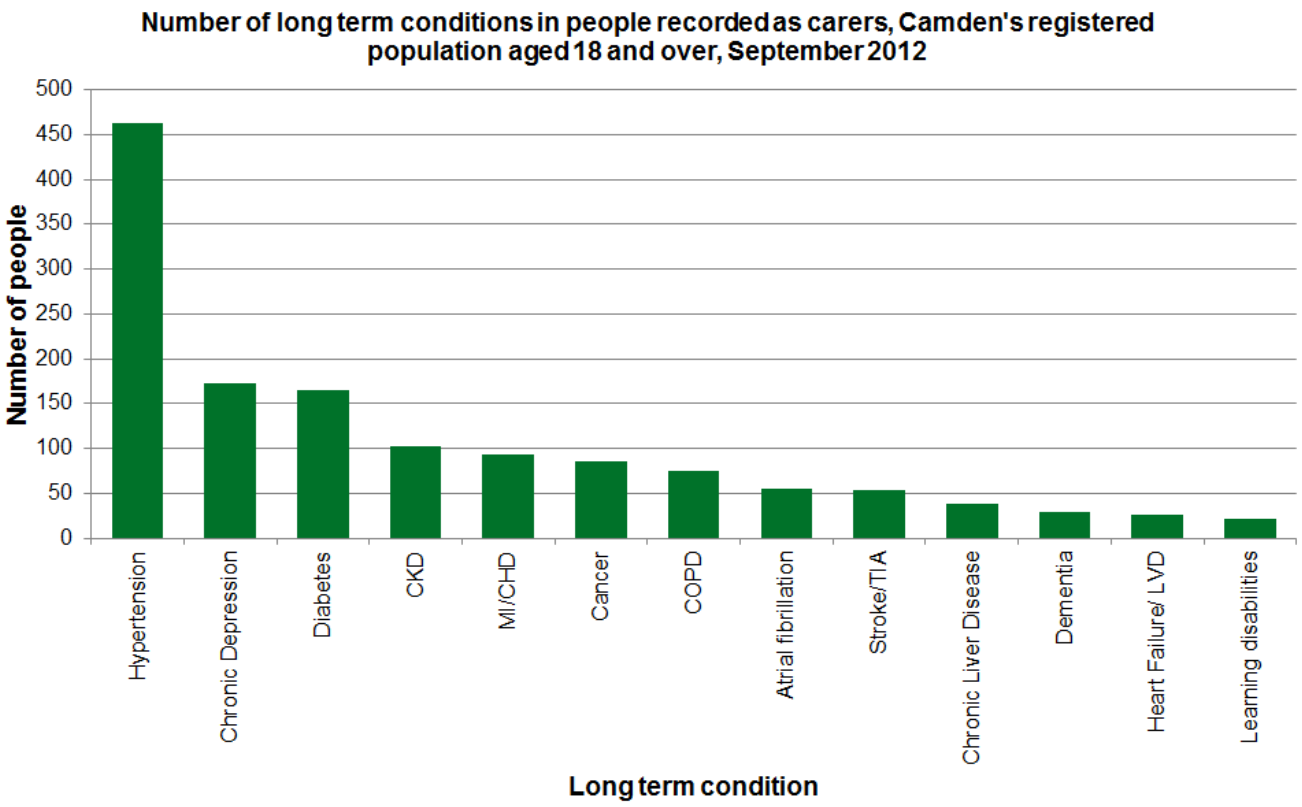


* includes chronic depression
Note: People may be counted twice due to co-morbidities; 3 practices have been excluded due to data extraction and/or quality issues; 6 further practices have been excluded as chronic depression was not coded.
Source: Camden's GP PH Dataset, 2012

Camden average
Purple bars: higher than Camden average
Blue bars: no different to Camden average
Green bars: lower than Camden average

- People recorded as being a carer are more than six times more likely to have a diagnosis of learning disabilities than the Camden average.
- They are also almost three times as likely to have a depression diagnosis compared to the general population, and about 25-50% more likely to have a diagnosis of cancer, COPD, and hypertension.
- It is possible that the high level of carers with learning disabilities reflect data recording issues rather than a true underlying pattern.

Carers: type of LTC (number)



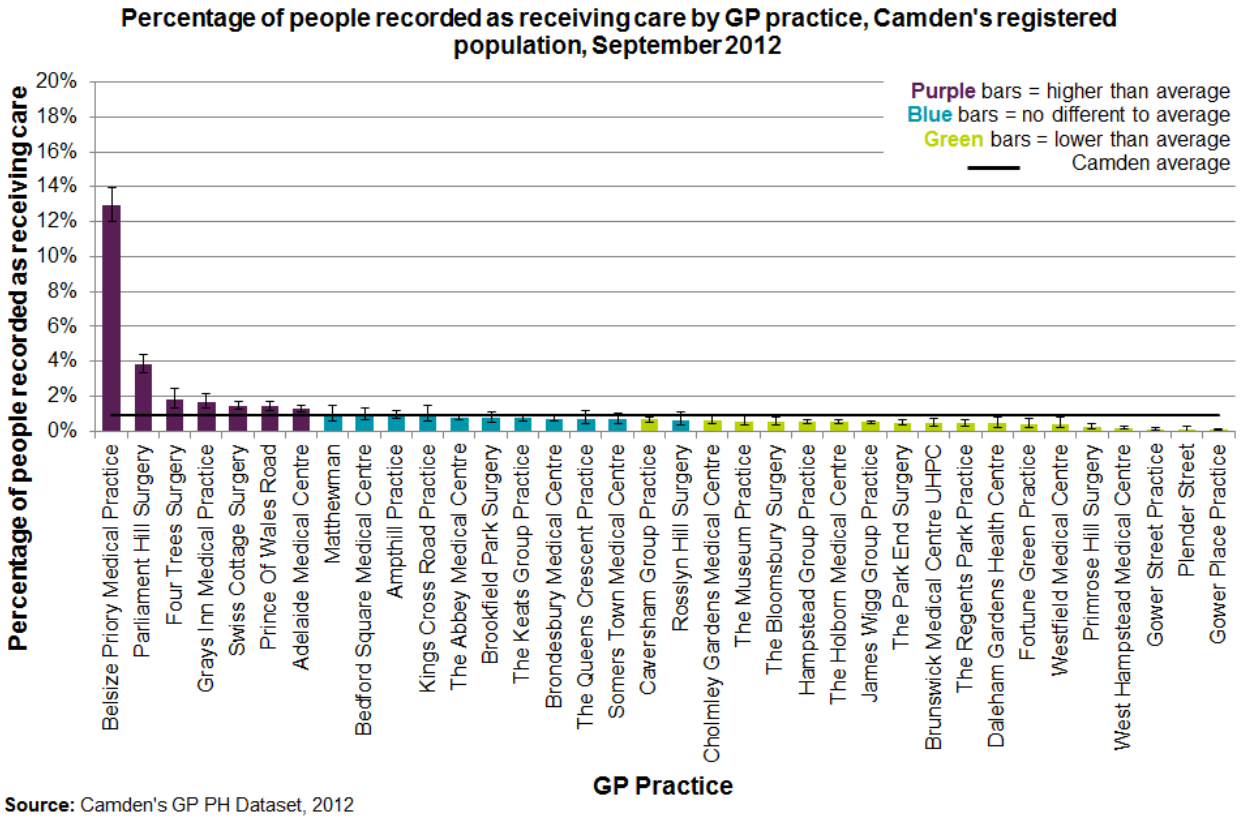
Note: People may be counted twice due to co-morbidities; 3 practices have been excluded due to data extraction and/or quality issues; 6 further practices have been excluded as chronic depression was not coded. **Source:** Camden's GP PH Dataset, 2012

- Hypertension is by far the most common long term condition among people recorded as being a carer (460 people), followed by chronic depression (170) and diabetes (160).
- This chart shows the number of diagnoses rather than people - it is possible that people have more than one diagnosis.

PEOPLE WITH A CARER

This section focuses on people recorded as having a carer

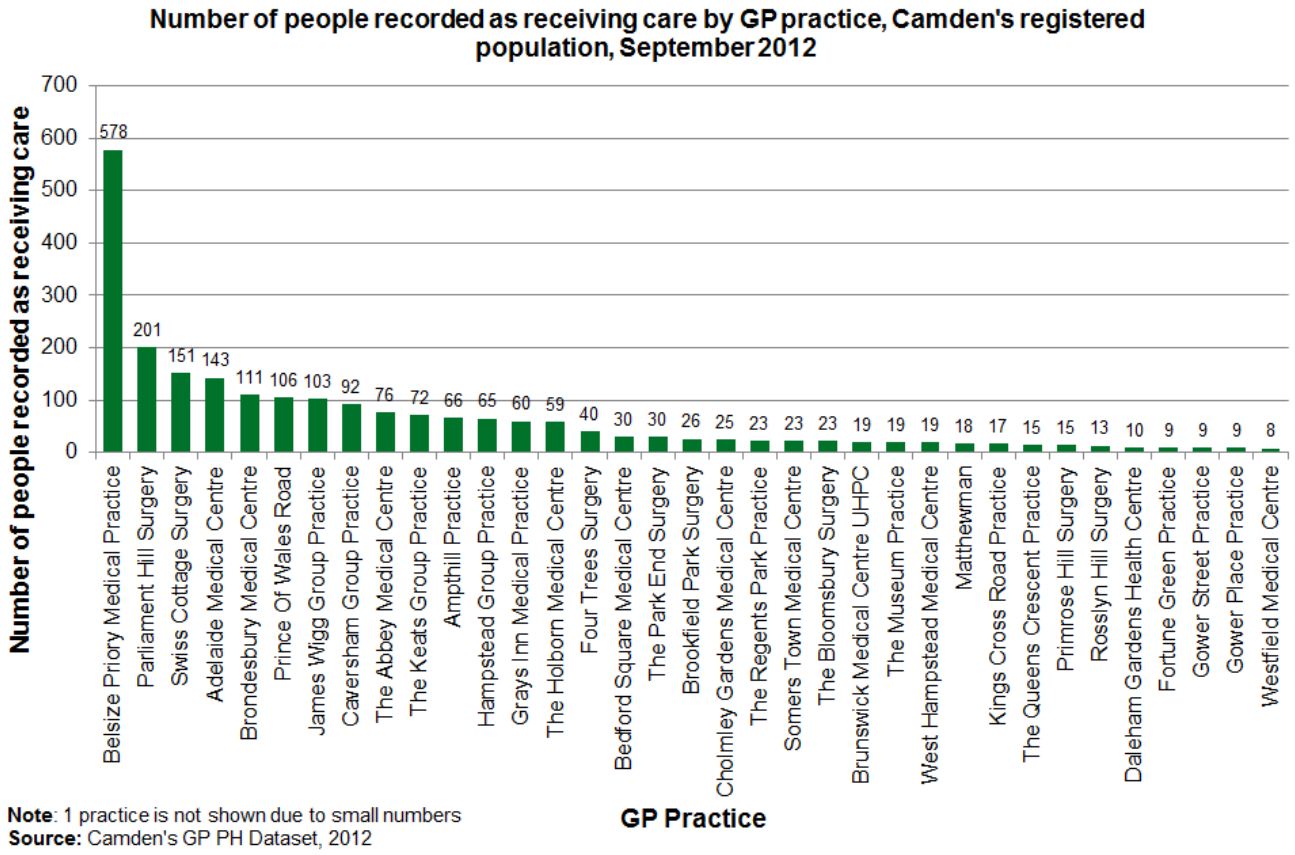
Has a carer: GP practice (percentage)



Source: Camden's GP PH Dataset, 2012

- About 1.0% of Camden's registered population (2,285 people) are recorded as having a carer.
- The percentage of people recorded as having a carer varies between practices, from 0.1% (Gower Place Practice) to 13% (Belsize Priory Medical Practice).
- Seven practices have recording rates significantly higher than the Camden average whilst 17 practices have rates that are significantly lower.

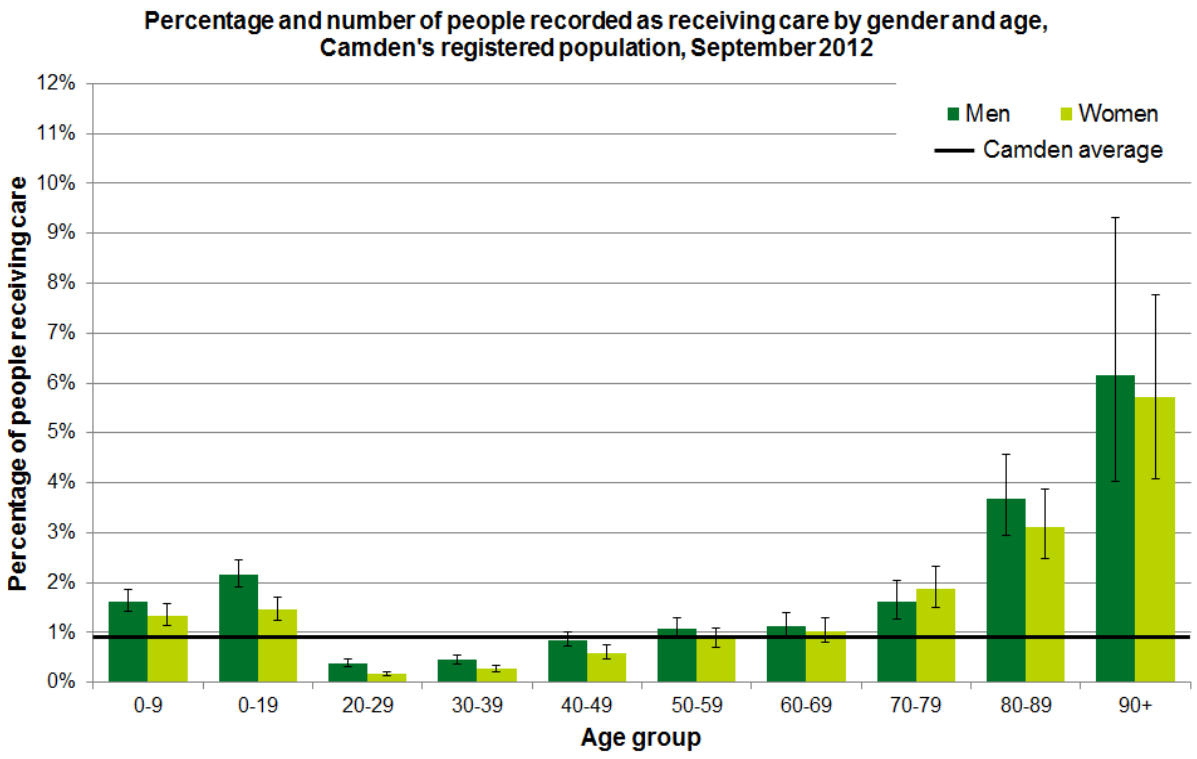
Has a carer: GP practice (numbers)



Note: 1 practice is not shown due to small numbers
Source: Camden's GP PH Dataset, 2012

- There is large variation in the number of people recorded as having a carer, from thirteen practices with less than 20 people to 578 people at Belsize Priory Medical Practice.
- Practice sizes should be taken into consideration when considering these numbers.

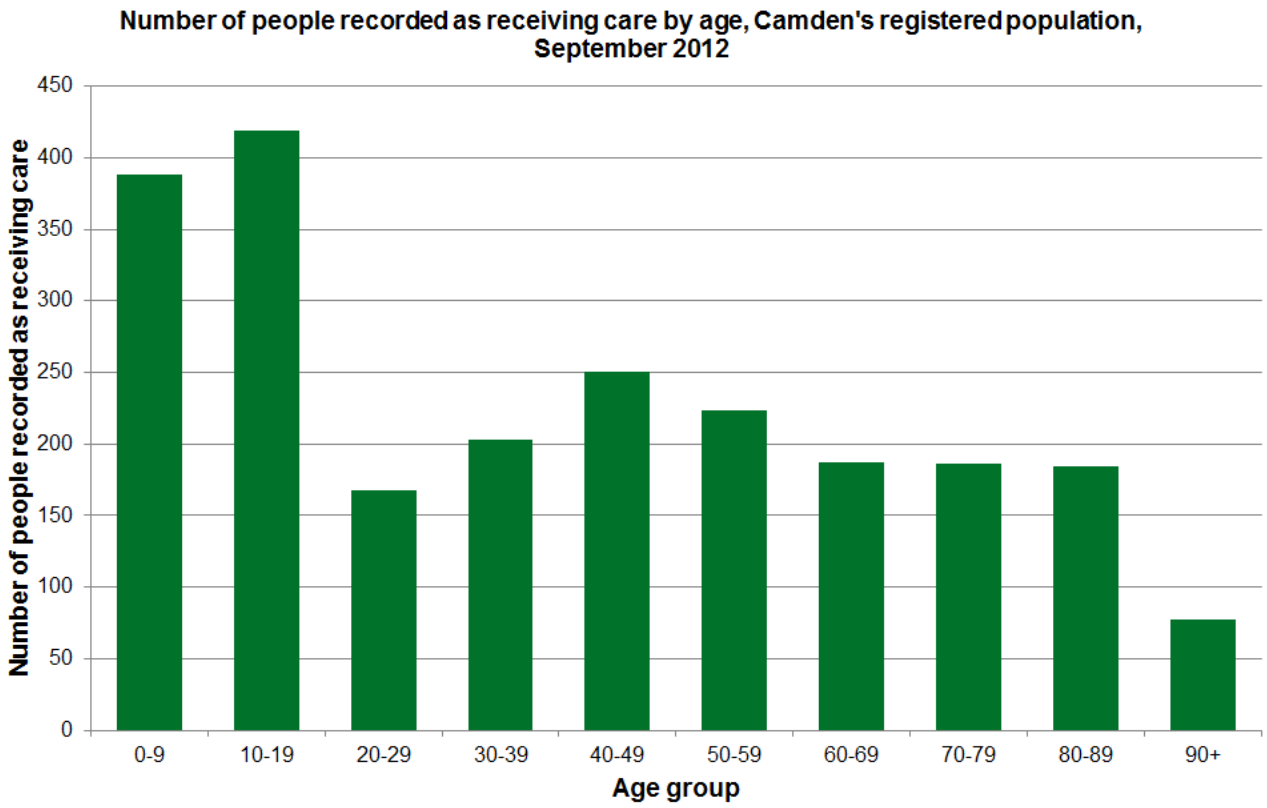
Has a carer: gender and age (percentage)



Source: Camden's GP PH Dataset, 2012

- The percentage of people recorded as having a carer varies by age and gender.
- There are significantly more boys than girls having a carer in the under 20s, but there is no difference among older age groups.
- The percentage of people having a carer is fairly high among under 20s. There is then a fall in the proportion of people having a carer: it is lowest among people aged 20-29 after which it starts increasing with age.
- The low level of people having a carer among 20 -39 year olds is likely to reflect the inflow of people in these age groups into the borough to work and study.

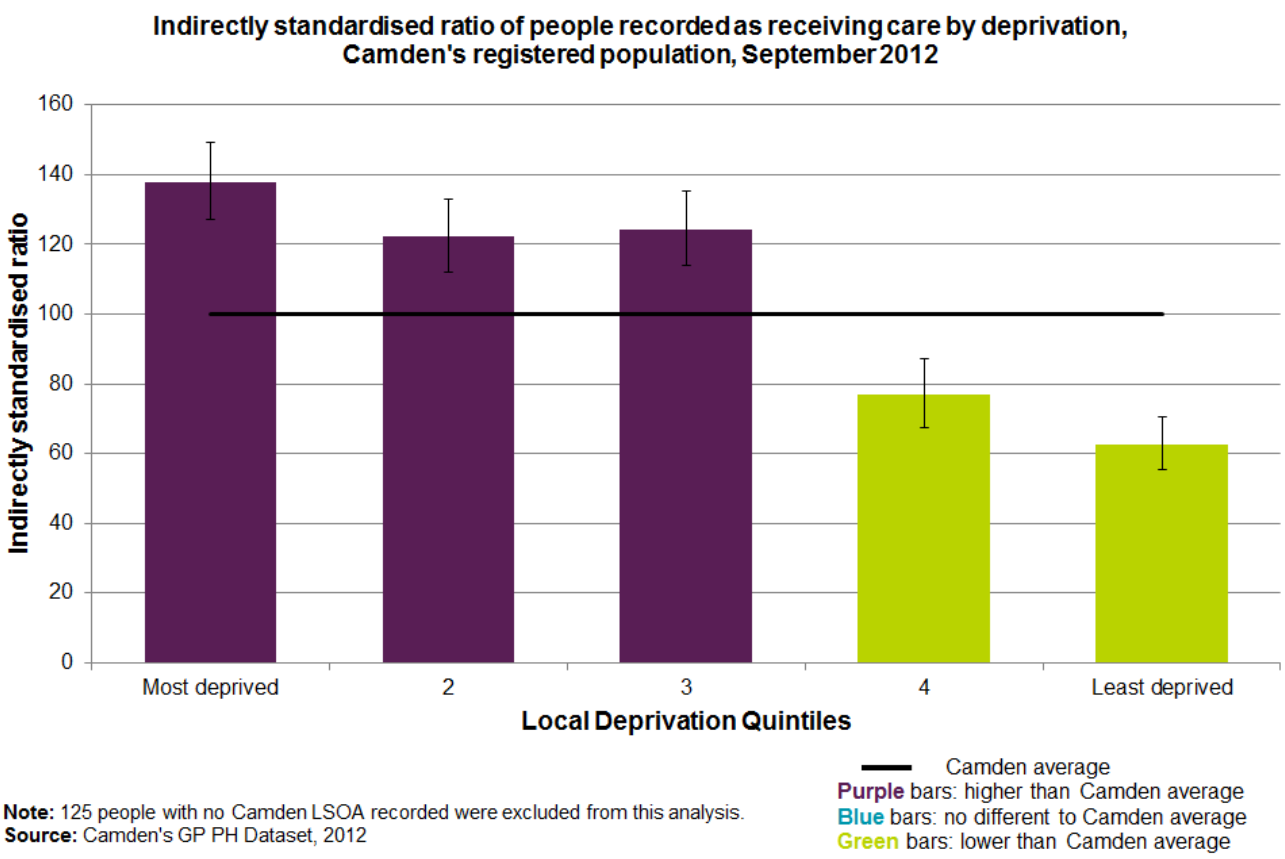
Has a carer: age (numbers)



Source: Camden's GP PH Dataset, 2012

- The greatest number of people who have a carer are aged between 0 - 19.
- For comparison the highest number of carers are aged between 40 – 69, peaking in the 50-59 age category.

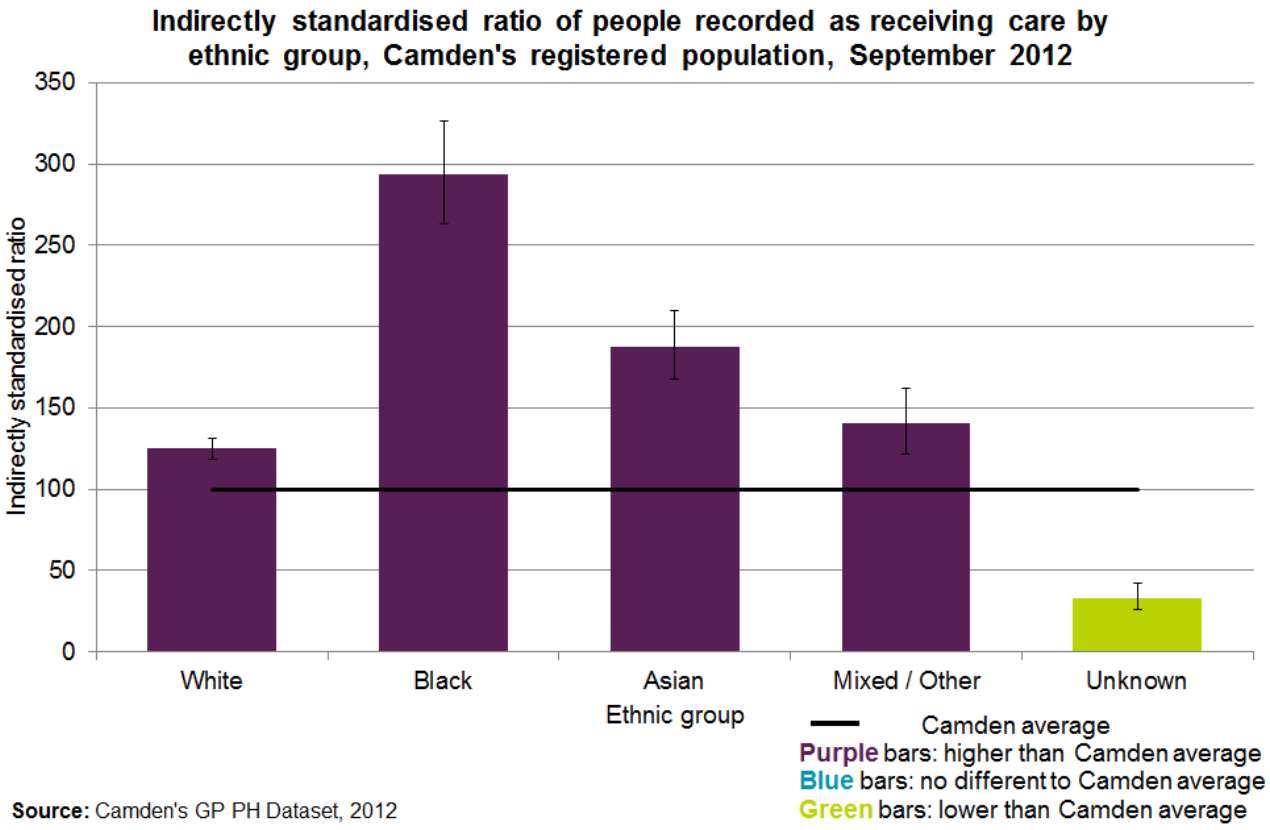
Has a carer: local deprivation quintile



Note: 125 people with no Camden LSOA recorded were excluded from this analysis.
Source: Camden's GP PH Dataset, 2012

- People living in more deprived areas are 22-38% more likely to be recorded as having a carer compared to the average for Camden, after taking age into account.
- The same trend is seen in those recorded as carers and perhaps indicates that those who are carers are closely related to those who they care for.

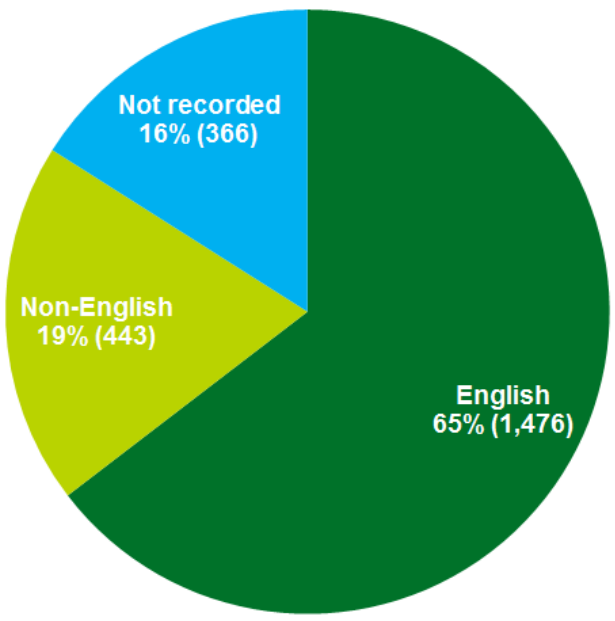
Has a carer: ethnicity



Source: Camden's GP PH Dataset, 2012

- People with no recorded ethnicity are much less likely to have a carer compared to other ethnic groups.
- Compared to people recorded as being a carer, those receiving care appear to be more ethnically diverse. However, this may to some extent reflect different levels of recording of ethnicity.

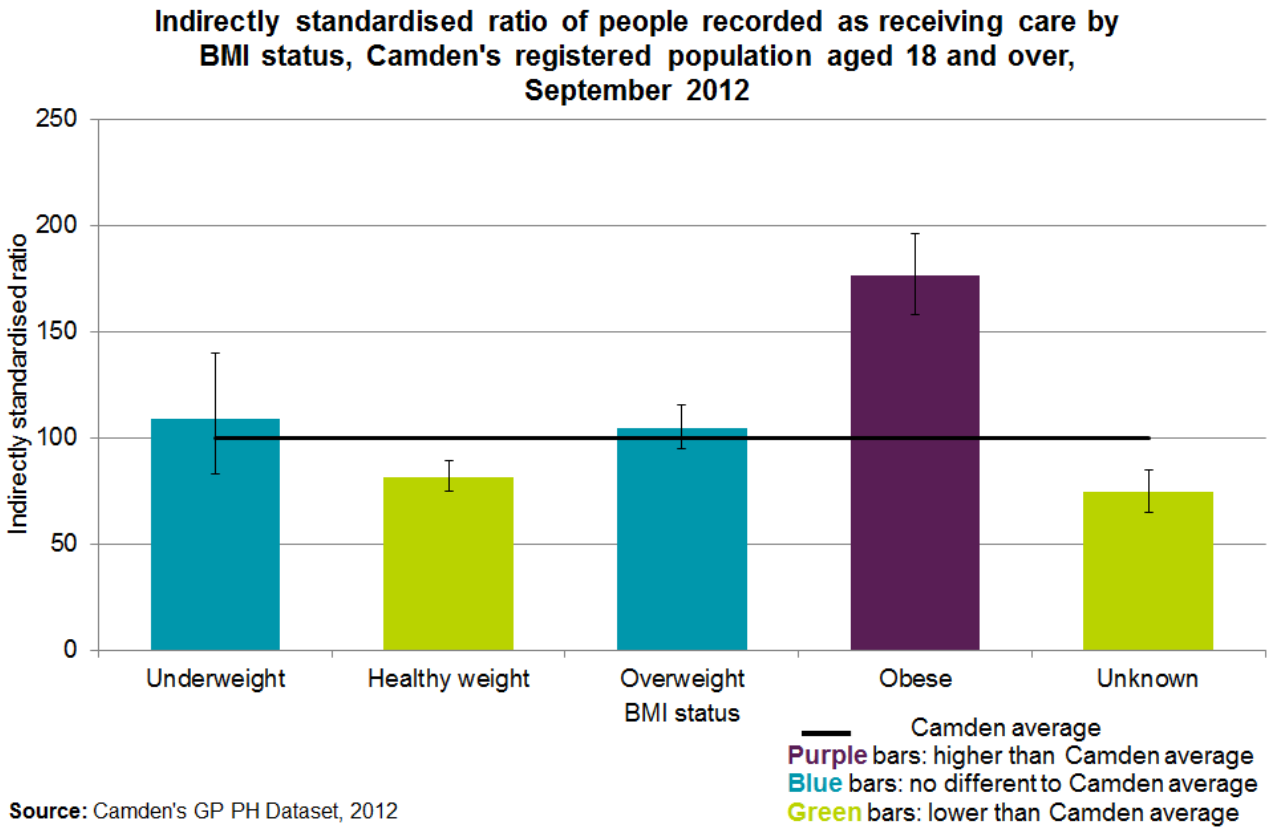
Has a carer: first given language



Source: Camden's GP PH Dataset, 2012

- 366 people recorded as having a carer did not have their language recorded, this is a similar proportion to those recorded as carers.
- 443 (19%) of people recorded as having a carer had a first language which was not English, compared to Camden's total population (17%) and people who recorded as being a carer (17%).
- In the 2011 Census (resident population aged 16 and over), 24% had a main language that is not English, suggesting people who don't have English as their first language are less likely to be registered with a GP practice. It is likely there is a similar bias for people who are carers.

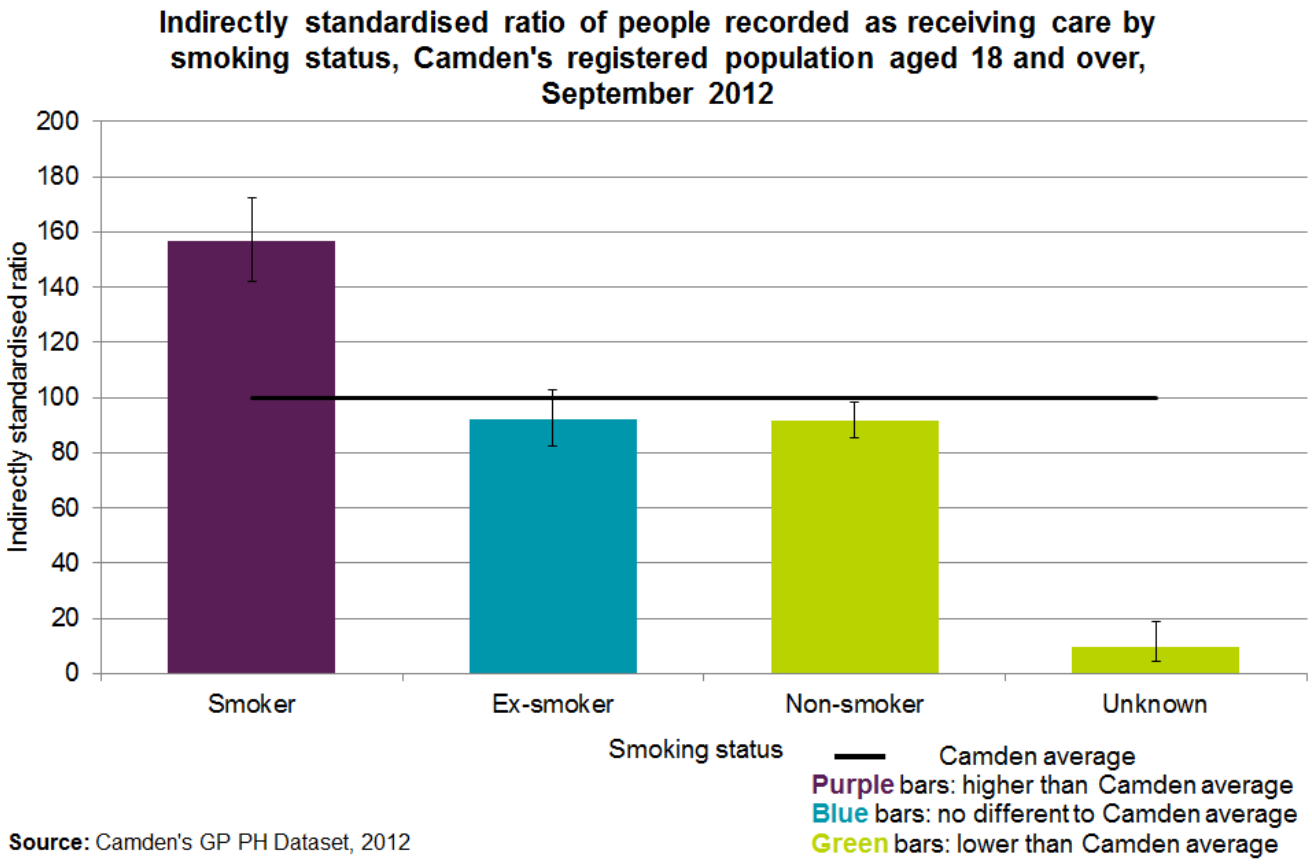
Has a carer: BMI group



Source: Camden's GP PH Dataset, 2012

- Levels of people recorded as obese or overweight are significantly higher in people recorded as having a carer (26% obese and 30% overweight) compared to Camden's total population (11% obese and 25% overweight) (not shown on chart)
- Adjusting for the age structure of the population, people recorded as having a carer are significantly more likely to be obese (75% more likely) but there is no difference for overweight.

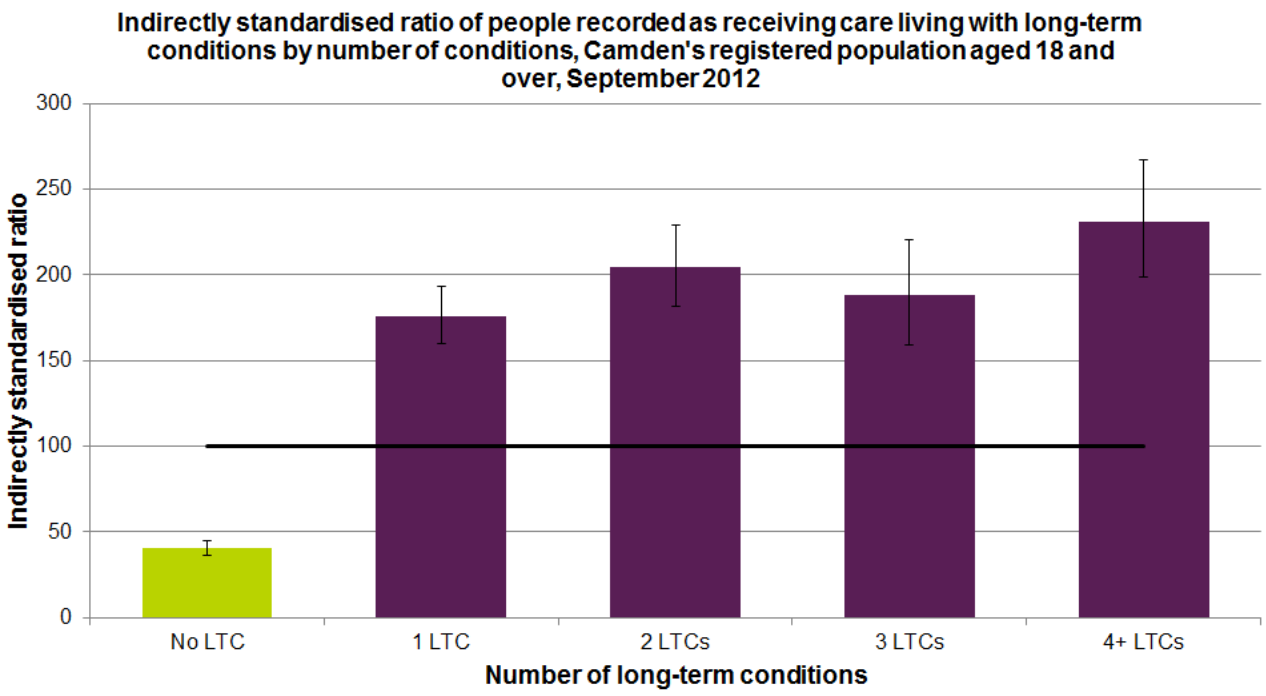
Has a carer: smoking status



Source: Camden's GP PH Dataset, 2012

- People recorded as having a carer are more likely to be recorded as a smoker (27%) than the general population of Camden (20%) (not shown on chart).
- Adjusted for the age structure of the population, smoking levels are significantly higher in those recorded as having a carer (almost 60% more likely) than Camden's adult population.
- This differs to those recorded as carers whereby they are more likely to be non-smokers.

Has a carer: number of LTCs

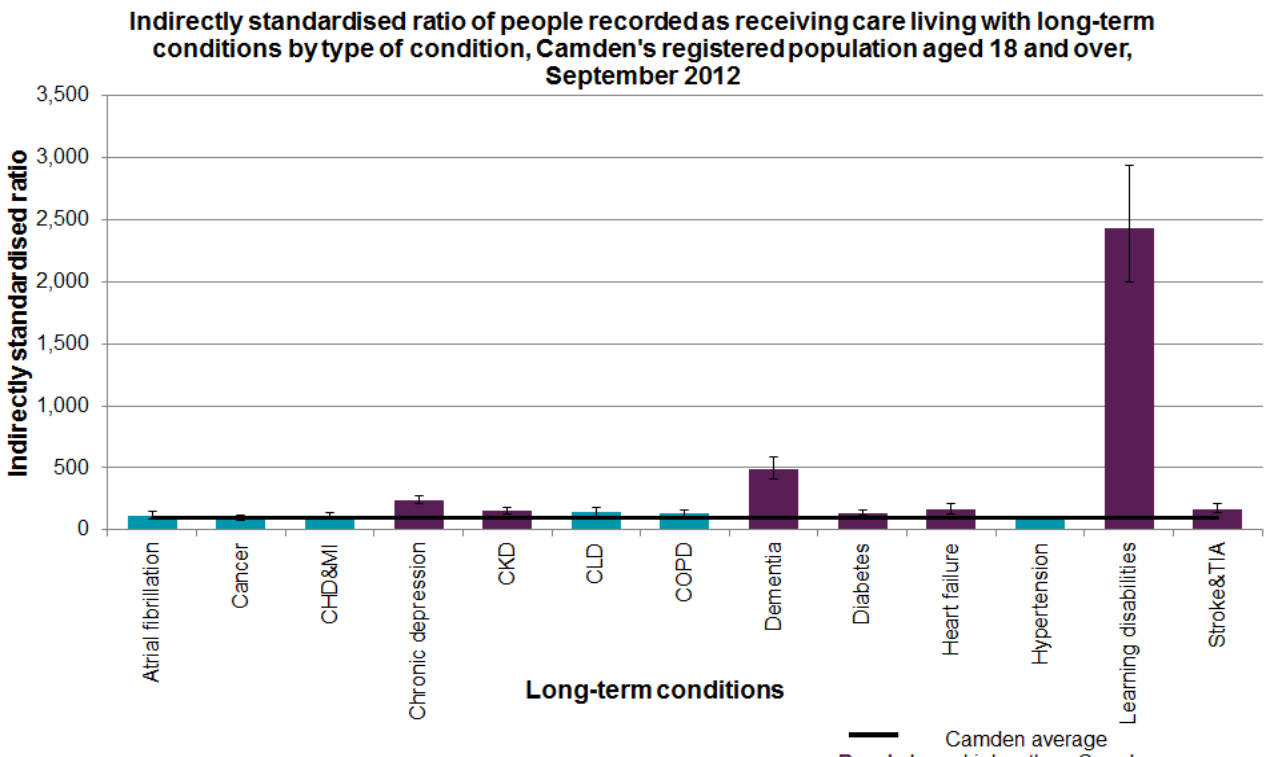


Note: Long term conditions include: High blood pressure, CKD, Diabetes, MI/CHD, Cancer, Stroke/TIA, COPD, Atrial Fibrillation, Heart Failure, Dementia, Chronic Depression, Chronic Liver Disease and Learning Disabilities. 6 practices have been excluded as chronic depression was not coded.
Source: Camden's GP PH Dataset, 2012

Camden average
Purple bars: higher than Camden average
Blue bars: no different to Camden average
Green bars: lower than Camden average

- Three-quarters of those recorded as having a carer have been diagnosed with one or more of the LTC covered in this analysis (not shown on chart).
- Those recorded as having a carer are approximately 50% more likely to have been diagnosed with a LTC than the Camden average (not shown on chart).
- Adjusted for the age structure of the population, people recorded as having a carer are significantly more likely to suffer from one or more LTCs when compared to the Camden average.

Has a carer: type of LTC

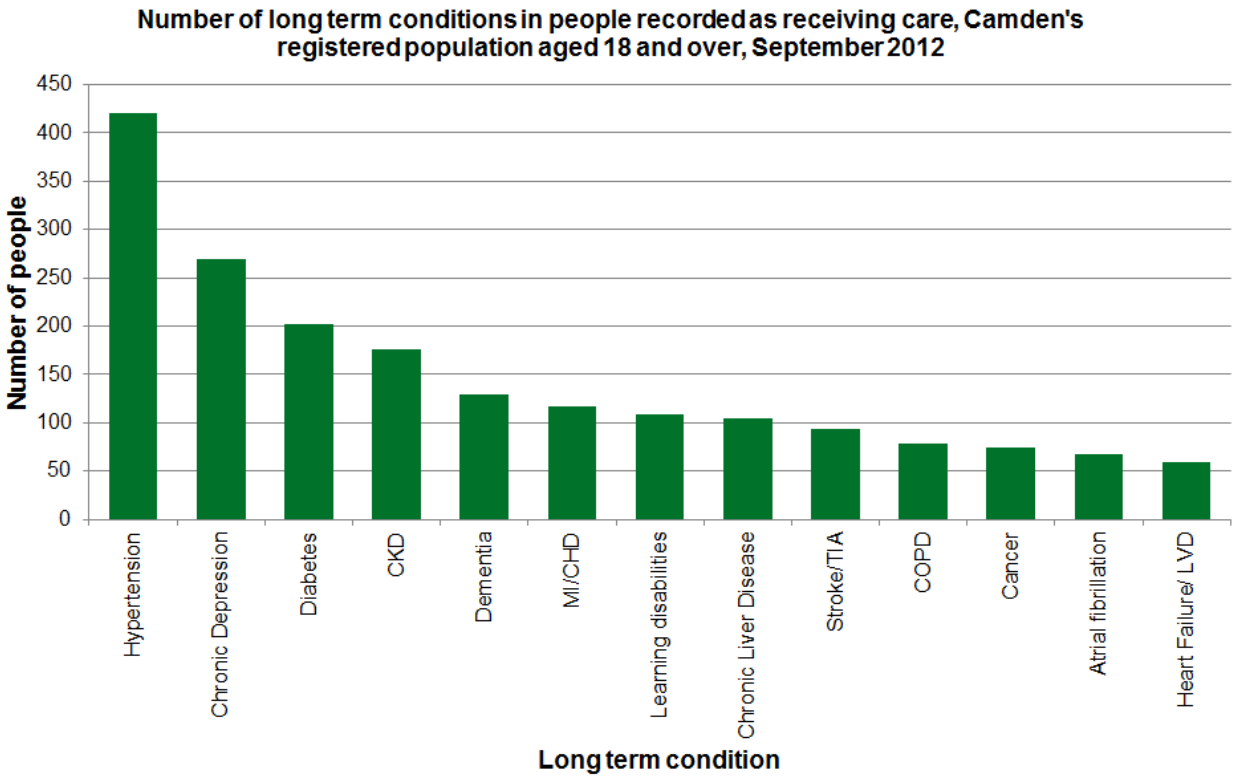


Note: People may be counted twice due to co-morbidities; 6 practices have been excluded as chronic depression was not coded.
Source: Camden's GP PH Dataset, 2012

Camden average
Purple bars: higher than Camden average
Blue bars: no different to Camden average
Green bars: lower than Camden average

- Learning disabilities is by far the most common long term condition among people recorded as having a carer: people with a carer are about 25 times more likely to have this diagnosis compared to the general population. People providing care are also more likely to have a diagnosis of learning disabilities compared to the general population, but the difference is not so pronounced.
- People with a carer are five times more likely to have a dementia diagnosis compared to the general population, and they are also significantly more likely to have chronic depression, heart failure, stroke/TIA, and diabetes.

Has a carer: type of LTC (number)



Note: People may be counted twice due to co-morbidities; 6 practices have been excluded as chronic depression was not coded.
Source: Camden's GP PH Dataset, 2012

- Hypertension (420 people) followed by chronic depression (270 people) and diabetes (200 people) are the most prevalent long term conditions amongst people recorded as having a carer.
- This chart shows the number of diagnoses rather than people - it is possible that people have more than one diagnosis.
- Diabetes is significantly higher in people recorded as having a carer (16%), compared to Camden's total population (9%) (not shown on chart).

About Public Health Intelligence

Public health intelligence is a specialist area of public health. Trained analysts use a variety of statistical and epidemiological methods to collate, analyse and interpret data to provide an evidence-base and inform decision-making at all levels. Camden and Islington's Public Health Intelligence team undertake epidemiological analysis on a wide range of data sources.

FURTHER INFORMATION & FEEDBACK

This profile has been created by Camden and Islington's Public Health Intelligence team. For further information please contact Monica Ukandu.

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We would also very much welcome your comments on these profiles and how they could better suit your individual or practice requirements, so please contact us with your ideas.