JSNA Refresh 2013/14 Cardiovascular Disease

Harrow

Cardiovascular diseases are the main cause of death in the UK causing around 147,300 deaths in England in 2010 (around a third of all deaths). Around 45% of all deaths from CVD are from coronary heart disease (CHD) and more than a quarter from stroke (27%). CHD is the most common cause of death in England and Wales (15% of all deaths in 2010)

Key messages

Population

Age is a key factor in cardiovascular disease. The prevalence of cardiovascular disease increases significantly after the age of 40 years. The percentage of the population aged 40 or over in Harrow is expected to increase slightly over the next ten years.

Mortality

Cardiovascular disease (heart disease and stroke) is the largest cause of death in Harrow when all ages are considered, and the second largest cause of death after cancer in people aged under 75 years. Coronary heart disease causes 14% of all deaths for under 75s and 15% for all ages. Early death rates (under 75 years) from cardiovascular disease are significantly lower than the national rate, and have decreased by 63.7% since 1995.

Trends

Death rates from cardiovascular disease have been dropping in recent years both in Harrow and nationally.

Risk Factors

Rates of smoking, high risk drinking and obesity are lower than the London and national averages but could still be improved.

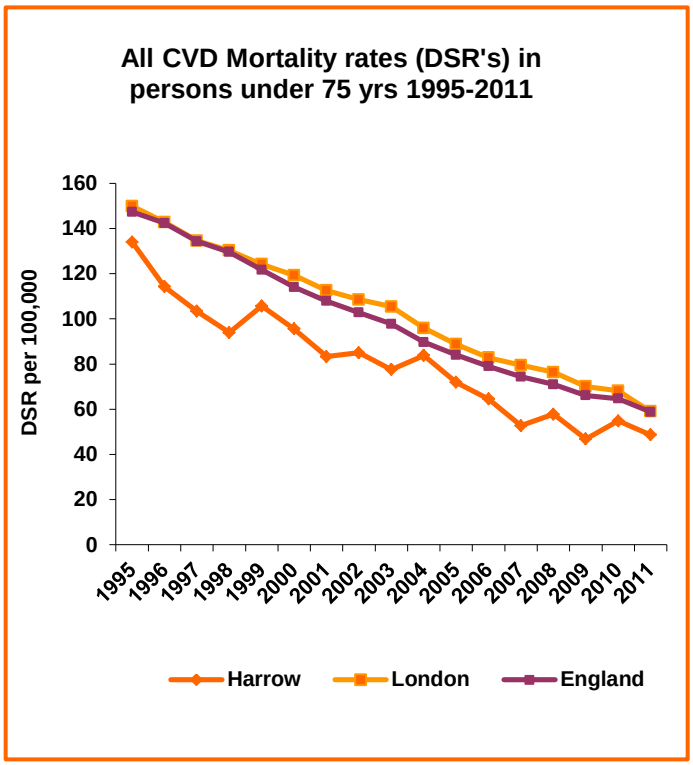
Treatment

Treatment for both heart attack and stroke (especially for heart attack) is more effective than it was 10 years ago.

Emergency admission rates for Coronary heart disease are significantly higher than the national rates, but for stroke the Harrow rate is significantly higher than national rate.

Discharge home

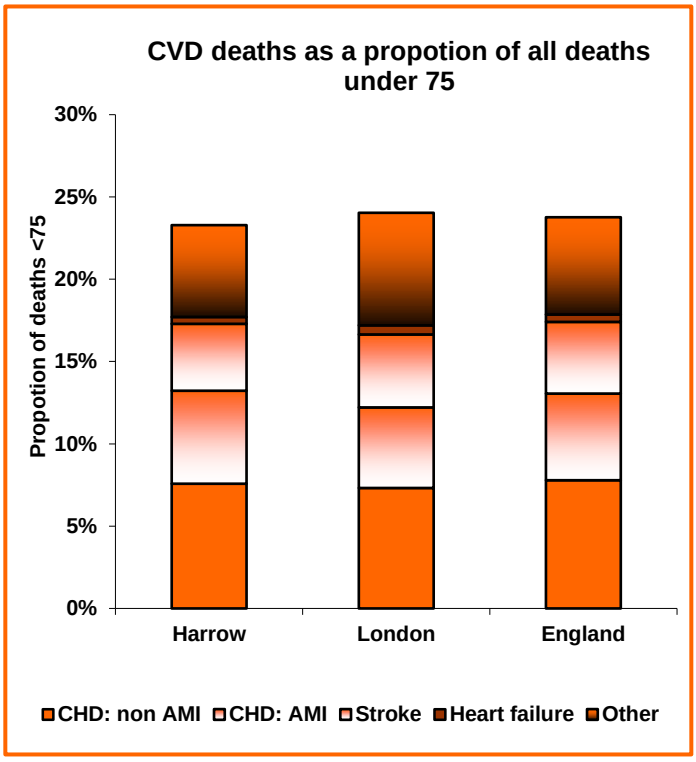
Stroke patients under 75 years are less likely to be discharged back to their usual place of residence compared to the national picture.

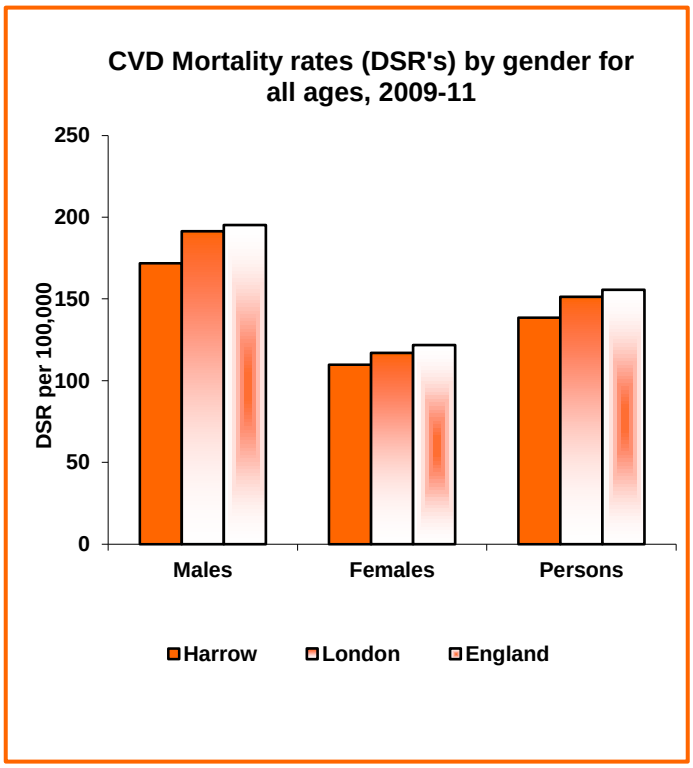


Mortality

The Public Health Outcomes Framework has an objective of reducing the numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities. One of the key indicators for this objective is early mortality from CVD.

In 2014 the early CVD mortality rate in Harrow for persons under 75 years is predicted to be reduced by one third compared to 10 years ago. The percentage of CVD deaths as a proportion of all deaths was 23.3% for people aged under 75 years and 40.2% for people aged 75 and above.



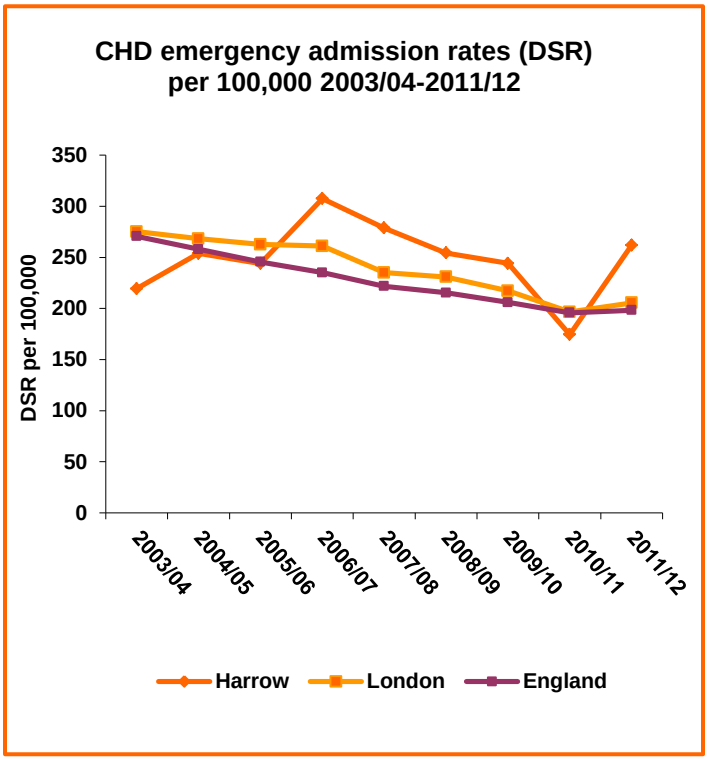


CHD makes up the biggest proportion of total deaths (within CVD) for both males and females.

In 2014, the mortality rate for CHD in Harrow is predicted to be reduced by half for males and females compared to 10- years ago.

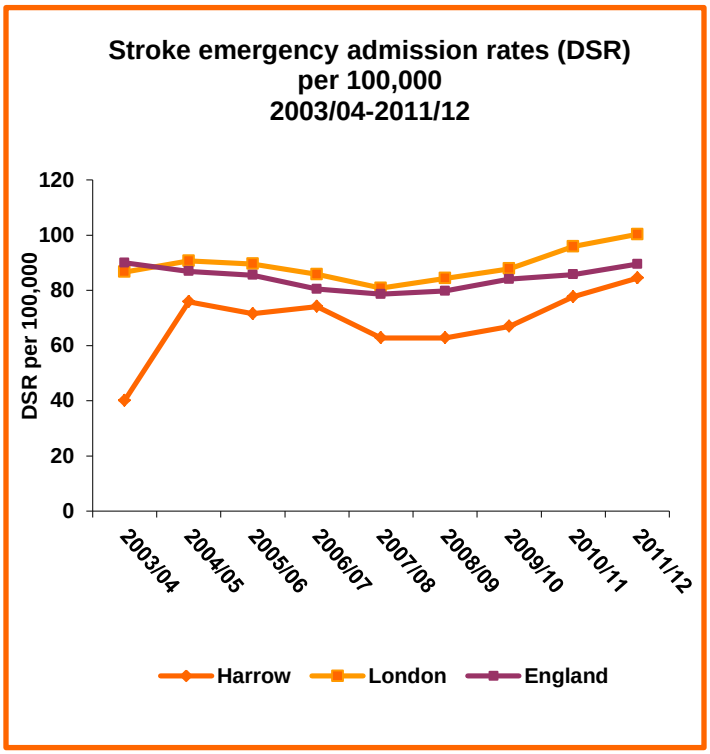
CVD mortality rate in Harrow for all persons was significantly lower than London and England.

For all ages the male CVD mortality rates in Harrow are significantly higher than female.



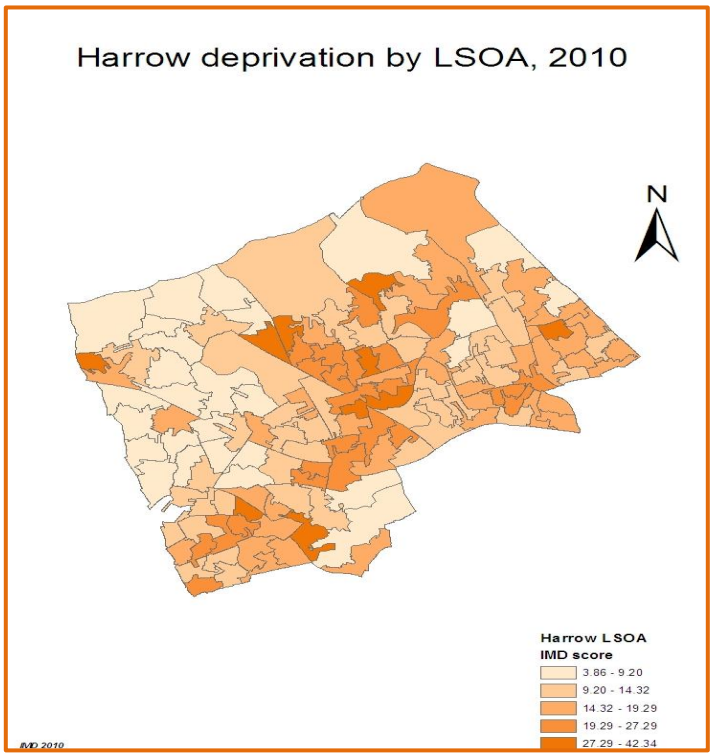
Emergency Hospital admissions

Emergency admissions for CHD in Harrow are significantly higher than those of London and England. They are higher in men than in women. Over the past eight years, rates have increased by 3% whereas in London and England rates have reduced by between a quarter and a fifth.



Emergency admissions for stroke in Harrow are lower than England and significantly lower than London, also Harrow has the lower emergency readmissions within 30 days.

Emergency admissions for heart failure are higher than England but significantly lower than London. Over the past eight years, rates have decreased by 25.6%. Approximately one third of deaths from heart failure occurred in the usual place of residence in Harrow.



Only 2% of Harrow's populations are in the most deprived category compared to 20% nationally. 16.2% are the most affluent group, again compared to 20% nationally

Procedures

Angiography procedures in Harrow are significantly higher than London and England. Male angiography rates are 1.8 times greater than female. Over the past eight years, rates have increased by 23.7% where as England and London they have increased by 8.4% and decreased by 0.7% respectively.
The angioplasty procedures in Harrow are significantly higher than London and England. Male angioplasty procedures are 3.8 times greater than female.
Non-elective angioplasty in Harrow have increased by 41.2% compared to 2004/05 and the Elective procedures have decreased by 17%.
Valve procedure rates in Harrow are higher than the network average and higher than England.

Lifestyle behaviours

Smoking

Using data from the Integrated Household Survey it is estimated that 14.6% of the population in Harrow smoke. This is lower than the estimated proportion in London and England.

Increasing and high risk drinking (combined)

It is estimated that 20% of the population in Harrow have increasing or high risk drinking behaviour. This is slightly lower than London and lower than England.

Adult obesity

Using modelled estimates from the Health Survey for England, it is estimated that 19.2% of the adult population in Harrow are classified as obese. This is lower than London and England.

Quality and Outcomes Framework

GPs record information on whether their patients have CHD or have a stroke. This information is crude and does not consider population structure. The estimated prevalence is population structure adjusted, but only for the 16+ population, so it does not match the all age population of GP registers.

The prevalence for CHD in Harrow is higher when compared with London and England as Harrow has the highest proportion of Asians.

The observed prevalence for stroke in Harrow is higher than London but lower than England.

The prevalence for hypertension in Harrow is in line with England but higher than London. The gap between recognised and treated hypertension and actual hypertension levels in the community have been long recognised.

Understanding the Spine Chart

The spine chart is a way of demonstrating a lot of information on a single diagram.

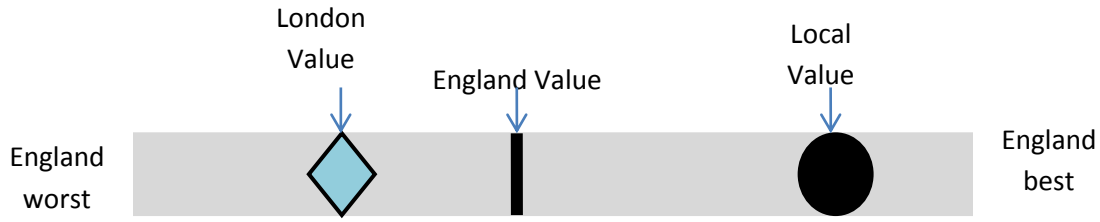
The indicators in the spine chart are generally one of three sorts:

- an indicator of higher or lower need
- an indicator of better or worse performance
- an indicator of better or worse outcomes

The "spine" is the line running down the centre. This is the England average for each indicator. The grey bar shows the range of values in local authorities across England.

Values to the **right** of the England average are better performance or outcomes or of lower need.

Values to the **left** of the England average are worse performance or outcomes or of more need.



Direction of travel indicator

⇧ Indicator has improved since last year i.e. Improvement in performance or decrease in need

⇩ Indicator has worsened since last i.e. decrease in performance or increase in need

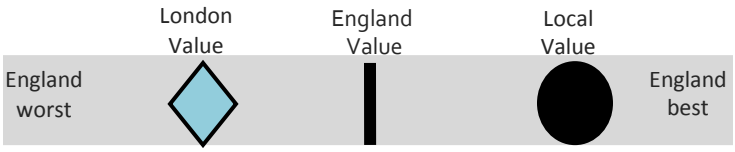
⇔ No change since previous year

Green indicates that, according to the latest data, the area is either performing better or has lower need than England average

Red indicates that, according to the latest data, the area is performing at least 2% worse or has at least 2% greater need than the England average.

Amber indicates that, according to the latest data, the area is performing worse or has greater need but is within 2% of the England average.

Spine Chart



	Indicator	Direction of travel	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
1	Early cardiovascular mortality (<75 yrs)	↑	48.7	58.8	107.0		34.3
2	Stroke mortality	↓	24.5	34.5	50.8		23.0
3	Estimated % smokers (16+)	↓	17.2	20.7	31.0		14.0
4	Estimated % obese (16+)	↑	19.2	24.2	30.7		13.9
5	% of long term conditions who smoke	↑	11.5	17.4	27.2		10.0
6	Obs/Exp CHD prevalence	↔	0.6	0.6	0.8		0.3
7	Obs/Exp Hypertension prevalence	↔	0.5	0.5	0.5		0.3
8	CHD emergency admissions	↓	261.8	198.3	366.4		124.4
9	Stroke emergency admissions	↑	84.4	89.5	160.2		48.7
10	30 day mortality in STEMI	↓	20.0	8.7	20.6		0.0
11	% stroke discharged to usual residence	↑	78.7	77.9	56.7		97.5
12	% HF who die at usual place residence	NA	31.8	58.5	99.0		19.2
13	Angiography rates	↓	409.5	278.2	676.0		122.3
14	Revascularisation rates	↓	207.8	140.5	249.3		87.1

Spine chart data sources

	Data description	Other sources of information or data
1	Directly standardised rate per 100,000, 2011 under 75	Health and Social Care Information Centre, PHO annual deaths extract, ONS
2	Directly standardised rate per 100,000, 2011	Health and Social Care Information Centre, PHO annual deaths extract, ONS
3	Percentage estimate of smokers , 16+, 2006-08	Integrated Household Survey
4	Percentage estimate of obese adults, 16+, 2006-08	Health Survey for England
5	Percentage of those registered with long-term conditions who smoke, 2010/11	Quality and Outcomes Framework 2011/12
6	Ratio of 2011/12 CHD QOF disease registers to estimated prevalence in 2011	Quality and Outcomes Framework 2011/12
7	Ratio of 2011/12 hypertension QOF disease registers to estimated prevalence in 2011	Quality and Outcomes Framework 2011/12
8	Directly standardised rate per 100,000, 2011/12	HES, Health and Social Care Information Centre
9	Directly standardised rate per 100,000, 2011/12	HES, Health and Social Care Information Centre
10	Percentage, 2011	MINAP
11	% of all patients diagnosed with stroke under 75, 2011/12	HES, Health and Social Care Information Centre
12	Percentage of deaths due to heart failure at their usual place of residence 2007-2011	PHO annual deaths extract, ONS
13	Directly standardised rate per 100,000, 2011/12	HES, Health and Social Care Information Centre
14	Directly standardised rate per 100,000, 2011/12	HES, Health and Social Care Information Centre