



# JSNA Refresh 2013/14 Cardiovascular Disease

## Barnet

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

### Deaths

Cardiovascular disease (heart disease and stroke) is the largest cause of death in Barnet when all ages are considered, and the second largest cause of death after cancer in people aged under 75 years. Coronary heart disease causes 13% of all deaths in both age categories. Early death rates (under 75 years) from cardiovascular disease are significantly lower than the national rate, and have decreased by 63.1% since 1995.

### Trends

Death rates from cardiovascular disease have been dropping in recent years both in Barnet 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.

Revascularisation rates are similar to those of England as a whole.

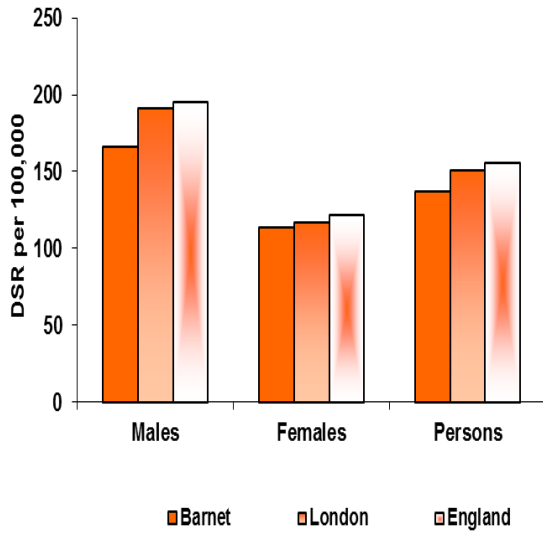
Emergency admission rates for Coronary heart disease are significantly lower than the national rates, but for stroke the Barnet rate is significantly higher than national rate.

### Discharge home

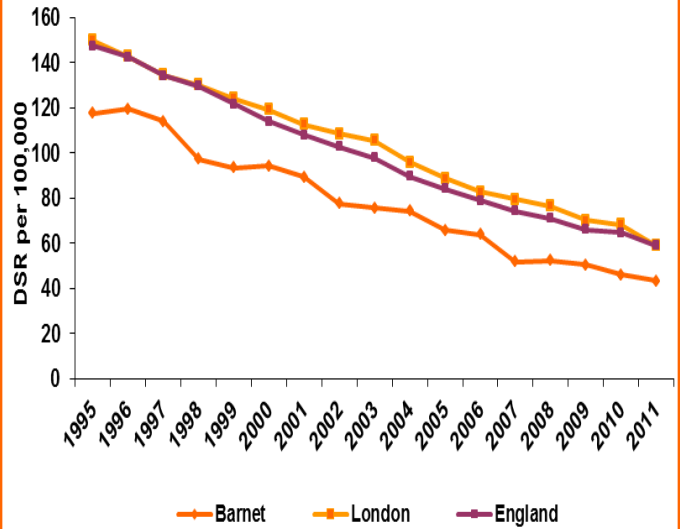
Stroke patients under 75 years are less likely to be discharged back to their usual place of residence compared to the national picture.

# Local Data

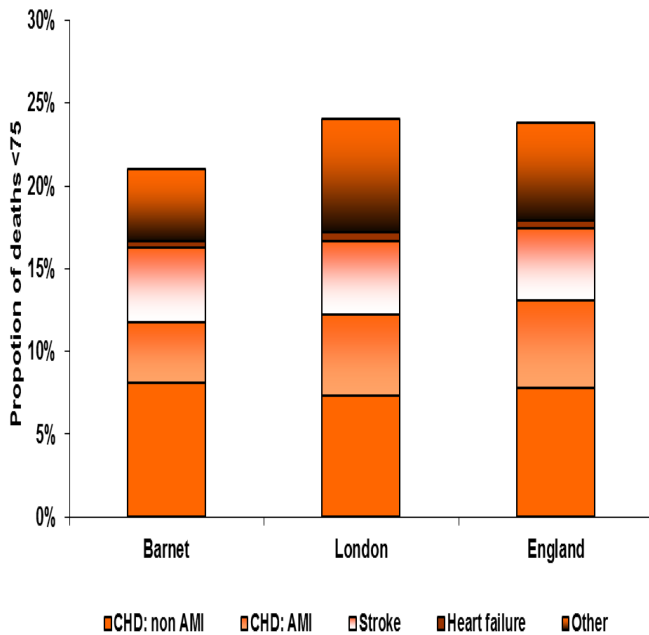
**CVD Mortality rates (DSR's) by gender for all ages, 2009-11**



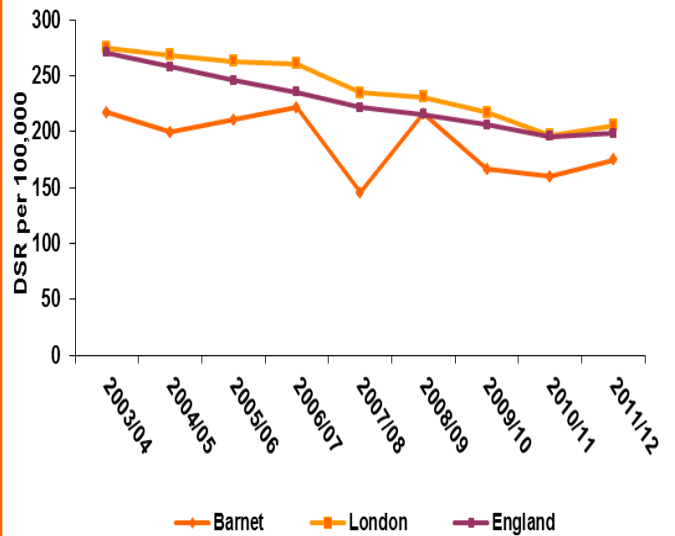
**All CVD Mortality rates (DSR's) in persons under 75 yrs 1995-2011**

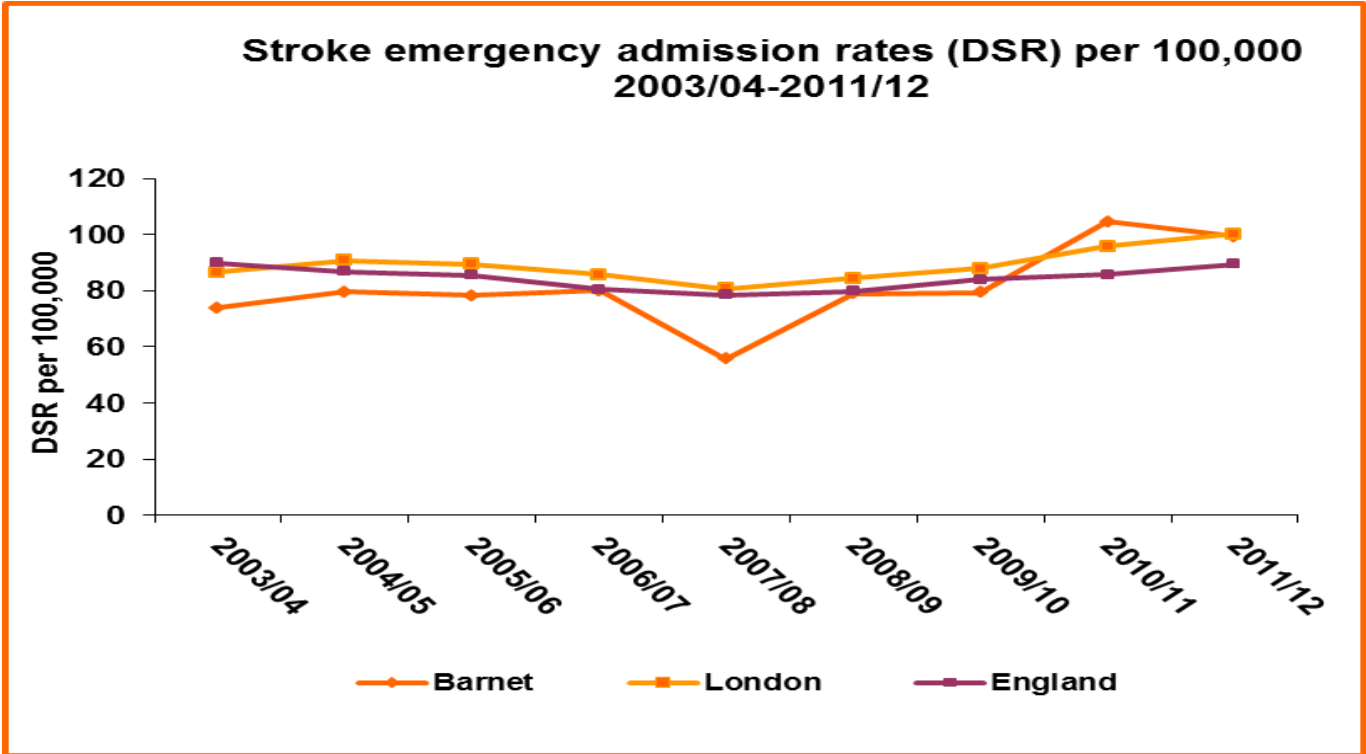


**CVD deaths as a proportion of all deaths under 75**

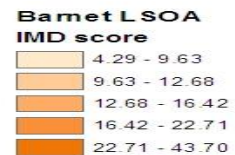
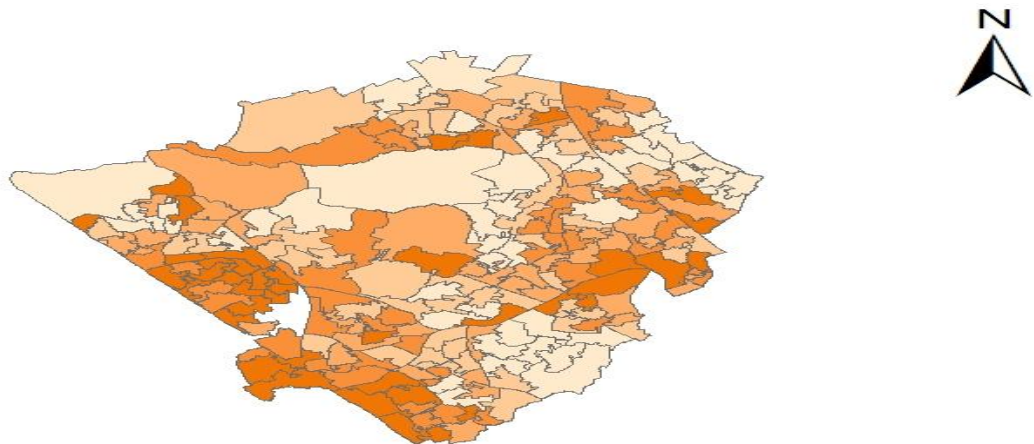


**CHD emergency admission rates (DSR) per 100,000 2003/04-2011/12**





Barnet deprivation by LSOA



Spine chart

Key: ● Barnet data ◆ London average | England Average ◀▶ England Range

| Indicator                                  | Local Number | Local Value | Eng Avg | Eng Worst | England Range | Eng Best |
|--|--------------|-------------|---------|-----------|---------------|----------|
| 1 Early cardiovascular mortality (<75 yrs) | n/a          | 43.4        | 58.8    | 107.0     |               | 34.3     |
| 2 Stroke mortality                         | n/a          | 29.3        | 34.5    | 50.8      |               | 23.0     |
| 3 Estimated % smokers (16+)                | n/a          | 18.7        | 20.7    | 31.0      |               | 14.0     |
| 4 Estimated % obese (16+)                  | n/a          | 17.9        | 24.2    | 30.7      |               | 13.9     |
| 5 % of long term conditions who smoke      | n/a          | 13.1        | 17.4    | 27.2      |               | 10.0     |
| 6 Obs/Exp CHD prevalence                   | n/a          | 0.6         | 0.6     | 0.8       |               | 0.3      |
| 7 Obs/Exp Hypertension prevalence          | n/a          | 0.4         | 0.5     | 0.5       |               | 0.3      |
| 8 CHD emergency admissions                 | n/a          | 174.9       | 198.3   | 366.4     |               | 124.4    |
| 9 Stroke emergency admissions              | n/a          | 99.5        | 89.5    | 160.2     |               | 48.7     |
| 10 30 day mortality in STEMI               | n/a          | 11.0        | 8.7     | 20.6      |               | 0.0      |
| 11 % stroke discharged to usual residence  | n/a          | 53.9        | 77.9    | 56.7      |               | 97.5     |
| 12 % HF who die at usual place residence   | n/a          | 53.2        | 58.5    | 99.0      |               | 19.2     |
| 13 Angiography rates                       | n/a          | 266.3       | 278.2   | 676.0     |               | 122.3    |
| 14 Revascularisation rates                 | n/a          | 128.7       | 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                            |

# Data Summary

## 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 Barnet is expected to increase slightly over the next ten years.

Only 5.7% of Barnet's population are in the most deprived category compared to 20% nationally. 11.9% are the most affluent group, again compared to 20% nationally.

The proportion of the population in Barnet which is from black and minority ethnic groups is estimated to be 35.9%. South Asian men are more likely to develop CHD at younger age, and have higher rates of myocardial infarction. Black people have the highest stroke mortality rates.

## Lifestyle behaviours

Smoking: Using data from the Integrated Household Survey it is estimated that 17.5% of the population in Barnet 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 Barnet 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 17.9% of the adult population in Barnet 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. The prevalence for CHD in Barnet is higher when compared with London and England

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

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

## Emergency Hospital admissions

Emergency admissions for heart disease in Barnet are significantly lower than those of London and England. They are higher in men than in women. Over the past eight years, rates have decreased by 12.3% whereas in London and England rates have reduced by a quarter.

Emergency admissions for stroke in Barnet are higher than England and lower than London, also Barnet has the lower emergency readmissions within 30 days compared to national average. Emergency admissions for heart failure are higher than England but significantly lower than London. Over the past eight years, rates have decreased by 2%. Approximately half of deaths from heart failure occurred in the

usual place of residence in Barnet.

## Procedures

Angiography procedures in Barnet are significantly lower than London and lower than England. Male angiography rates are 2.1

times greater than female. Over the past eight years, rates have increased by 18.1% where as England and London they have increased by 8.4% and decreased by 0.7% respectively.

The angioplasty procedures in Barnet are significantly lower than London and England. Male angioplasty procedures are 4.1 times greater than female. Non-elective angioplasty in Barnet have increased by 20.8% compared to 2004/05 and the Elective procedures have decreased by 6%.

Valve procedure rates in Barnet are higher than the network average and higher than England.

## 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 Barnet for persons under 75 years is predicted to be reduced by half compared to 10 years ago. The percentage of CVD deaths as a proportion of all deaths was 21% for people aged under 75 years and 38.1% for people aged 75 and above. For all ages the male CVD mortality rates in Barnet are significantly higher than female.

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

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

## What are we doing now: Examples

### NHS Health Check Programme

The NHS Health Check programme was formally introduced in April 2009 as a key policy to reduce health inequalities and increase life expectancy from preventable CVD conditions. Based on PCT performance data submitted in 2011-2012, there were 114,883 local authority residents in Barnet who were eligible to be invited for an NHS Health Check. Local authorities are mandated to offer the programme to 100% of their eligible population over a five year period, from April 2013. During 2011-2012, 2.0% of eligible residents were invited to attend the programme with an uptake rate of 52.8%.

### Barnet Stop Smoking Service

Tobacco use is the most important preventable risk factor for death from cancer and cardiovascular disease.<sup>49</sup> About 2,600 people die in Barnet each year. Of these, about 440 die from smoking-related diseases. This is more than from any other cause and these deaths are all preventable. The Stop Smoking Service provides free advice and support to people who want to stop smoking. The types of support available include 'drop in' clinics, one to ones with community advisers and a stop smoking service midwife.

### Sports and Physical Activity

Barnet Council are currently conducting a review of sports and physical activity in Barnet. The review will seek to set the future direction for how sports and leisure is provided to residents in Barnet.

### Barnet CCG

Barnet CCG commissioning care for people who have had a stroke and their carers, although Barnet council, in particular adult social services department, also have an important role in assessing people's needs and commissioning a range of community-based support, care and advice services.

### Barnet & Chase Farm Hospital Stroke Units

Barnet & Chase Farm hospital trust provides high quality acute stroke care for patients that pass through its doors, boasting an Acute Stroke Unit and a Stroke Rehabilitation Unit covering the borough of Barnet. The Stroke services provided to the local community are:

- Specialist Physiotherapy Services
- Occupational Therapy Services
- Speech and Language Therapy
- Animal Assisted Therapy
- Dietetic Support
- A 5 Day a week TIA clinic

Stroke services at the Trust have recently changed in line with the Healthcare for London Stroke Strategy. The Trust was designated as an Acute Stroke Unit Centre and TIA Centre. Stroke rehabilitation is provided

either at Finchley Memorial Hospital or at Chase Farm Hospital.

### Barnet and Chase Farm Cardiac Services

The speciality of cardiology lies within the directorate of General Medicine and Pharmacy. The speciality provides a combination of inpatient work, a large

outpatient service, and a full range of cardiac investigations. In addition there are elective and emergency procedures undertaken mainly as day cases. There are cardiac departments providing a full range of non-invasive cardiac investigations at both Barnet and Chase Farm, with a more limited service at Edgware hospital. Outpatient clinics are run from these sites. Cardiac Rehabilitation is offered as an inpatient and outpatient service at both sites and extended into the community.

# Stakeholder views

To be completed after  
partnership summit