

Cardiovascular disease PCT health profile

Wandsworth

Cardiovascular diseases are the main cause of death in the UK causing around 156,800 deaths in England in 2008 (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 (28%). CHD is the most common cause of death in England and Wales (15% of all deaths).

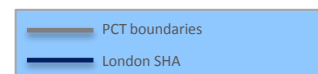
These Cardiovascular Disease (CVD) Health Profiles bring together a wide range of data on cardiovascular disease in each PCT area in the country and in associated Cardiac & Stroke Networks. Its aim is to provide information to health care professionals, commissioners and other interested parties about CVD issues in their local community, as an aid to planning and development.

Wandsworth lies within the boundaries of the current London SHA and is part of South West London Cardiac Network.

This information is also available for each cardiac and stroke network, and as an interactive atlas.



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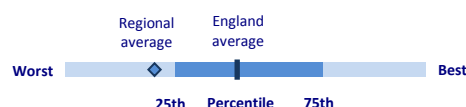
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Contact Details: This report, interactive atlases and the accompanying glossary and technical appendix are available to download on the SEPHO website - <http://www.sepho.nhs.uk>

Summary Indicators

Indicator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
1 CVD mortality (under 75)	84.8	70.4	121.8		46.3
2 Change in CVD mortality (%)	46.1	50.1	33.8		59.9
3 AMI mortality (under 75)	12.8	16.3	36.0		6.6
4 Stroke mortality (under 75)	14.8	12.8	25.9		7.8
5 Abs gap (rate) in quintiles CVD mort	96.4	75.0	130.2		-3.5
6 Rel gap (%) in quintiles CVD mort	550.7	183.9	550.7		-7.5
7 Estimated % smokers (16+)	18.6	22.2	35.2		12.0
8 Estimated % obese (16+)	17.2	24.2	32.8		13.2
9 4 week quitters per smokers (%)	2.9	4.0	2.2		7.5
10 Obs/Exp CHD prevalence	0.51	0.61	0.31		0.84
11 Obs/Exp Hypertension prevalence	0.38	0.44	0.32		0.52
12 CHD emergency admissions	204.5	205.3	379.1		125.1
13 Stroke emergency admissions	119.1	104.2	199.6		67.1
14 Primary angioplasty call median time	123.5	112.0	652.0		0.0
15 Stroke patients discharged home (%)	83.8	78.5	56.7		97.5
16 CHD expenditure per pop	38.2	41.1	7.2		111.9
17 Cerebrovascular expenditure per pop	22.1	21.5	9.9		50.6
18 Statins cost in CHD population*	299	219	362		144

- Significantly better than England average
- Significantly worse than England average
- Not significantly different from England average
- No significance available



Key messages

Mortality rates from CVD are significantly higher than the national rate, and have decreased by 46.1% since 1995-7.

The absolute gap in CVD mortality for persons under 75 years between the most deprived and least deprived local areas has increased by 59.7% between 2001 and 2009. The relative gap has increased from 72.4% to 550.7% respectively.

The cost of total statin prescribing relative to the local population with CHD was higher compared to the national picture.

For people having myocardial infarction reperfusion, the median call to treatment time to receive thrombolysis is higher than the national time, but it is higher for angioplasty.

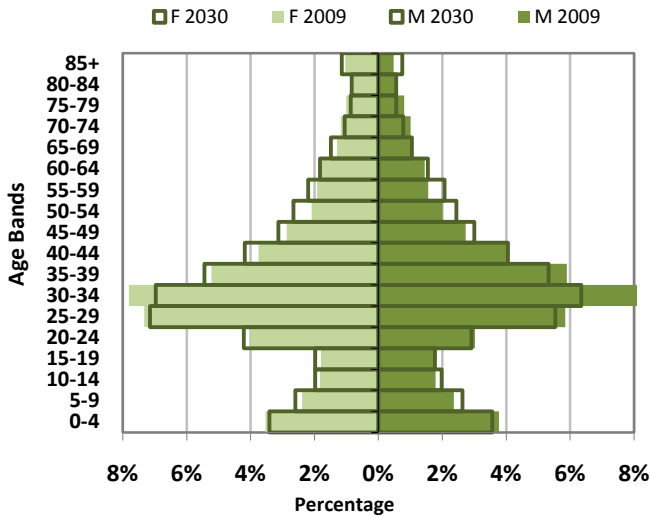
There is a slightly higher proportion of stroke patients under 75 years discharged back to their usual place of residence compared to the national picture.

1. Directly standardised rate per 100,000, 2007-09 under 75. 2. Percentage change in rate, 1995-97 to 2007-09. 3. Directly standardised rate per 100,000 under 75, 2007-09. 4. Directly standardised rate per 100,000 under 75, 2007-09. 5. Gap in rate between most and least deprived 20% population, under 75, 2009. 6. Gap in rate between most and least deprived 20% population, <75, 2009. 7. Percentage estimate of smokers, 16+, 2006-08. 8. Percentage estimate of obese adults, 16+, 2006-08. 9. Quitters as a proportion (%) of estimated smokers, 2009/10. 10. Ratio of 2009/10 CHD QOF disease registers to estimated prevalence in 2009. 11. Ratio of 2009/10 hypertension QOF disease registers to estimated prevalence in 2009. 12. Directly standardised rate per 100,000, 2009/10. 13. Directly standardised rate per 100,000, 2009/10. 14. Median call time to treatment (mins), 2007-09. 15. % of all patients with stroke under 75, 2009/10. 16. Spend (£) per head of population, 2009/10. 17. Spend (£) per head of population, 2009/10. 18. Spend (£) per CHD population,

* Lower costs for statin prescribing have been highlighted as good- in line with cost pressures on the NHS. However, it is important to note that low costs may also indicate underprescribing

Demographic profile

Age profile and population projections in Wandsworth



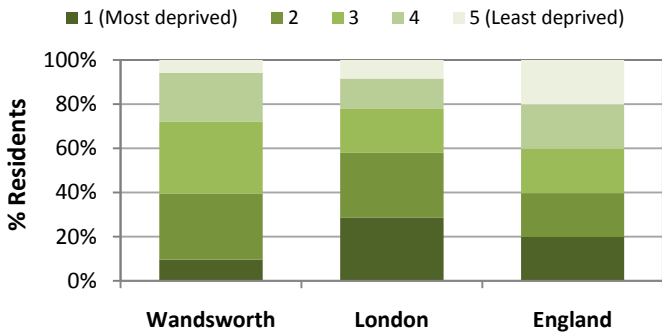
The population estimate of Wandsworth in 2009 was 286,621 and is projected to increase to 323,000 in 2030.

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 yrs and over is expected to increase in Wandsworth from 15.6% to 16.8% for males and increase from 17.7% to 19.4% for females by 2030. This age group in the London population is expected to increase from 19.6% to 21.5% for males and increase from 21.3% to 22.3% for females. In England it is expected to increase from 23.4% to 25.1% for males and increase from 25.7% to 26.8% for females.

Source: Office for National Statistics (ONS) 2009 MYE & 2006-based subnational population projections

National deprivation structure (IMD 2007)



Ethnicity estimated in 2007



Source: IMD 2007, Department of Communities and Local Government (DCLG)

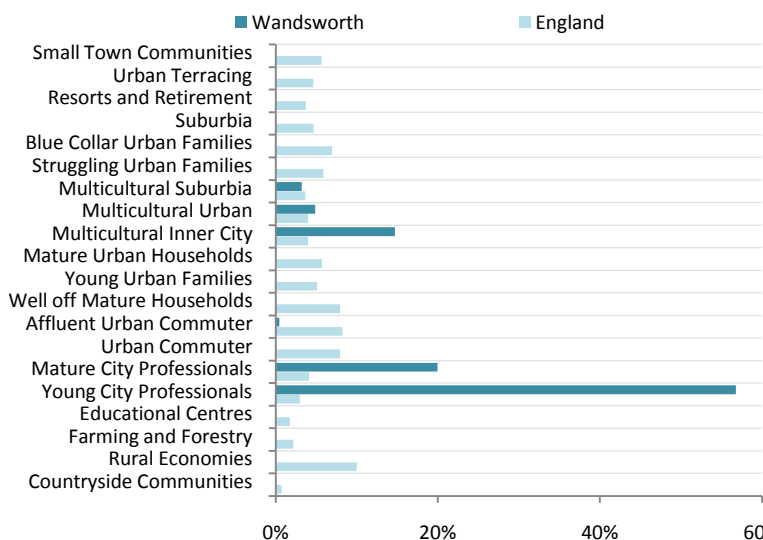
Source: ONS Resident Population Estimates by Ethnic Group, 2007

Wandsworth has 9.5% of its population in the most deprived national quintile and 10% of the population in the least deprived quintile.

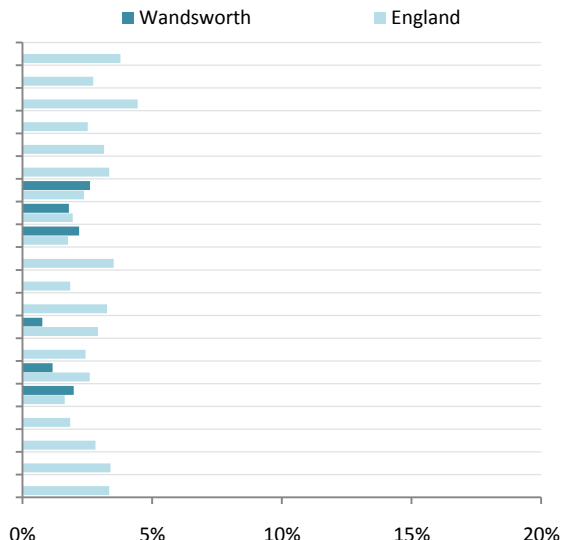
The proportion of the population in Wandsworth which is from black and minority ethnic groups is estimated to be 33.5%. South Asian men are more likely to develop CHD at younger age, and have higher rates of myocardial infarction. Black people have the highest stroke mortality rates.

Geodemographic segmentation

Percentage of local population by segmentation



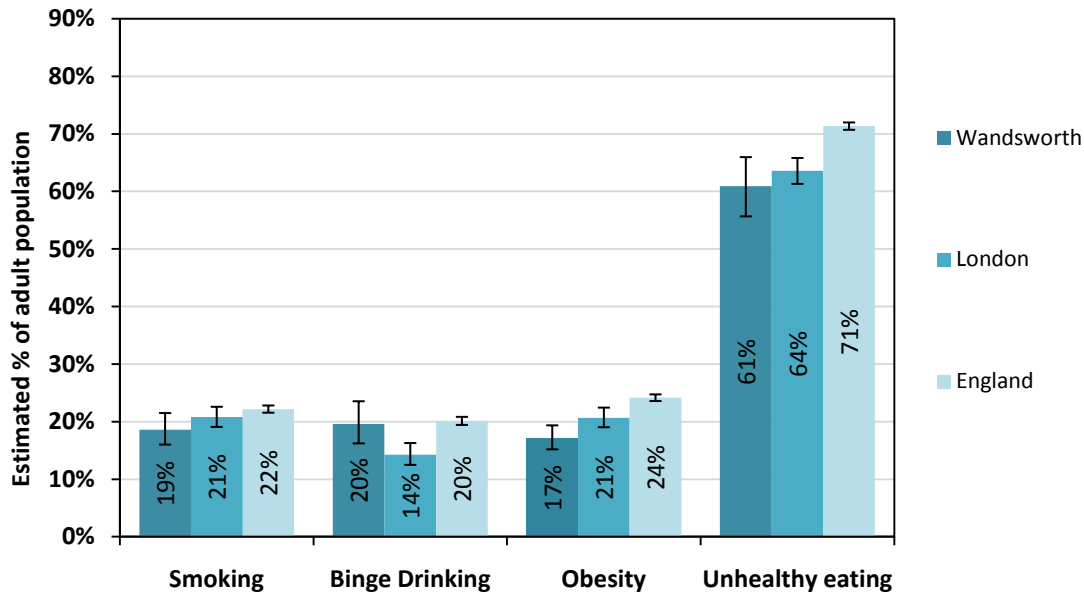
Percentage of CVD deaths by segmentation



Source: ONS Output Area Classification, PHO annual deaths extract

Lifestyle behaviours

Synthetic lifestyle estimates for adults from Health Survey for England, 2006-08



Source: Modelled Estimate from Health Survey for England
 Note: Binge drinking is for 2007-2008 only

Smoking

- Using synthetic estimates from the Health Survey for England it is estimated that 18.6% of the population in Wandsworth smoke. This is significantly lower than the estimated proportion in England (22.2%) and lower than London (20.8%).

Binge drinking (2007-2008)

- It is estimated that 19.6% of the population in Wandsworth binge drink. This is lower than England (20.1%) and higher than London (14.3%).

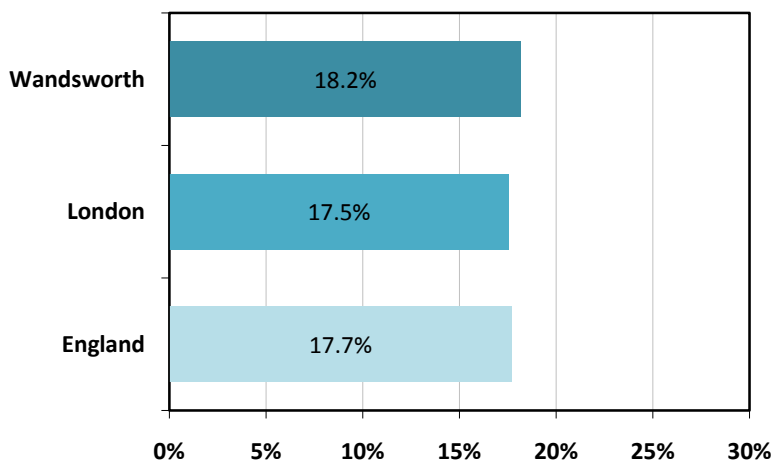
Adult obesity

- It is estimated that 17.2% of the adult population in Wandsworth are obese. This is significantly lower than England (24.2%) and lower than London (20.7%).

Unhealthy Eating (% not consuming 5 or more portions of fruit and vegetables per day)

- It is estimated that 60.9% of the population in Wandsworth do not eat healthily. This is significantly lower than England (71.3%) and lower than London (63.6%).

Percent of patients registered with a GP with any combination of registered long-term conditions who smoke, QOF 2009/10



QOF data shows that the percentage of patients with long-term conditions who smoke in Wandsworth was 18.2% in 2009/10. This is higher than the rate in England (17.7%) and higher than the rate in London (17.5%).

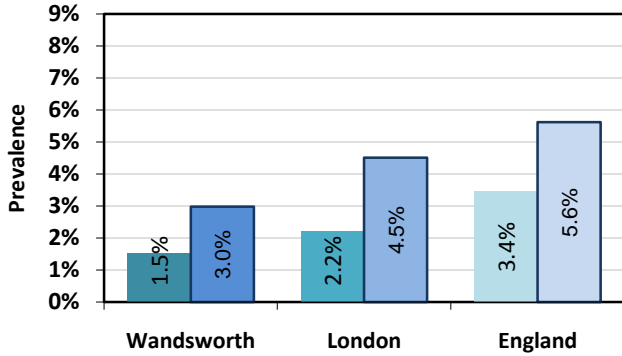
Source: Quality and Outcomes Framework 2009/10

Quality and Outcomes Framework - prevalence

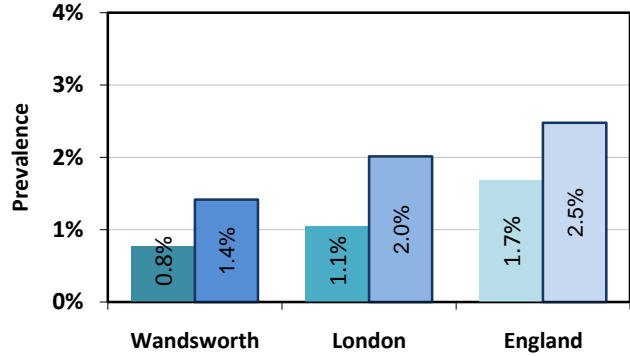
Observed Estimated

Observed (GP registered) prevalence in 2009/10 versus estimated prevalence in 2009

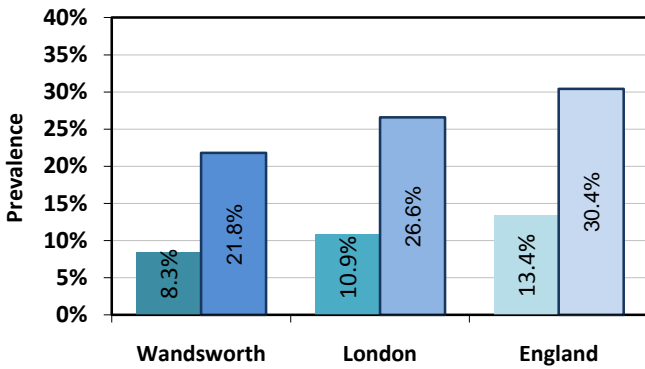
Coronary heart disease



Stroke



Hypertension



GPs record information on whether their patients have CHD or have a stroke. This information is crude and does not consider population structure. Estimated prevalence does take into account the population structure and the known incidence in various sub groups of the population.

The observed prevalence for CHD in Wandsworth is 50.6% of the estimated prevalence. This compares to 61.2% for England and 48.9% for London.

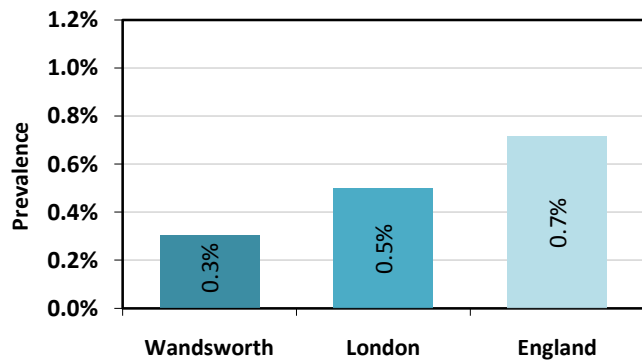
The observed prevalence for stroke in Wandsworth is 54.1% of the estimated prevalence. This compares to 67.9% for England and 52.2% for London.

The observed prevalence for hypertension in Wandsworth is 38.3% of the estimated prevalence. This compares to 43.9% for England and 41.1% for London. The gap between recognised and treated hypertension, and actual hypertension levels in the community have been long recognised.

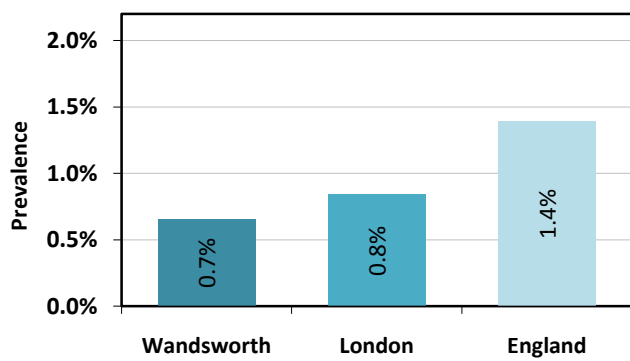
Sources: Quality and Outcomes Framework 2009/10 and modelled estimates of prevalence, Eastern Region Public Health Observatory, November 2008

Observed (GP registered) prevalence in 2009/10

Heart failure



Atrial fibrillation



Source: Quality and Outcomes Framework 2009/10

The observed prevalence for heart failure in Wandsworth is 0.30%. This is lower than London (0.50%) and England (0.72%).

The observed prevalence for atrial fibrillation in Wandsworth is 0.65%. This is lower than London (0.84%) and England (1.39%). No estimated prevalences are currently produced for heart failure and atrial fibrillation.

Quality and Outcomes Framework - performance

2009/10

Significantly lower than England

The same as England

Significantly higher than England

Coronary heart disease

	Wandsworth	London	England
% newly diagnosed angina patients referred for exercise testing or assessment	96.0	94.6	94.7
% CHD patients with record of blood pressure in last 15 months	97.0	97.2	97.7
% CHD patients in whom last blood pressure reading was 150/90 or less	88.1	89.3	89.8
% CHD patients with a record of total cholesterol in last 15 months	92.2	92.3	93.7
% CHD patients in whom last cholesterol measurement was 5mmol/l or less	78.3	80.4	82.1
% CHD patients taking aspirin, an alternative anti-platelet therapy or an anti-coagulant in last 15 months	94.4	93.9	93.9
% CHD patients currently treated with beta blocker	70.0	73.4	73.7
% patients with history of myocardial infarction currently treated with ACE inhibitor or angiotensin II antagonist	89.0	90.1	89.1
% CHD patients immunised against influenza in Sept-March 05	88.5	91.4	91.9

Stroke

	Wandsworth	London	England
% stroke patients with a record of blood pressure in last 15 months	96.5	96.4	96.8
% stroke patients whose blood pressure was 150/90 or less	86.7	87.9	88.1
% stroke patients with record of cholesterol in last 15 months	90.8	90.3	91.4
% stroke patients whose cholesterol was 5mmol/l or less	73.7	75.3	77.3
% stroke patients immunised preceding Sept-March	85.6	88.8	89.0
% non-haemorrhagic/with history of TIA stroke patients taking anti-platelet agent/anti-coagulant	94.7	94.4	94.1
% new patients with a stroke referred for further investigation	89.4	89.3	90.2

Atrial fibrillation

% atrial fibrillation patients currently treated with anti-coagulation drug therapy or an anti-platelet therapy	92.9	93.8	93.6
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Heart failure

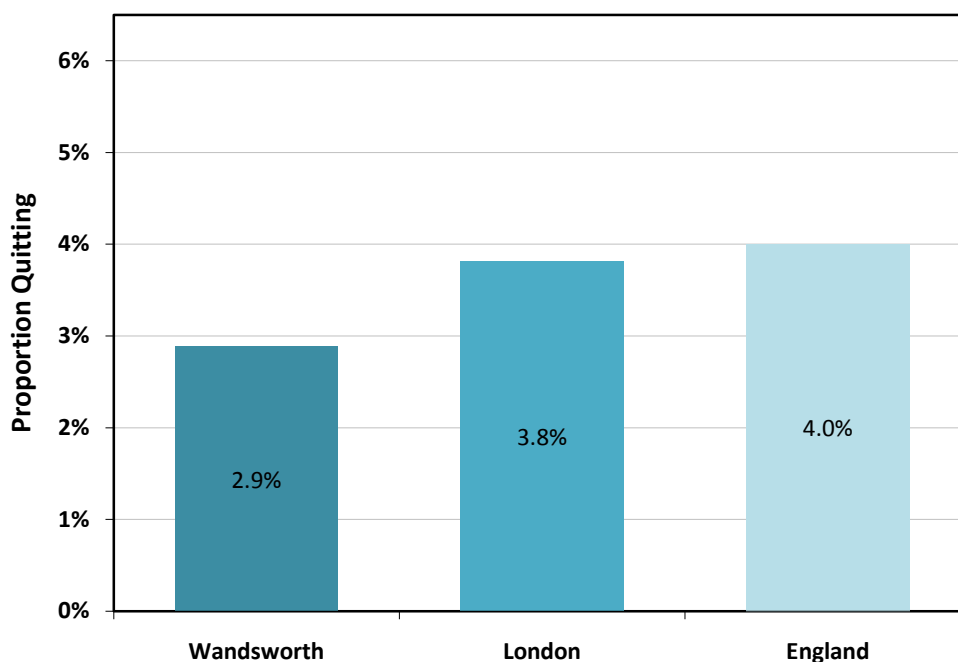
% heart failure patients diagnosed after 1st April 2006 with diagnosis confirmed by an echocardiogram or specialist assessment	97.8	96.1	95.9
% patients with a current diagnosis of heart failure due to LVD currently treated with an ACE inhibitor or angiotensin receptor blocker	93.0	91.8	90.0

Hypertension

% hypertension patients with record of blood pressure in last 9 months	90.0	90.9	91.5
% hypertension patients (with record in last 9 months) in whom last blood pressure was 150/90 or less	76.1	78.2	78.7

Stop Smoking data

4 week quitters as a proportion of the synthetic estimate of smokers, 2009/10



Source: Smoking cessation 2009/10 ONS Mid year population estimates 2008, Health Survey for England 2006-08

Although large numbers of adults are quitting smoking using the NHS stop smoking services, they are only a relatively small proportion of the total estimated numbers of adults smoking.

In 2009/10 2.9% (1,287) of smokers in Wandsworth quit using the NHS Stop Smoking Services, a lower percent than in England (4%) and lower percent than in London (3.8%).

This figure differs from that used in the Tobacco Control Profiles and elsewhere, which use the number of people who quit smoking as a proportion of the total population aged over 16. These profiles use the estimated number of smokers in the population as the denominator.

Quality and Outcomes Framework - exceptions

PCT	2009/10 EER
Wandsworth	5.0%
London	5.1%
England	5.4%

GPs can exclude patients from the calculation of measures in the Quality and Outcomes Framework, to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. However, the number of such exceptions varies substantially between practices. In 2009/10, the exception rate in Wandsworth was 5.0%. Within England, the exception rate varied between 2.2% to 7.5% for individual PCTs.

Source: Quality and Outcomes Framework 2009/10

Number and percentage of practices with high exception reporting rates

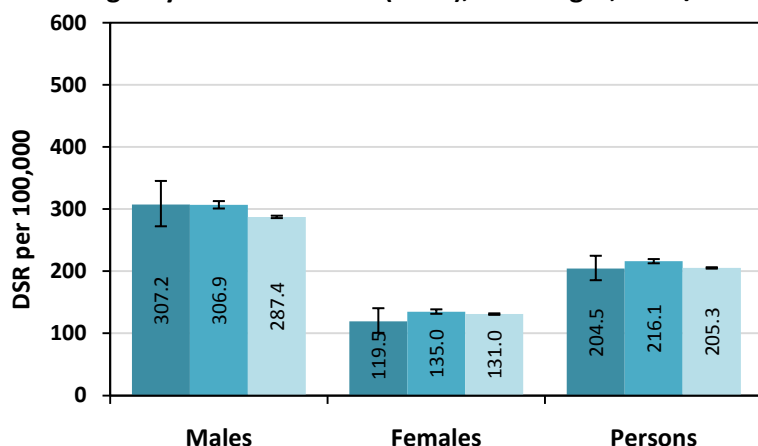
	Atrial fibrillation	Coronary heart disease	Heart failure	Hypertension	Stroke & TIA	Practices with any high exception rates	Total number of practices
Wandsworth	2	4	0	0	1	4	47
Wandsworth %	4.3%	8.5%	0.0%	0.0%	2.1%	8.5%	47
London %	4.2%	5.6%	2.1%	1.3%	6.2%	12.5%	1509
England %	2.9%	4.6%	2.6%	1.9%	5.3%	9.5%	8293

Source: Quality and Outcomes Framework 2009/10

Coronary heart disease emergency admission rates

■ Wandsworth ■ London ■ England ◆ Wandsworth ■ London ▲ England

CHD emergency admission rates (DSRs), for all ages, 2009/10

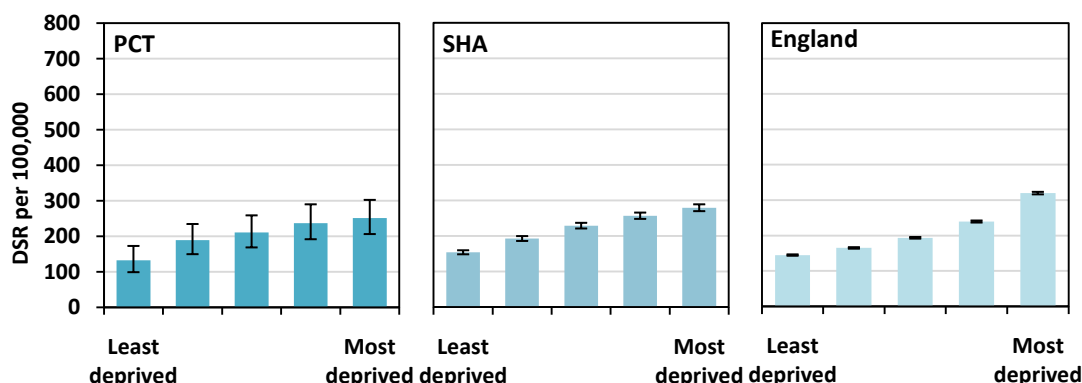


In 2009/10 the emergency admission rate for CHD, all persons, in Wandsworth was 204.5 per 100,000 (470 admissions). This is lower than England (205.3 per 100,000) and lower than London (216.1 per 100,000).

Male CHD emergency admission rates are significantly higher than female CHD emergency admission rates.

Source: Hospital Episode Statistics (HES), The NHS Information Centre for health and social care, ONS

CHD emergency admission rates (DSRs) for all ages, by quintile of relative deprivation, 2009/10

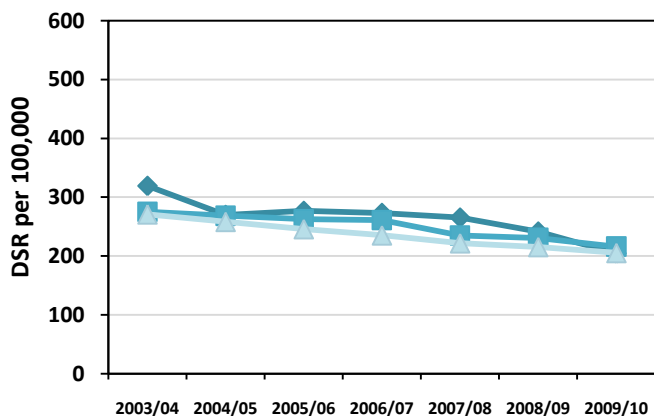


The emergency admission rate for CHD in 2009/10 for persons who live in the most deprived areas of Wandsworth was 251. This is 1.9 times greater than the emergency admission rates for persons who live in the least deprived areas of Wandsworth (132.1).

Source: HES, The NHS Information Centre for health and social care, ONS, Department of Communities and Local Government (DCLG)

The emergency admission rates for persons who live in the most deprived areas of England are 2.2 times greater compared to persons who live in the least deprived areas and 1.8 times greater in London.

Trend in CHD rates (DSRs), 2003/04 to 2009/10

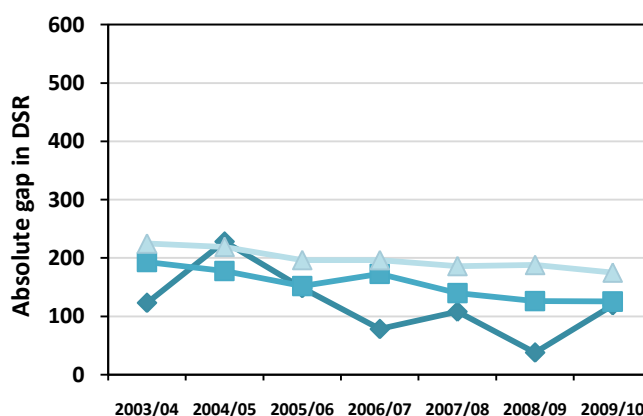


Source: HES, The NHS Information Centre for health and social care, ONS

The emergency admission rate for CHD in Wandsworth has decreased by 36.0% between 2003/04 and 2009/10.

In England it has decreased by 24.2% and in London it has decreased by 21.5%.

Inequalities gap in rates (DSRs), 2003/04 to 2009/10



Source: HES, The NHS Information Centre for health and social care, ONS, DCLG

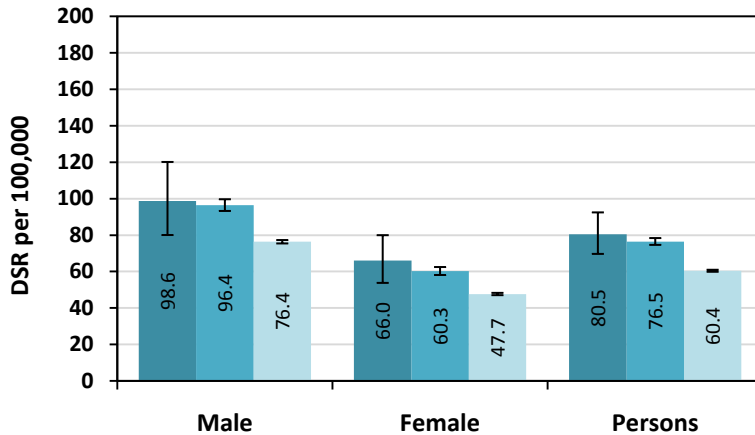
The absolute gap in CHD emergency admission rates between the most and least deprived areas in Wandsworth was 118.9 in 2009/10. This has decreased from 123.1 since 2003/04.

In England the gap in the emergency admission rate has decreased by 22.2% and in London it has decreased by 35.1%.

Heart failure emergency admission rates

■ Wandsworth ■ London ■ England ◆ Wandsworth ■ London ▲ England

Heart failure emergency admission rates (DSRs), for all ages, 2009/10

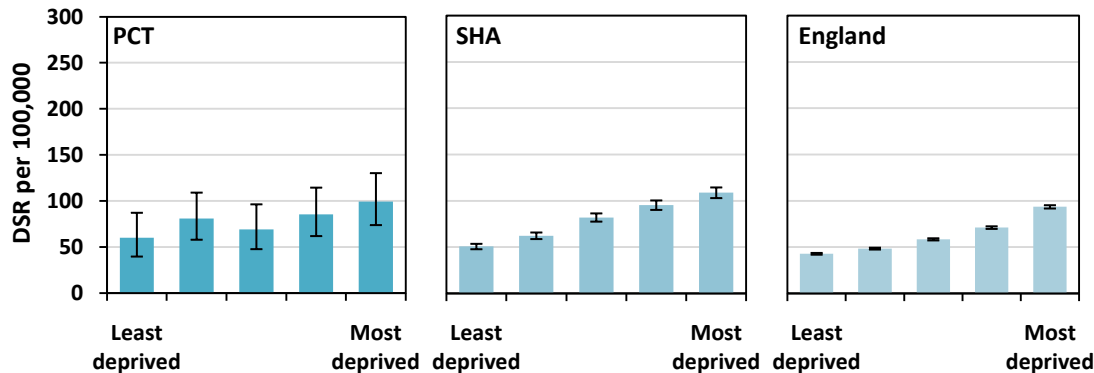


In 2009/10 the emergency admission rate for heart failure, all persons, in Wandsworth was 80.5 per 100,000 (230 admissions). This is significantly higher than England (60.4 per 100,000) and higher than London (76.5 per 100,000).

Male heart failure emergency admission rates are significantly higher than female heart failure emergency admission rates.

Source: HES, The NHS Information Centre for health and social care, ONS

Heart failure emergency admission rates (DSRs) for all ages, by quintile of relative deprivation, 2009/10

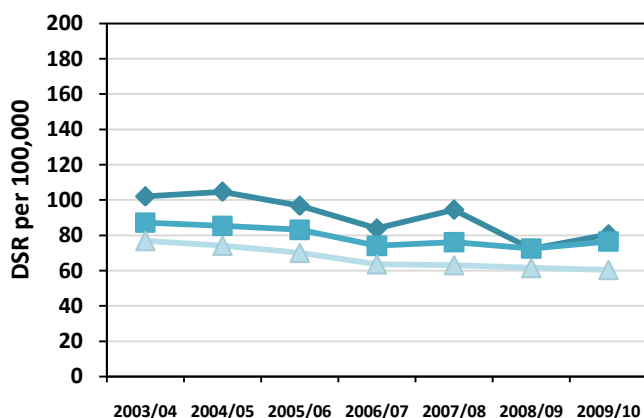


The emergency admission rate for heart failure in 2009/10 for persons who live in the most deprived areas of Wandsworth was 99.3. This was 1.6 times greater than the emergency admission rates for persons who live in the least deprived areas of Wandsworth (60.2).

Source: HES, The NHS Information Centre for health and social care, ONS, DCLG

In England, the emergency admission rates for persons who live in the most deprived areas are 2.2 times greater respectively compared to persons who live in the least deprived areas and 2.1 greater in London.

Trend in heart failure rates (DSRs), 2003/04 to 2009/10

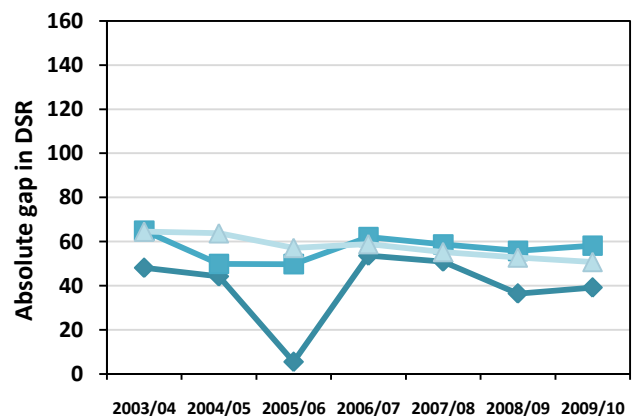


Source: HES, The NHS Information Centre for health and social care, ONS

The emergency admission rate for heart failure in Wandsworth has decreased by 21.1% between 2003/04 and 2009/10.

In England it has decreased by 21.4% and in London it has decreased by 12.3%.

Inequalities gap in rates (DSRs), 2003/04 to 2009/10



Source: HES, The NHS Information Centre for health and social care, ONS, DCLG

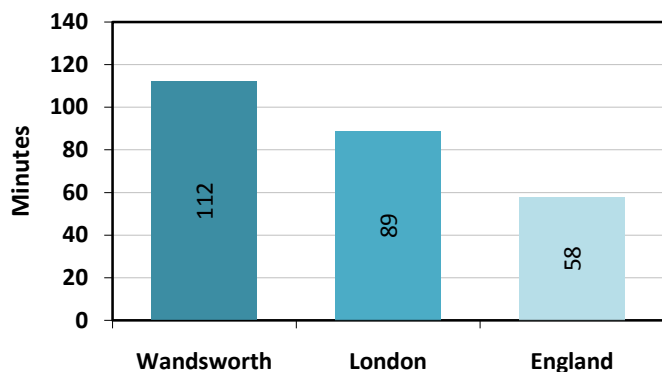
The absolute gap in heart failure emergency admission rates between the most and least deprived areas in Wandsworth was 39.1 in 2009/10. This has decreased from 48.1 since 2003/04.

In England the gap in the emergency admission rates has decreased by 21.4% and in London it has decreased by 10.5%.

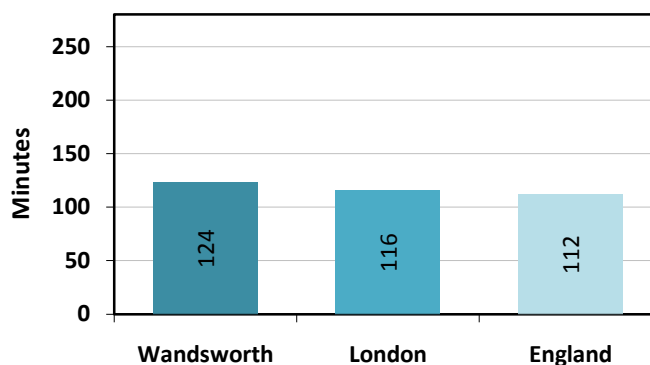
Myocardial Infarction management

Median call to reperfusion (thrombolysis or primary angioplasty) time for STEMI* cases, 2007-2009

Thrombolytic treatment time from calling for help



Primary Angioplasty treatment time from calling for help



Source: Myocardial Ischaemia National Audit Project (MINAP)

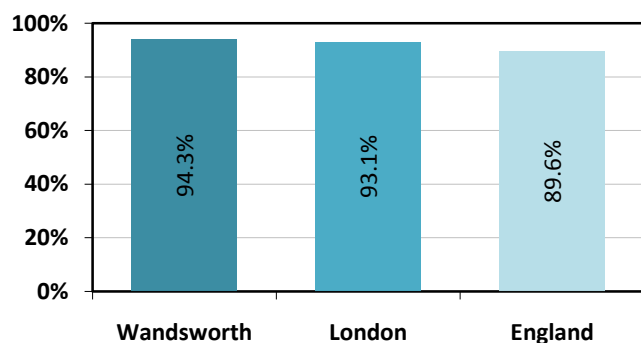
The median time to thrombolytic treatment (ambulance or hospital) from a call for help was 112 minutes in Wandsworth. This is higher than in London and England (89 and 58 respectively).

The median time to primary angioplasty treatment from a call for help was 124 minutes in Wandsworth, this is higher than in London and England (116 and 112 respectively).

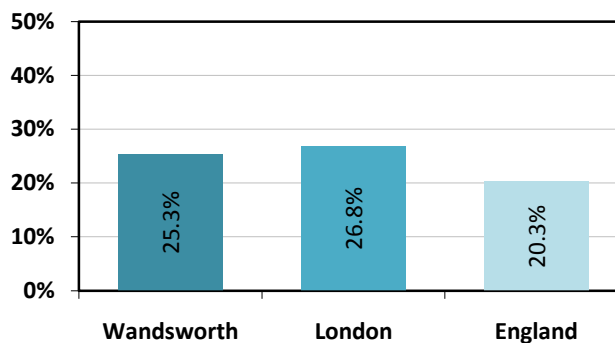
Primary angioplasty in Wandsworth was 82.9% of all reperfusion for STEMI, compared to 40.6% in England.

* STEMI are ST elevated myocardial infarctions (as seen in an ECG) and best treated by thrombolysis or primary angioplasty

Proportion of non-STEMIs seen by member of cardiology team, 2007-2009



Proportion of all MINAP cases seen with diabetes, 2009



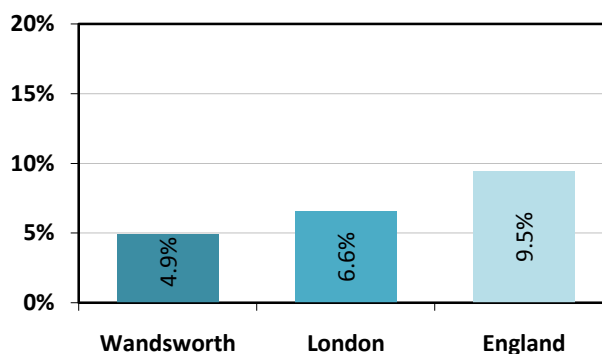
Source: MINAP

Non-STEMIs can be treated less invasively, but still need specialist management. The proportion of nSTEMIs seen by a member of the cardiology team in Wandsworth is 94.3%, this is higher than London and England (93.1% and 89.6% respectively).

Diabetes is being increasingly seen in patients having a heart attack. The proportion of MINAP cases seen with diabetes in Wandsworth is 25.3%, this is lower than London, but higher than England (26.8% and 20.3% respectively).

The 30 day mortality rate for STEMI is 4.9% in Wandsworth, this is lower than London and England (6.6% and 9.5% respectively).

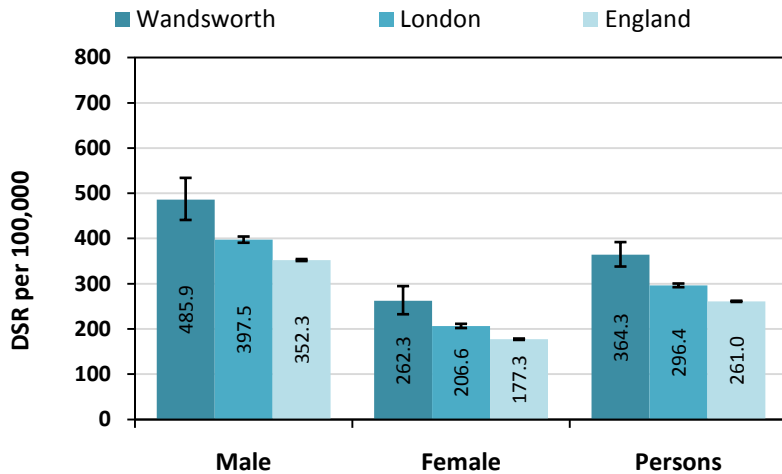
30 day mortality rate for STEMI cases, 2007-2009



Source: MINAP

Angiography procedures

Angiography procedure rates (DSRs) for all ages, 2009/10

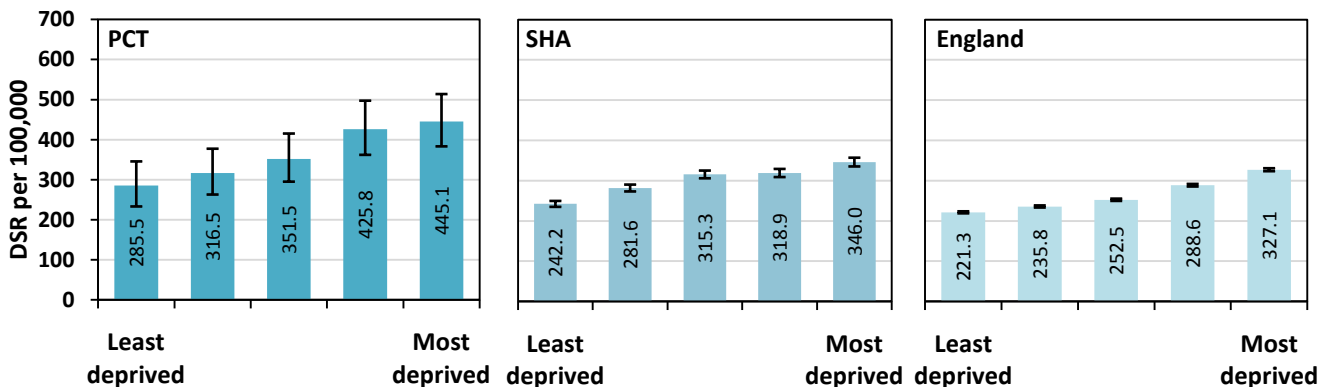


In 2009/10 the angiography rate, all persons, in Wandsworth was 364.3 per 100,000 (757 procedures). This is significantly higher than England (261 per 100,000) and significantly higher than London (296.4 per 100,000).

Male angiography rates are 1.9 times greater than female angiography rates in Wandsworth.

Source: HES, The NHS Information Centre for health and social care, ONS

Angiography procedure rates (DSRs) for all ages, by quintile of relative deprivation, 2009/10



Source: HES, The NHS Information Centre for health and social care, ONS, DCLG

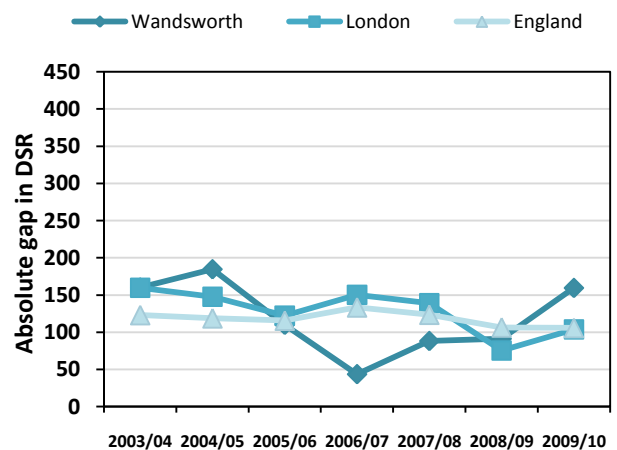
Angiography rates for persons who live in the most deprived areas of Wandsworth are 1.6 times greater than those who live in the least deprived areas. In England and London they are 1.5 and 1.4 times greater respectively.

Trend in angiography rates (DSRs), 2003/04 to 2009/10



Source: HES, The NHS Information Centre for health and social care, ONS

Inequalities gap in rates (DSRs), 2003/04 to 2009/10



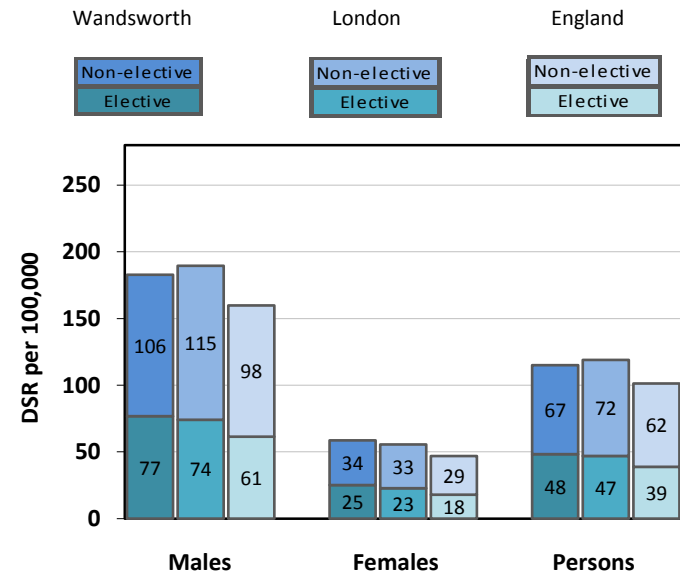
Source: HES, The NHS Information Centre for health and social care, ONS, DCLG

Angiography rates in Wandsworth have decreased by 12.6% between 2003/04 and 2009/10. In England and London they have increased by 3.2% and decreased by 7.4% respectively.

The gap in angiography rates between the least deprived and most deprived areas in Wandsworth was 159.6 in 2009/10. This has decreased by 0.3% since 2003/04. In England the absolute gap in angiography rates has decreased by 14.1% and in London it has decreased by 35%.

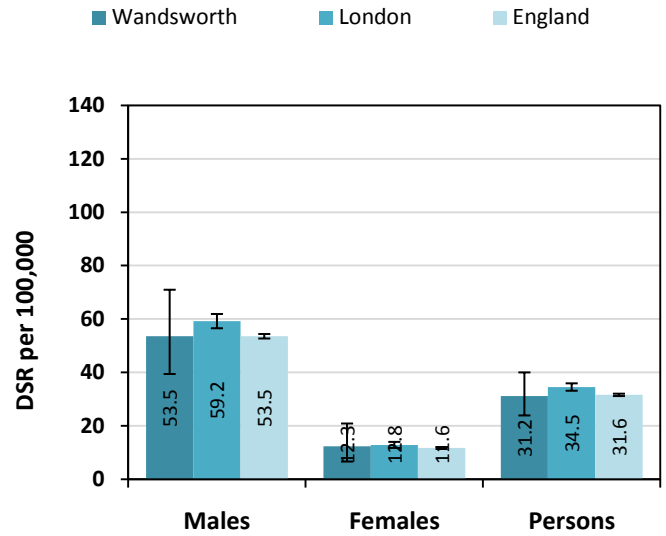
Revascularisation

Elective & non-elective angioplasty procedure rates (DSRs) for all ages, 2009/10



Source: HES, The NHS Information Centre for health and social care, ONS

CABG procedure rates (DSRs), for all ages, 2009/10



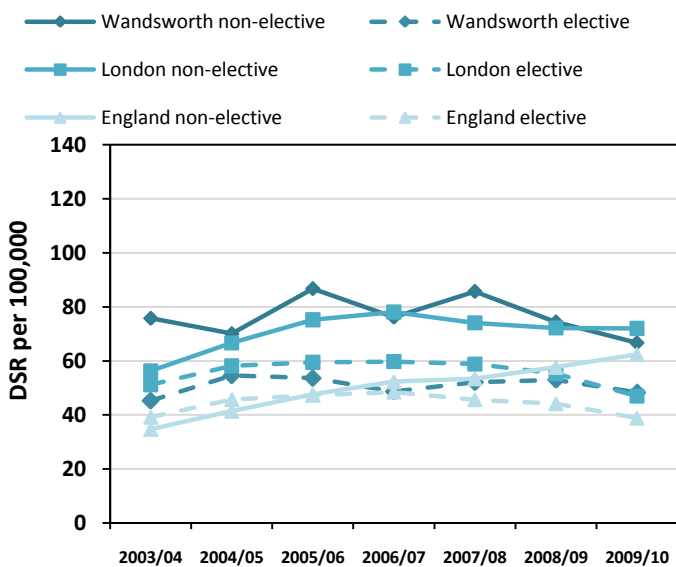
Source: HES, The NHS Information Centre for health and social care, ONS

In 2009/10 the angioplasty rate, all persons, in Wandsworth was 115 per 100,000 (239 procedures), 48.3 elective and 66.7 non-elective. This is higher than England (101.3 per 100,000) and lower than London (119 per 100,000).

Male angioplasty rates are 3.1 times greater than female angioplasty rates in Wandsworth.

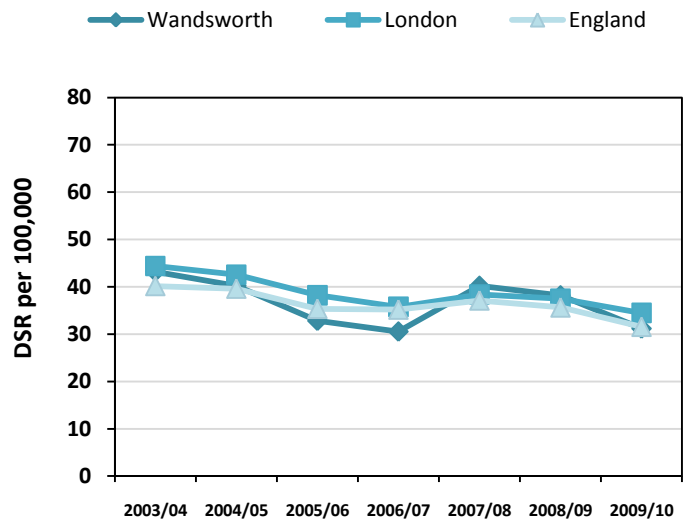
In 2009/10 the CABG rate, all persons, in Wandsworth was 31.2 per 100,000 (64 procedures). This is lower than England (31.6 per 100,000) and lower than London (34.5 per 100,000).

Trend in Angioplasty rates (DSRs), 2003/04 to 2009/10



Source: HES, The NHS Information Centre for health and social care, ONS

Trend in CABG rates (DSRs), 2003/04 to 2009/10

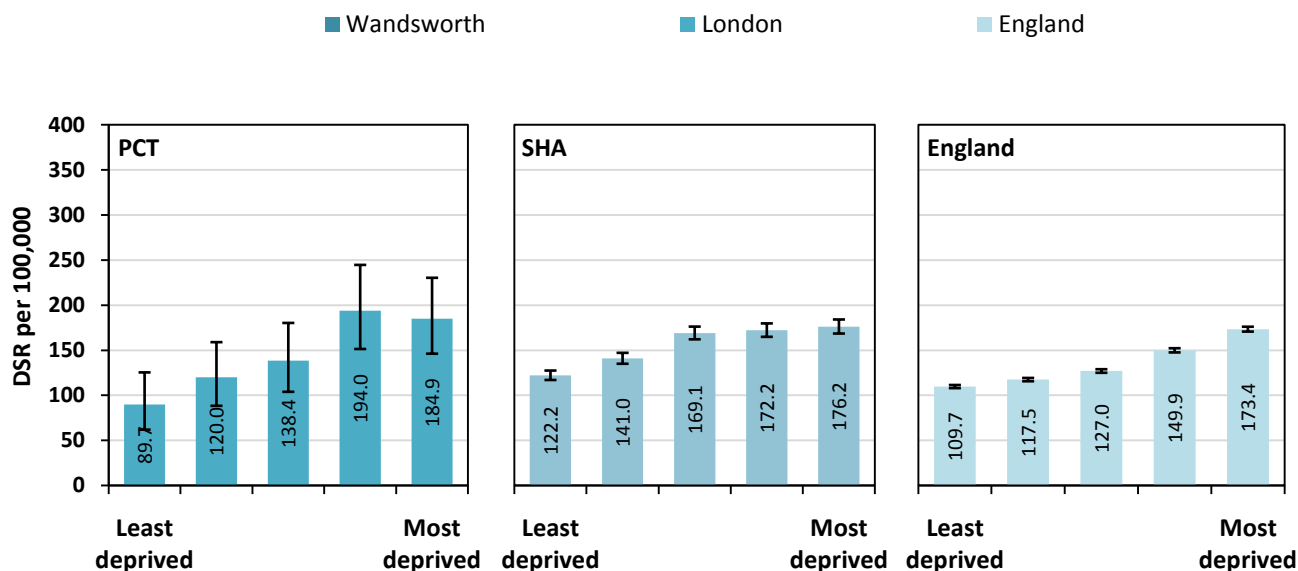


Non-elective angioplasty rates in Wandsworth have decreased by 11.9% between 2003/04 and 2009/10. Elective procedure rates have increased by 6.7%. In England and London non-elective procedure rates have increased by 79.7% and 27.9% respectively. Elective procedure rates have decreased by 0.9% and 8.2% respectively.

CABG procedure rates in Wandsworth have decreased by 27.8% between 2003/04 and 2009/10. In England and London CABG procedure rates have decreased by 21.4% and 22.3% respectively.

Revascularisation - deprivation

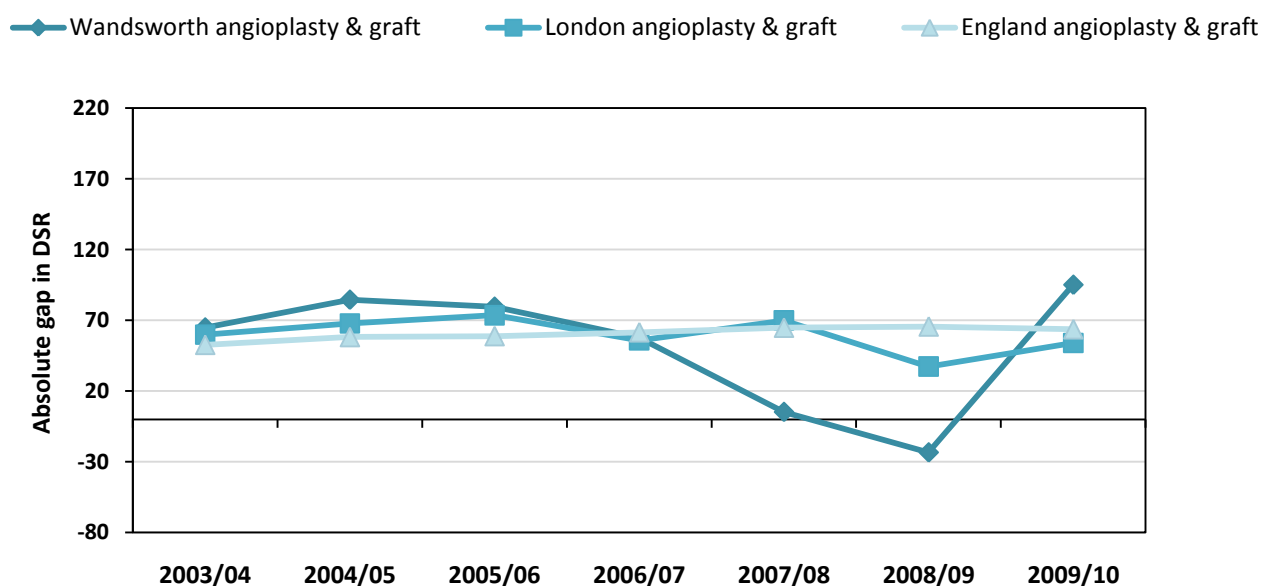
Revascularisation rates (DSRs) for all ages, by quintile of relative deprivation, 2009/10



Source: HES, The NHS Information Centre for health and social care, ONS, DCLG

Revascularisation rates for persons who live in the most deprived areas of Wandsworth are 2.1 times greater than those who live in the least deprived areas. In England and London they are 1.6 and 1.4 times greater respectively.

Inequalities gap in rates (DSRs) for revascularisation, 2003/04 to 2009/10



Source: HES, The NHS Information Centre for health and social care, ONS

The absolute gap in revascularisation rates between the least deprived and most deprived areas in 2009/10 was 95.2 in Wandsworth. This has increased by 46.6% since 2003/04. In England the absolute gap in revascularisation rates has increased by 20.8% and in London it has decreased by 9.7%. The relative gap between the least and most deprived areas in Wandsworth for 2009/10 was 51.5%.

Secondary management of CHD and Heart Failure outcomes

Percentage uptake of cardiac rehabilitation for patients discharged alive after MI, by SHA, 2008/09

Strategic Health Authority	Number of programmes	Provided MI numbers (%)	Estimated (%)	Number of cases	Number receiving Cardiac Rehabilitation	Uptake (%)*
North East	20	65%	35%	4672	2356	50.4%
North West	39	87%	13%	11501	5568	48.4%
Yorkshire and the Humber	30	80%	20%	8634	3890	45.1%
South East Coast	21	95%	5%	5998	2497	41.6%
East of England	28	93%	7%	8325	3294	39.6%
South West	32	94%	6%	7771	3011	38.7%
West Midlands	26	92%	8%	7451	2792	37.5%
East Midlands	21	95%	5%	7956	2884	36.2%
South Central	14	100%	0%	5452	1611	29.5%
London	33	91%	9%	8352	2225	26.6%
Total	264	89%	11%	76112	30128	39.6%

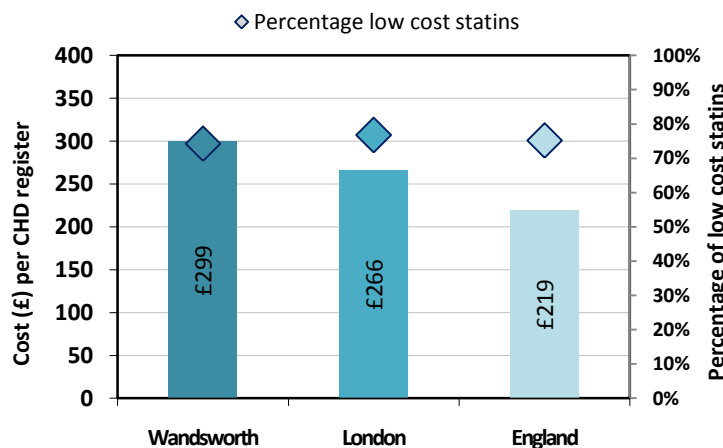
*Important note, % uptake is likely to be slightly underestimated for all SHAs due to missing data
Source: The National Audit of Cardiac Rehabilitation, 2010

The cardiac rehabilitation uptake data is only available at SHA level. 2225 out of 8352 London patients were provided with cardiac rehabilitation achieving an uptake of 26.6% which is lower than the national average (39.6%).

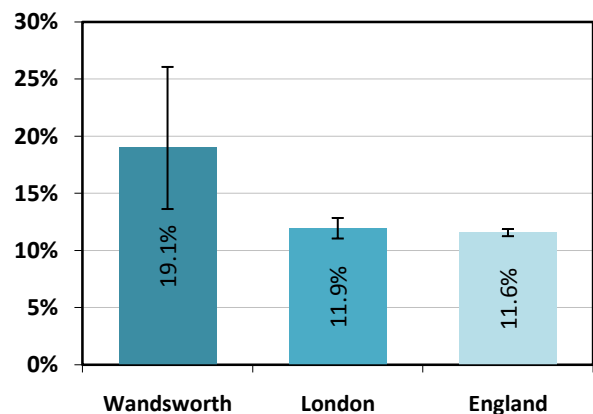
As a rate per person with CHD (from QOF register), Wandsworth spent £299 on statins in 2009/10, which is higher than London (£266) and England (£219). The level of low cost statin prescribing in 2009/10 for Wandsworth was 74.3% which is lower than London (76.8%) and England (75.2%).

19.1% of deaths from heart failure occurred in the home in Wandsworth which is a higher proportion than London (11.9%) and England (11.6%)

Cost of statins per patient with CHD and percentage of statins that are low cost, 2009/10



Proportion of deaths from heart failure that occur at home, 2005-2009



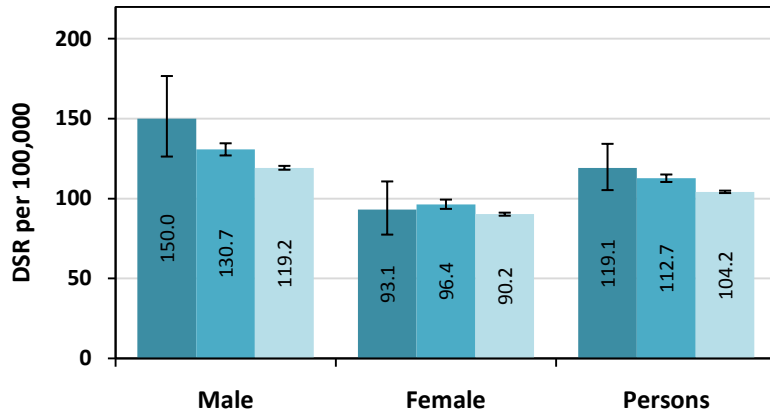
Source: The NHS Information Centre for health & social care, The Prescription Pricing Authority

Source: PHO annual deaths extract, ONS

Stroke emergency admission rates

■ Wandsworth ■ London ■ England ● Wandsworth ■ London ▲ England

Stroke emergency admission rates (DSRs) for all ages, 2009/10

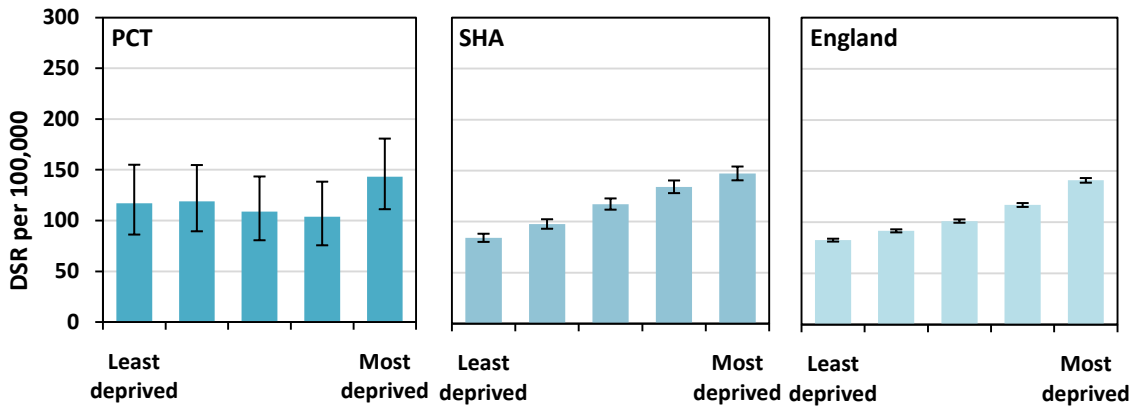


In 2009/10 the emergency admission rate for stroke, all persons, in Wandsworth was 119.1 per 100,000 (303 admissions). This is significantly higher than England (104.2 per 100,000) and higher than London (112.7 per 100,000).

Male stroke emergency admission rates are significantly higher than female stroke emergency admission rates.

Source: HES, The NHS Information Centre for health and social care, ONS

Stroke emergency admission rates (DSRs), by quintile of relative deprivation, 2009/10

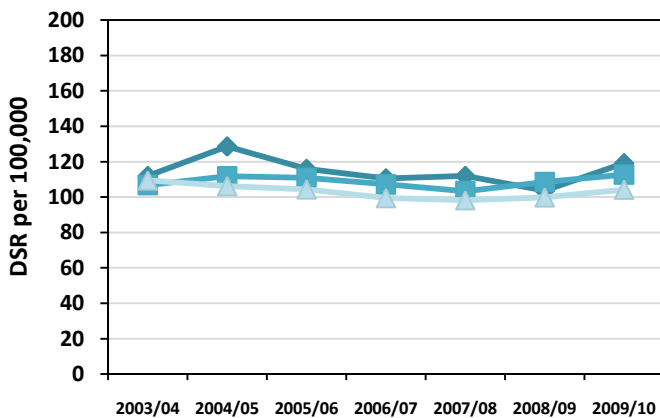


The emergency admission rate for stroke in 2009/10 for persons who live in the most deprived areas of Wandsworth was 143.1. This is 1.2 times greater than the emergency admission rates for persons who live in the least deprived areas of Wandsworth (117.1).

Source: HES, The NHS Information Centre for health and social care, ONS, DCLG

In England, the emergency rates for persons who live in the most deprived areas are 1.7 times greater respectively compared to persons who live in the least deprived areas and 1.8 greater in London.

Trend in stroke rates (DSRs), 2003/04 to 2009/10

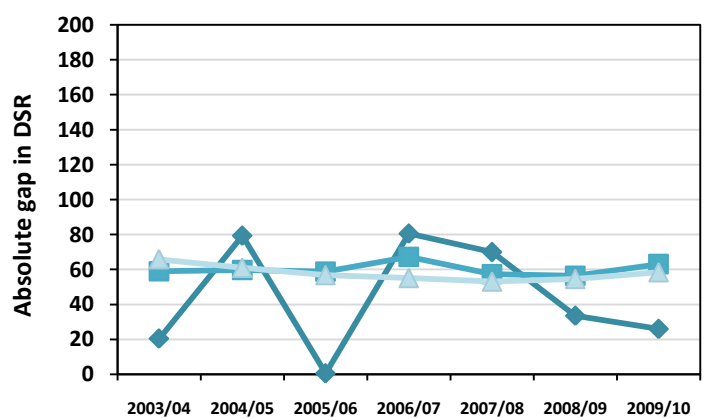


Source: HES, The NHS Information Centre for health and social care, ONS

The emergency admission rate for stroke in Wandsworth has increased by 6.4% between 2003/04 and 2009/10.

In England it has decreased by 4.8% and in London it has increased by 5.5% .

Inequalities gap in rates (DSRs), 2003/04 to 2009/10



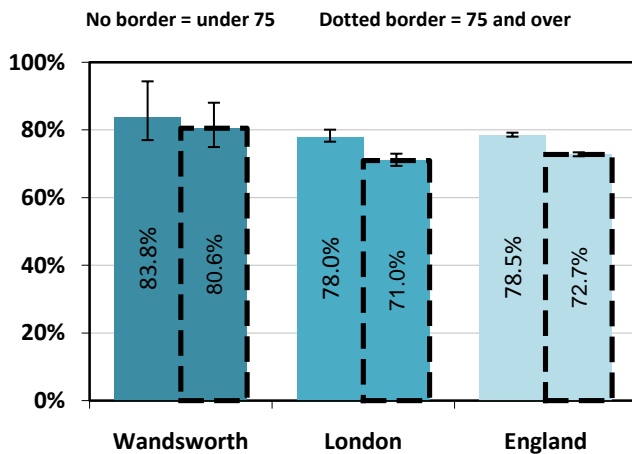
Source: HES, The NHS Information Centre for health and social care, ONS, DCLG

The absolute gap in stroke emergency admission rates between the most and least deprived areas in Wandsworth was 26.0 in 2009/10. This has increased from 20.4 since 2003/04.

In England the gap in the emergency admission rates has decreased by 7% and in London it has increased by 11.3%.

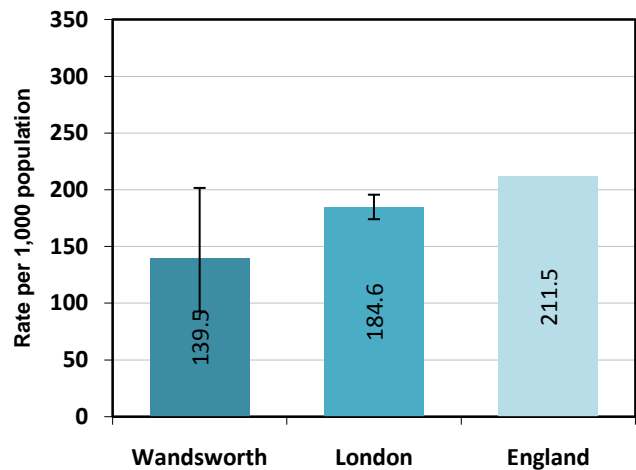
Stroke management

Percentage of hospital stroke patients discharged to home or usual place of residence, 2009/10



Source: HES, The NHS Information Centre for health and social care

Stroke case fatality (within 30 days of admission) indirectly age and sex standardised rates, 2008/09



Source: NCHOD

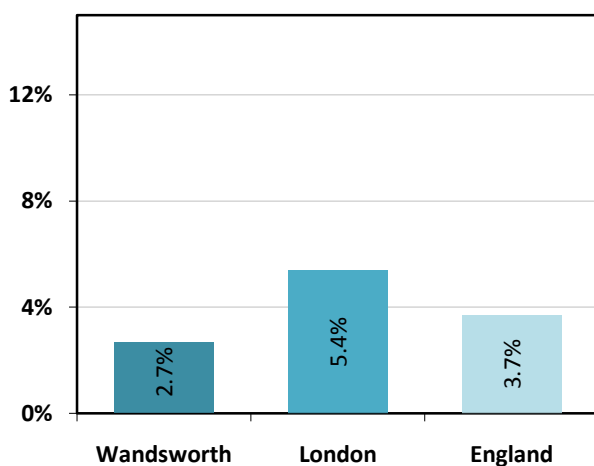
The proportion of patients under the age of 75 discharged to home or usual place of residence in Wandsworth is 83.8%, which is higher than London (78.0%) and England (78.5%). 80.6% of patients aged 75 or over are discharged to home, which is significantly higher than London (71.0%) and England (72.7%).

The 30 day stroke case fatality rate for Wandsworth is 139.5, which is significantly lower than England (211.5). London is significantly lower than England.

The rate of re-admissions within 30 days for Wandsworth is 2.7%, this is lower than England and London (5.4% and 3.7% respectively).

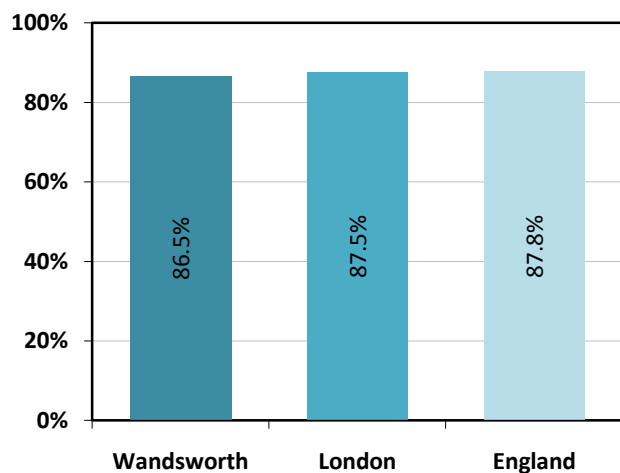
The Proportion of CT/MRI scans performed within 24 hours for stroke patients is 86.5% in Wandsworth, this is lower than London and England (87.5% and 87.8% respectively).

Emergency readmission rates for patients with stroke, 2009/10



Source: HES, The NHS Information Centre for health and social care,

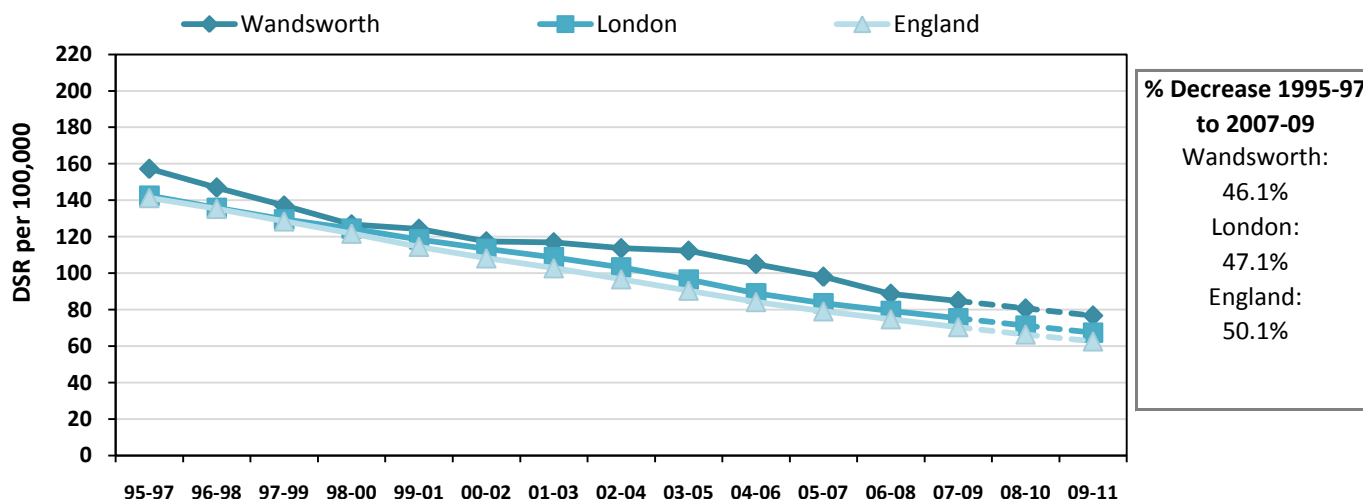
Proportion of CT/MRI scans performed within 24 hours for stroke patients, 2009/10



Source: HES, The NHS Information Centre for health and social care,

CVD mortality rates target

All CVD mortality rates (DSRs) in persons under 75 yrs: 1995-97 to 2009-11



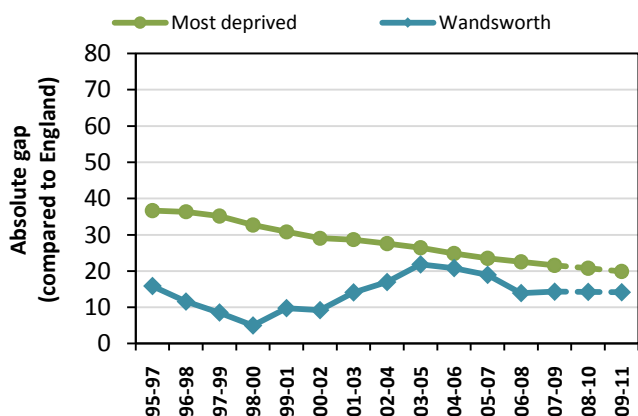
Source: NCHOD, PHO annual deaths extract, ONS

In 2007-09 the all CVD mortality rate in Wandsworth for persons under 75 yrs was 84.8, a decrease of 46.1% from 1995-97. The former CVD target was set to reduce mortality rates from all CVD by 2009-11 by at least 40% in people under 75 years. This target has already been met in England and in the London region and has been met in Wandsworth. The target ended in June 2010.

The forecast decrease in the mortality rate (dotted line) for CVD in Wandsworth by 2009-11 is 51.1%. For England, the forecast decrease is 55.7% and for London it is 52.7%.

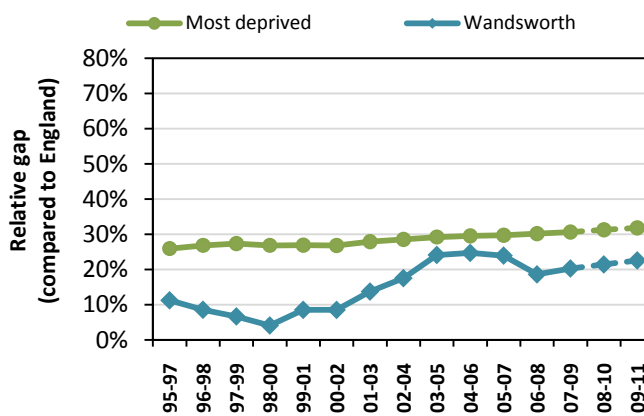
CVD inequalities

Absolute gap in CVD mortality rates (DSRs) compared to England, 1995-97 to 2009-11



Source: PHO annual deaths extract, ONS

Relative gap in CVD mortality rates (DSRs) compared to England, 1995-97 to 2009-11



A national target was set in 2004 to narrow the gap in health outcomes between areas with the worst health and deprivation indicators and the rest of the country. 62 PCTs fell into this most deprived group but Wandsworth was not one of them.

The gap between the most deprived areas in England and the England rate has decreased over time.

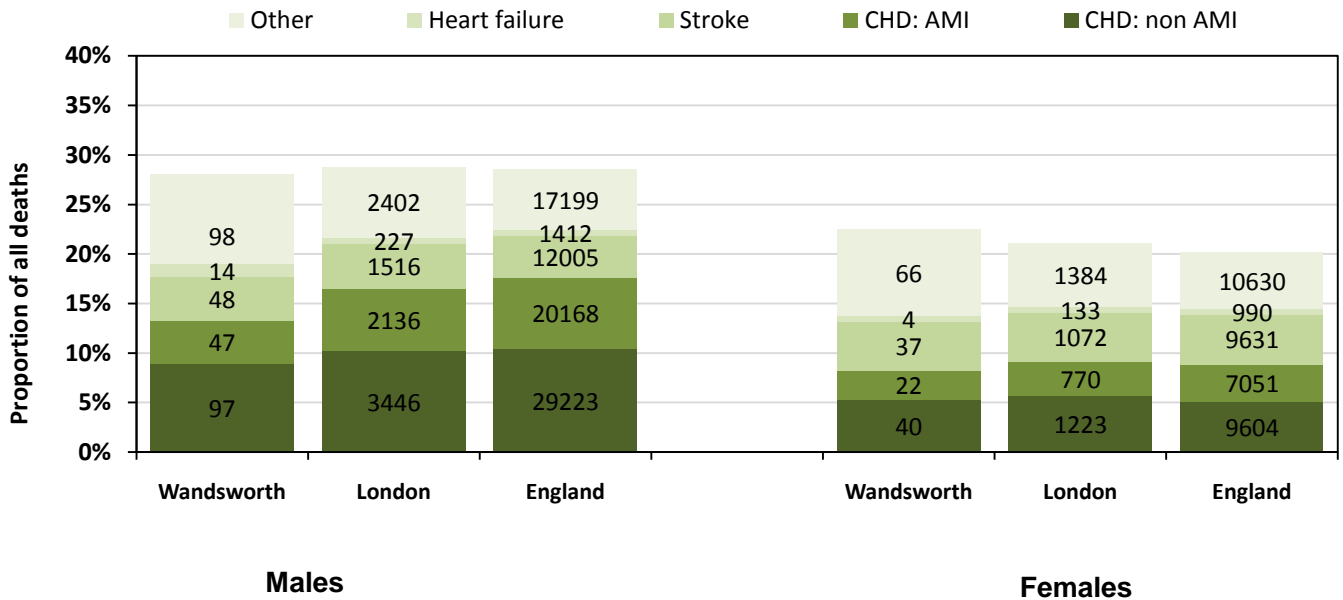
In 2007-09, the mortality in Wandsworth PCT was higher (worse) than England, and the absolute gap was 14.3 per 100,000.

Although the absolute gap has decreased, the overall downward trend in mortality means that deprived areas still have a higher mortality than the more affluent areas. In 1995-7, the mortality in the most deprived areas was 26% higher than the national rate, and in 2007-09, it was 30.6% higher.

The graphs above also show a forecast for 2010-11 (dotted line), suggesting a continued reduction in the absolute gap, and further increases in the relative gap.

Contribution of early CVD deaths to overall mortality

CVD deaths by gender for under 75 yrs as a proportion of all deaths under 75 yrs, 2007-09



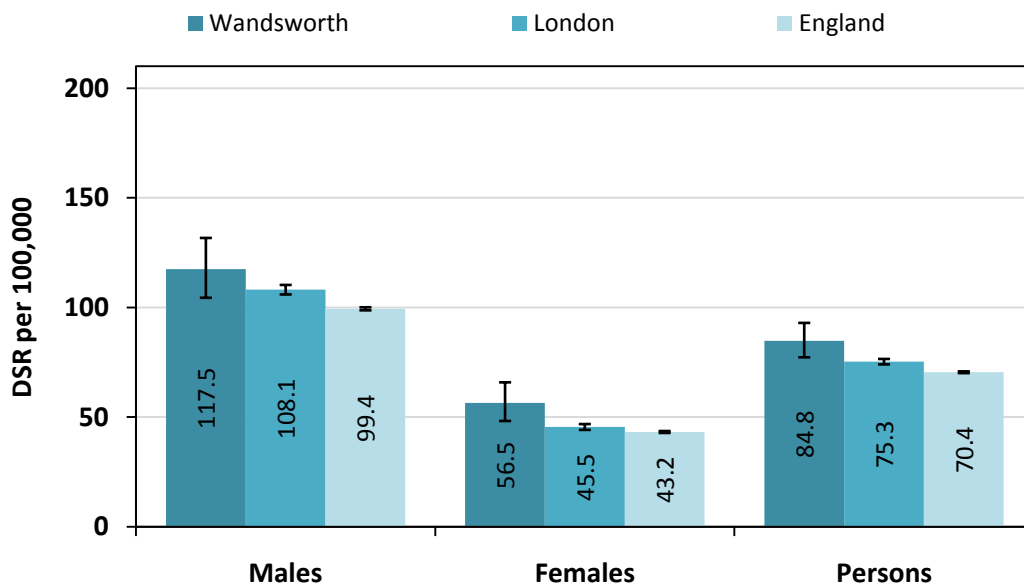
Source: PHO annual deaths extract, ONS

In Wandsworth the percentage of CVD deaths under 75 yrs as a proportion of all deaths under 75 yrs was 28.0% for males and 22.5% for females. This is lower than England for males (28.5%) and significantly higher than England for females (20.1%).

CHD makes up the biggest proportion of deaths within CVD for both males and females, 13.3% (4.3% AMI and 8.9% non AMI) and 8.2% (2.9% AMI and 5.3 % non AMI) respectively in Wandsworth. For males, 4.4% of deaths are due to stroke and 1.3% are due to heart failure. For females, 4.9% of deaths are due to stroke and 0.5% are due to heart failure.

CVD early mortality rates

CVD mortality rate (DSR) by gender for under 75 yrs, 2007-09



Source: PHO annual deaths extract, ONS

The 2007-09 CVD mortality rate in Wandsworth for persons under 75 yrs was 84.8 per 100,000. This is significantly higher than England (70.4) and significantly higher than London (75.3).

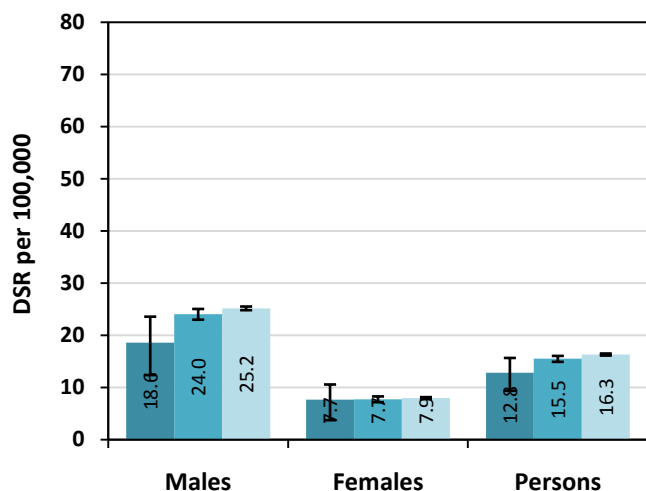
Male CVD mortality rates in Wandsworth are significantly higher than female CVD mortality rates (117.5 and 56.5 respectively).

Trends in early mortality rates

■ Wandsworth ■ London ■ England

—●— Males Wandsworth —●— Females Wandsworth
 —■— Males London —■— Females London
 —▲— Males England —▲— Females England

Mortality rates (DSRs) for AMI for under 75yrs, 2007-09

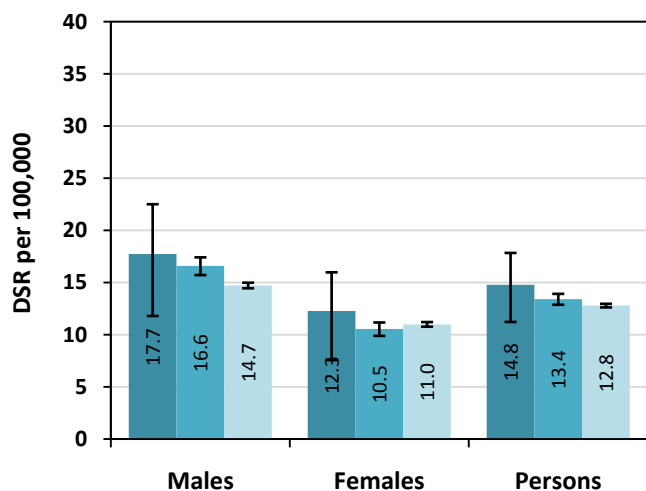


Source: PHO annual deaths extract, ONS

The 2007-09 acute myocardial infarction (AMI) mortality rate for persons under 75 yrs in Wandsworth was 12.8 per 100,000. This is lower than in England (16.3%) and lower than in London (15.5%). In Wandsworth, male AMI mortality rates are significantly higher than female AMI mortality rates.

The forecast decrease in the mortality rate for CHD between 1996 and 2012 for Wandsworth is 70.5% for males and 73.4% for females. For England, the forecast decrease is 65.3% and 72.4% for males and females and for London it is 65% and 66.6% respectively.

Mortality rates (DSRs) for stroke, under 75yrs, 2007-09

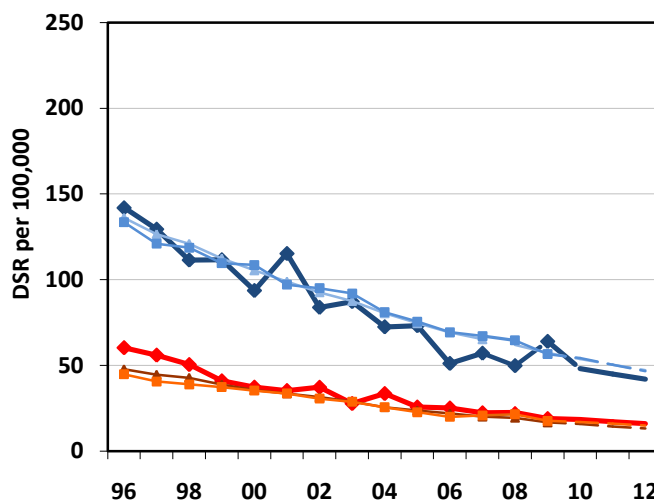


Source: PHO annual deaths extract, ONS

The 2007-09 stroke mortality rate for persons under 75 yrs in Wandsworth was 14.8 per 100,000. This is higher than England (12.8) and higher than London (13.4). Male stroke mortality rates are higher than female stroke mortality rates in Wandsworth.

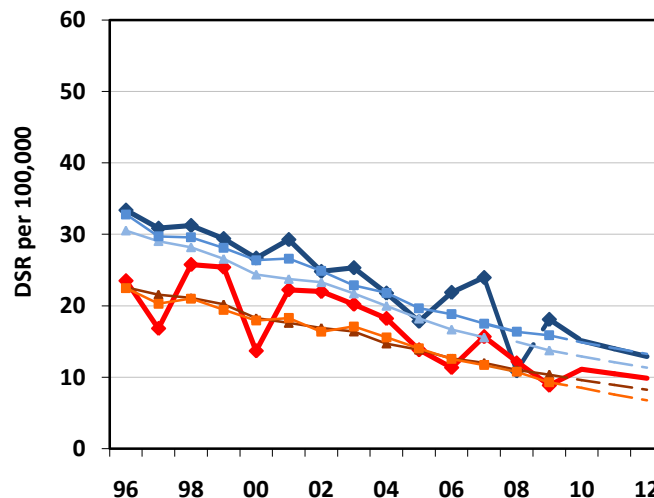
The forecast decrease in the mortality rate for stroke between 1996 and 2012 for Wandsworth is 61.3% for males and 58.0% for females. For England, the forecast decrease is 62.8% and 63.5% for males and females and for London it is 59.5% and 69.9% respectively.

Trend in CHD mortality rates, under 75yrs, 1996-2012



Source: NCHOD, PHO annual deaths extract, ONS

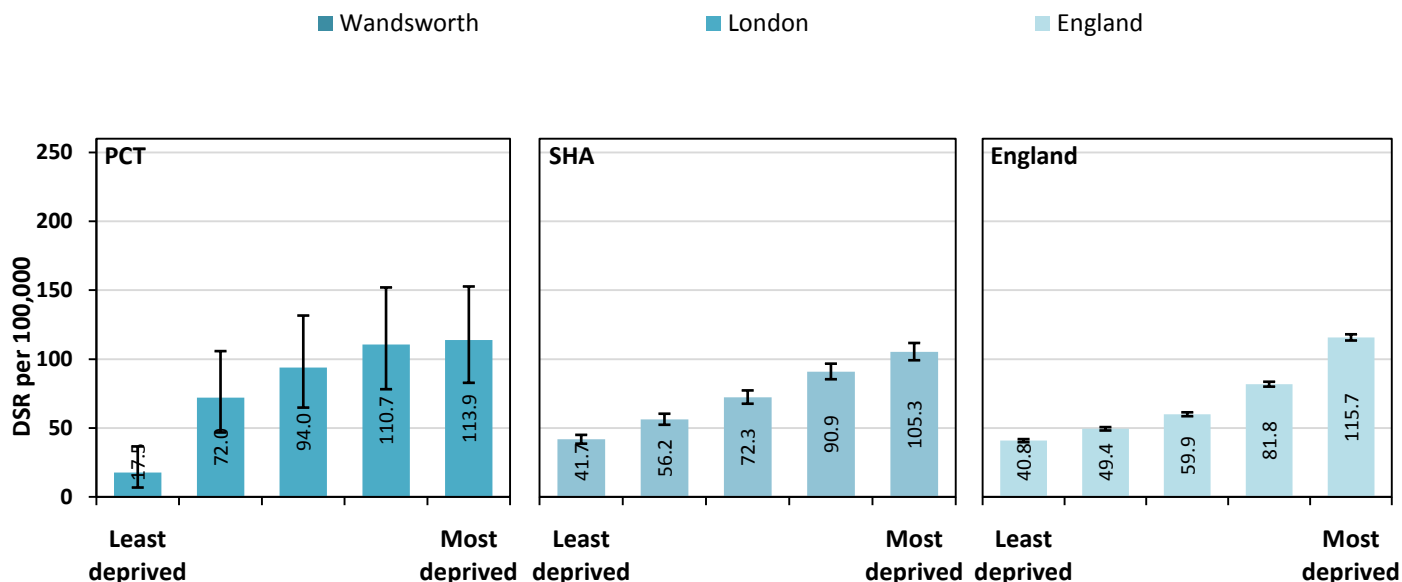
Trend in stroke mortality rates, under 75yrs, 1996-2012



Source: NCHOD, PHO annual deaths extract, ONS

CVD mortality rates by quintile of relative deprivation

All CVD mortality rates (DSRs) for persons under 75 yrs, by quintile of relative deprivation, 2009

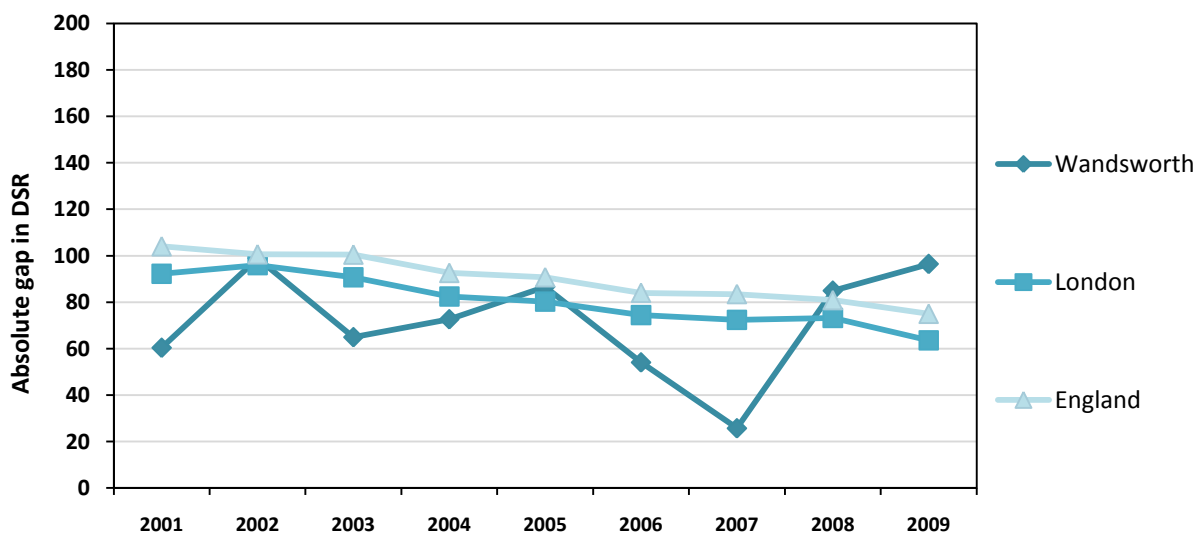


Source: PHO annual deaths extract, ONS, DCLG

The mortality rate in 2009 for persons who live in the most deprived areas of Wandsworth was 113.9 per 100,000. This is 1.3 times greater than the overall mortality rate for Wandsworth and 6.5 times greater than the mortality rate for persons who live in the least deprived areas of Wandsworth.

In England the mortality rate for persons who live in the most deprived areas was 115.7, 1.6 times greater than overall and 2.8 times greater than in the least deprived areas. In London the mortality rate for persons who live in the most deprived areas was 105.3, 1.4 times greater than overall and 2.5 times greater than in the least deprived areas.

Absolute gap in CVD mortality rates (DSRs) for persons under 75 yrs between the most and least deprived quintile, 2001-09

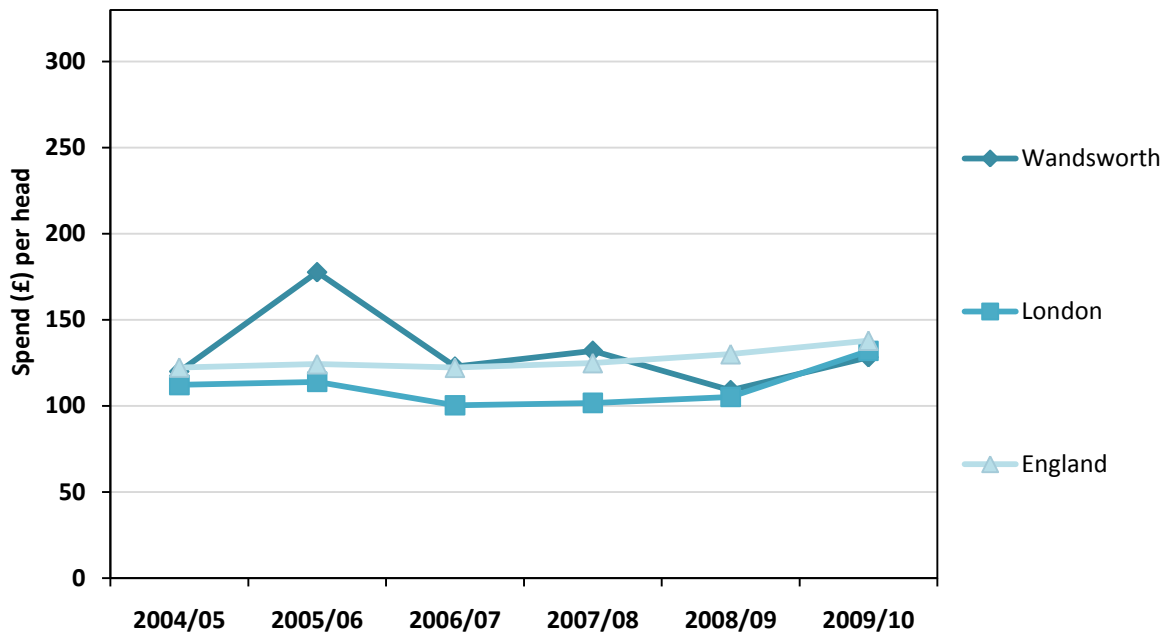


Source: PHO annual deaths extract, ONS, DCLG

The absolute gap in mortality rates between the most and least deprived areas in 2009 was 96.4 in Wandsworth, 75.0 in England and 63.6 in London. Since 2001 this has increased by 59.7% in Wandsworth, has decreased by 27.9% in England and has decreased by 31.1% in London.

Programme budgeting expenditure

CVD expenditure per head of weighted* population, 2004/05 to 2009/10



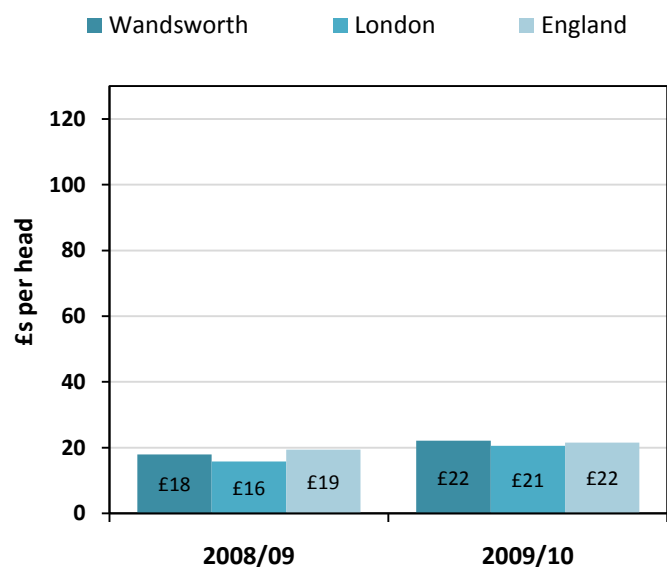
Source: Department of Health, 2009-10 programme budgeting benchmarking tool

* Weighted population is the Department of Health unified weighted population for PCTs

The expenditure per head for all circulatory diseases in Wandsworth was £128.29 in 2009/10, £9.70 less than in England and £3.70 less than in London. There has been an increase in expenditure per head in England and an increase in expenditure per head in London between 2004/05 and 2009/10.

CHD expenditure per head of weighted population, 2008/09 & 2009/10

Cerebrovascular disease expenditure per head of weighted population, 2008/09 & 2009/10



Source: Department of Health, 2009-10 programme budgeting benchmarking tool

The expenditure per head for CHD in Wandsworth in 2009/10 was £38.15, £2.94 lower than England and £0.75 higher than London.

The expenditure per head for cerebrovascular disease in Wandsworth in 2009/10 was £22.09, £0.54 higher than England and £1.49 higher than London.

This report has been compiled by

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