Cardiovascular disease profile - Heart disease
June 2017

NHS Crawley CCG

Background

This chapter of the Cardiovascular disease profiles focuses on coronary heart disease (CHD) and heart failure and is produced by the National Cardiovascular Intelligence Network (NCVIN). The profiles are available for each clinical commissioning group (CCG) in England. Each profile is made up of four chapters which look at coronary heart disease and heart failure, diabetes, kidney disease and stroke. This profile compares the CCG with data for England, a group of similar CCGs and the Sussex and East Surrey Sustainability Transformation Partnership (STP).

Key facts	Local	Comparator CCG	STP	England
Coronary heart disease prevalence (per cent)	2.8	3.1	3.4	3.2
Heart failure prevalence (per cent)	0.6	0.7	0.8	0.8
CHD admissions (rate per 100,000)	610.0	-	-	527.9
CHD early mortality (rate per 100,000)	40.2	-	30.7	40.6

Key information

Early mortality (under 75 years) rates from coronary heart disease are similar to the national rate and the CCG mortality rate has decreased by 28.8% since 2004-06.

In the three year period 2013-15, the early mortality rate for CHD in NHS Crawley CCG was 40.2 per 100,000 people.
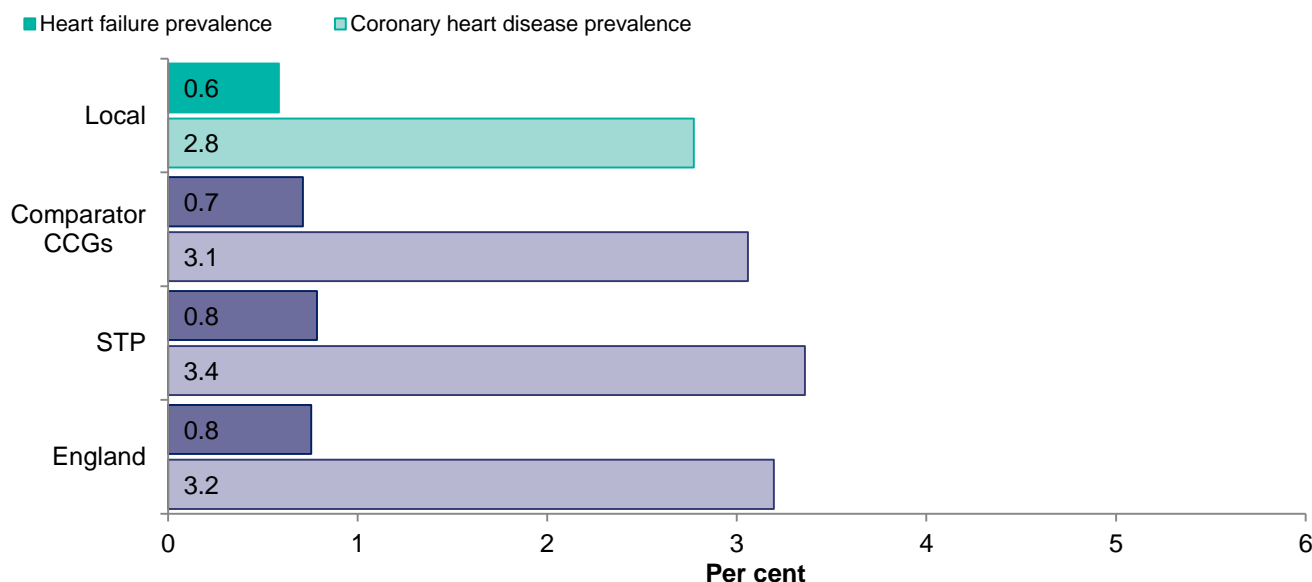
In 2015/16 the admission rate for CHD in NHS Crawley CCG was 610.0 for every 100,000 people in the population (498 admissions). This is significantly higher than England (527.9 per 100,000).

Getting treatment quickly is important for serious heart attack, where the coronary artery is blocked. In 2016, the South East Coast ambulance service recorded 91.5% of these patients receiving primary angioplasty treatment within 150 minutes from the time a call for help was made. This is higher than England (86.3%). Primary coronary angioplasty is a procedure used to treat the narrowed or obstructed coronary arteries of the heart.

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Prevalence

Prevalence is the number of people in a given population with a particular condition at a point in time. The diagnosed prevalence of CHD and heart failure is calculated from the returns submitted to NHS Digital as part of the Quality and Outcomes Framework (QOF) by each GP practice. Diagnosed prevalence is the number of all patients who are on a practice's CHD or heart failure register on 31 March in a given financial year. Practice returns are combined to calculate a prevalence rate for the local CCG.

Coronary heart disease and heart failure prevalence, 2015/16 (per cent)

■ Heart failure prevalence   ☐ Coronary heart disease prevalence

	Heart failure	Coronary heart disease
Local	0.6	2.8
Comparator CCGs	0.7	3.1
STP	0.8	3.4
England	0.8	3.2

Per cent

Source: Quality and Outcomes Framework (QOF) 2015/16, Copyright © 2017, re-used with the permission of NHS Digital .All rights reserved

Variation by general practice of coronary heart disease prevalence, 2015/16 (per cent)
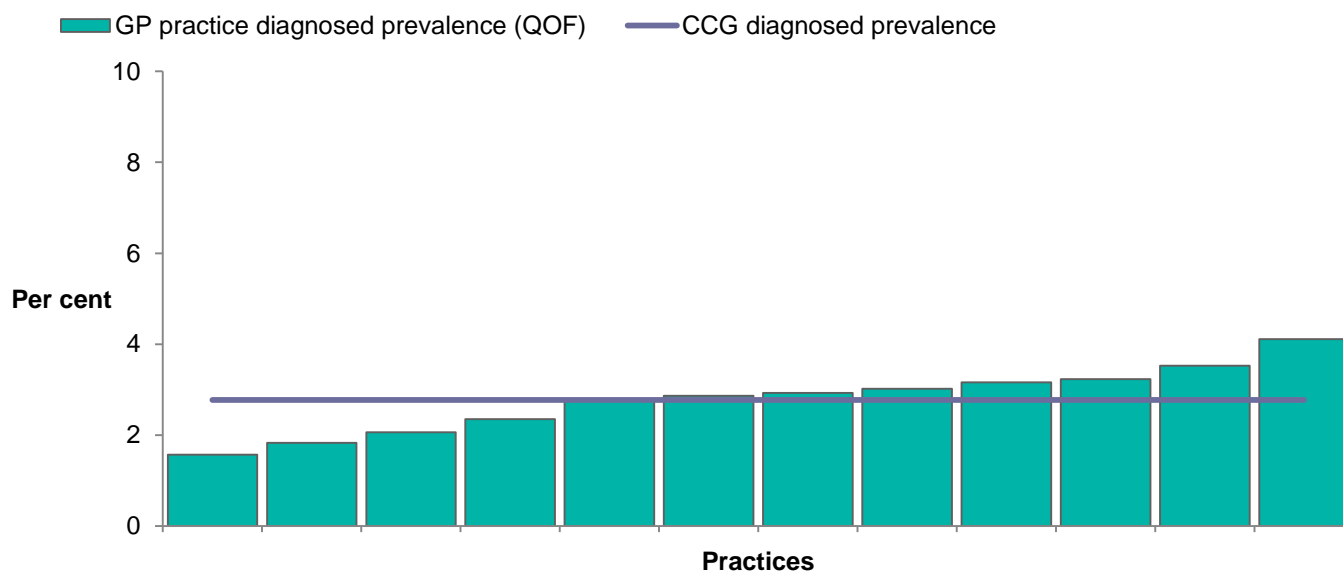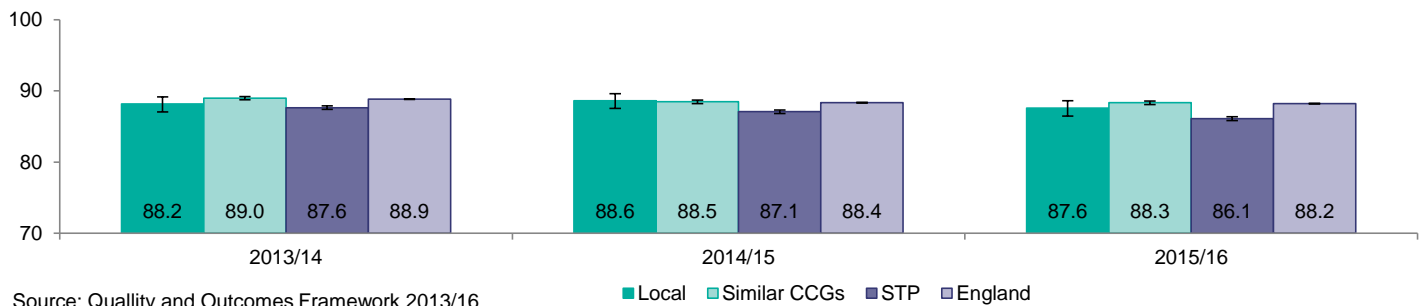
■ GP practice diagnosed prevalence (QOF)   —— CCG diagnosed prevalence

Per cent

Practices

Source: Quality and Outcomes Framework 2015/16
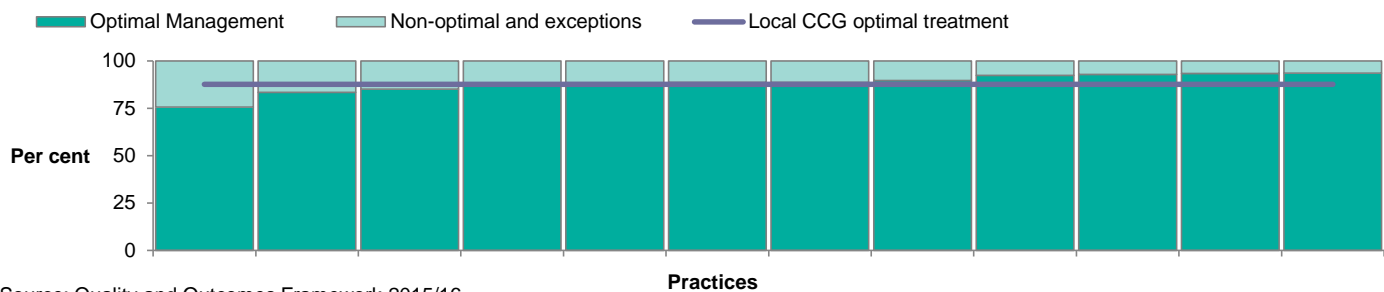
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Care processes and treatment indicators

There are four QOF CHD treatment indicators which describe the management of CHD in primary care. The graphs below and on the next page present achievement against the QOF CHD clinical indicators for the CCG as a whole and for the practices within the CCG.
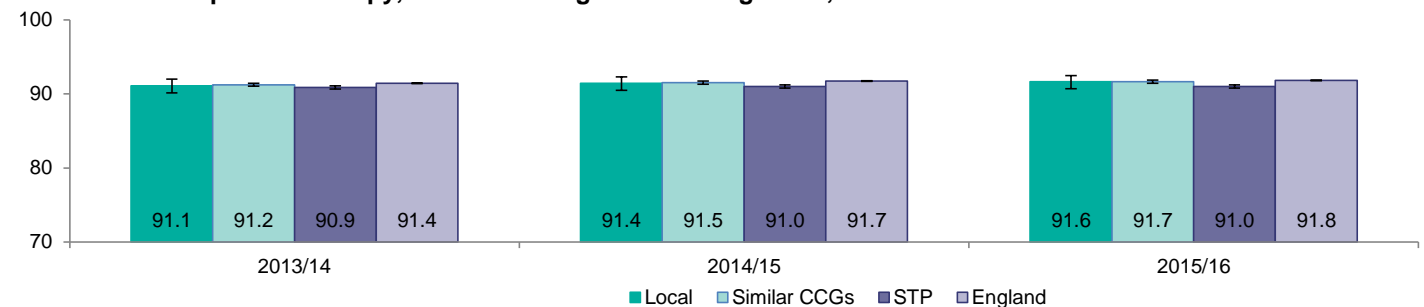
CHD002 - The percentage of patients with coronary heart disease in whom the last blood pressure reading is 150/90 mmHg or less, 2013 - 2016.
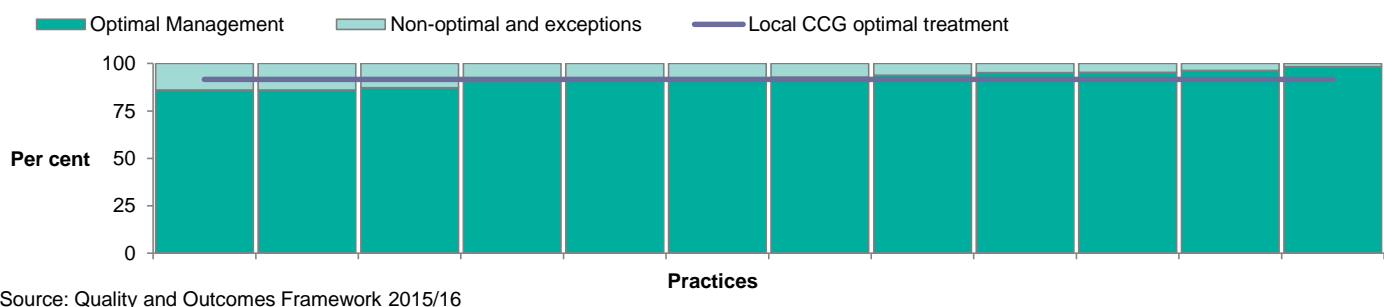

	2013/14	2014/15	2015/16
Local	88.2	88.6	87.6
Similar CCGs	89.0	88.5	88.3
STP	87.6	87.1	86.1
England	88.9	88.4	88.2

Source: Quallity and Outcomes Framework 2013/16

CHD002 - variation at GP practice level 2015/16

Legend: Optimal Management — Non-optimal and exceptions — Local CCG optimal treatment

Per cent

Practices

Source: Quality and Outcomes Framework 2015/16

CHD005 - The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken, 2013 - 2016.
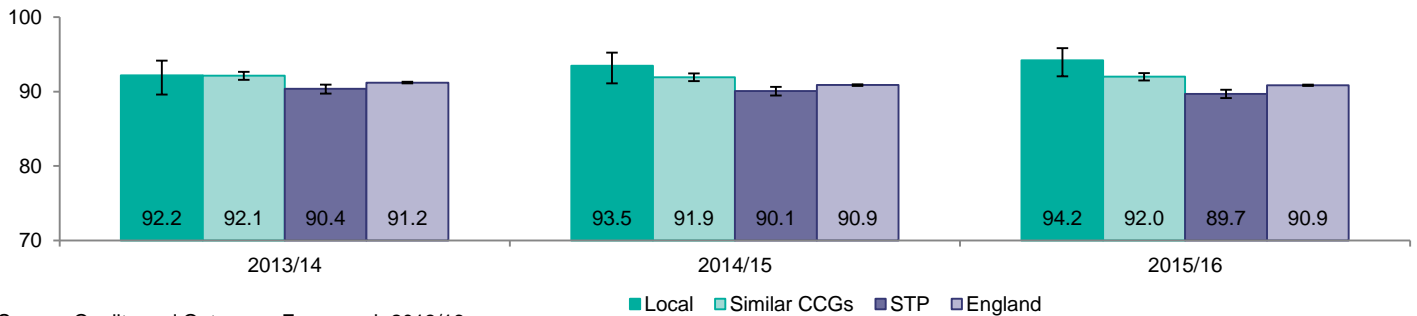

	2013/14	2014/15	2015/16
Local	91.1	91.4	91.6
Similar CCGs	91.2	91.5	91.7
STP	90.9	91.0	91.0
England	91.4	91.7	91.8

Source: Quality and Outcomes Framework 2013/16

CHD005 - variation at GP practice level 2015/16

Legend: Optimal Management — Non-optimal and exceptions — Local CCG optimal treatment

Per cent

Practices

Source: Quality and Outcomes Framework 2015/16
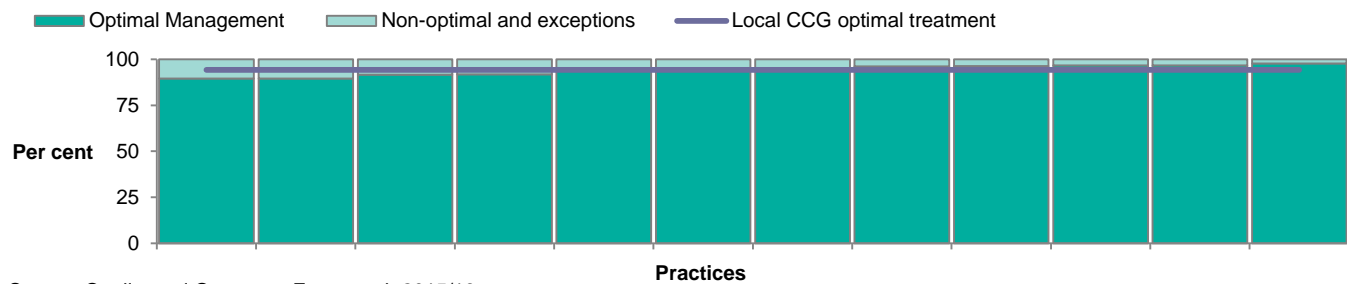
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Care processes and treatment indicators

HF002 - The percentage of patients with a diagnosis of heart failure which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register, 2013 - 2016.
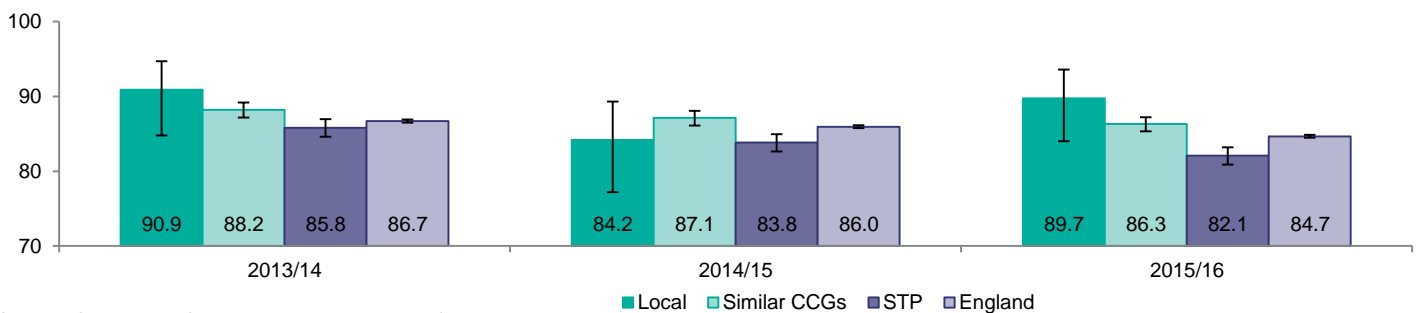

	2013/14	2014/15	2015/16
Local	92.2	93.5	94.2
Similar CCGs	92.1	91.9	92.0
STP	90.4	90.1	89.7
England	91.2	90.9	90.9

Source: Quality and Outcomes Framework 2013/16

HF002 - variation at GP practice level 2015/16

Optimal Management   Non-optimal and exceptions   Local CCG optimal treatment
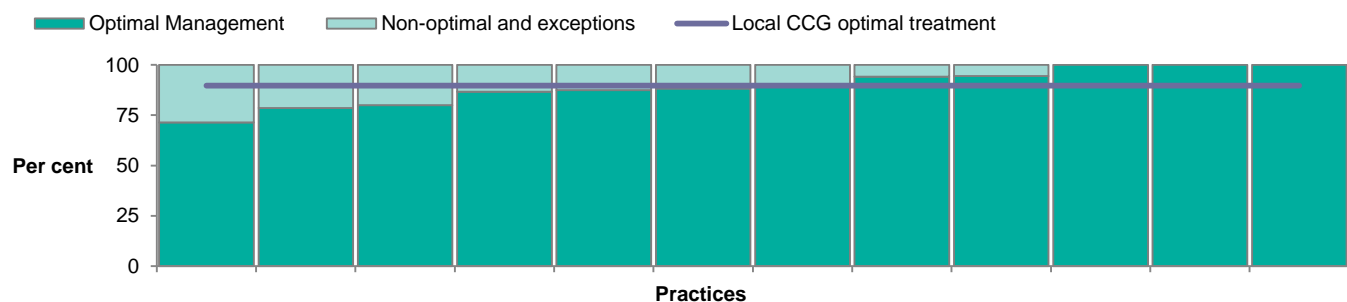

Source: Quality and Outcomes Framework 2015/16

HF003 - In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB, 2013 - 2016.

	2013/14	2014/15	2015/16
Local	90.9	84.2	89.7
Similar CCGs	88.2	87.1	86.3
STP	85.8	83.8	82.1
England	86.7	86.0	84.7

Source: Quality and Outcomes Framework 2013/16

HF003 - variation at GP practice level 2015/16

Optimal Management   Non-optimal and exceptions   Local CCG optimal treatment

Source: Quality and Outcomes Framework 2015/16

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Primary management of heart attack

Specialist treatment, combined with cardiac rehabilitation, leads to better outcomes and optimal quality of life. Heart attack, or myocardial infarction, is part of the spectrum of conditions known as acute coronary syndromes (ACS). This term includes serious heart attack - referred to as ST elevated myocardial infarction (STEMI) - where the coronary artery is blocked, for which emergency treatment is required to restore blood flow through the arteries quickly. Primary percutaneous coronary intervention (primary PCI), also referred to as coronary angioplasty, if performed in a timely fashion is the recommended treatment for these patients. The South East Coast ambulance service recorded 1009 patients with a first ECG diagnosis in the ambulance who were directly transferred to a specialist centre to receive primary PCI in 2016. 91.5% of these patients received primary PCI within 150 minutes of calling for help (call-to-balloon).

Primary PCI within 150 minutes from calling for help, for STEMI patients, 2016 (per cent)


Source: NHS England, 2017
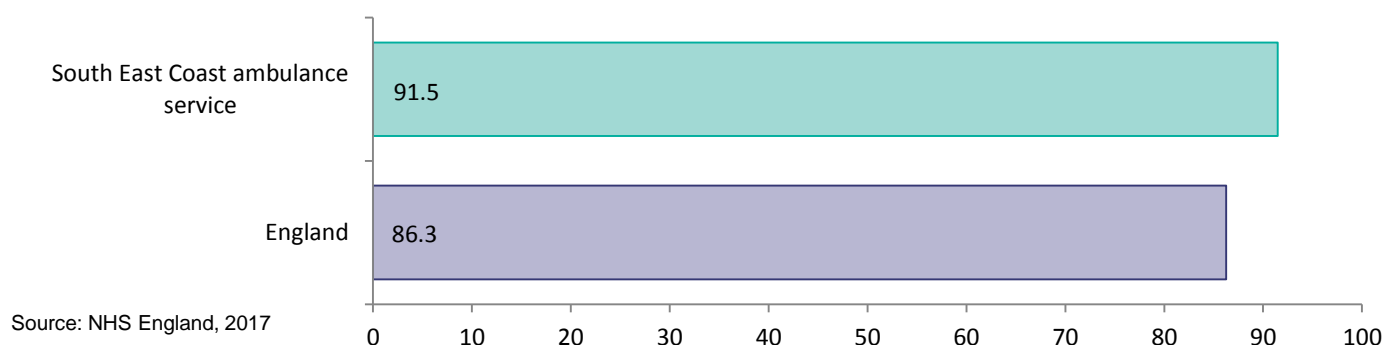
Management - hospital admissions

In 2015/16 the admission rate for CHD in NHS Crawley CCG was 610.0 for every 100,000 people in the population (498 admissions). This is significantly higher than England (527.9 per 100,000).

In 2015/16 the admission rate for heart failure for all persons in NHS Crawley CCG was 159.9 per 100,000 (131 admissions).

Coronary heart disease
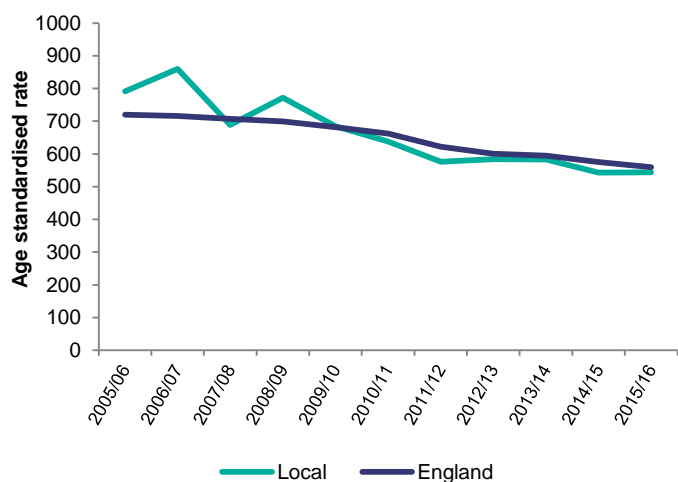
Heart failure
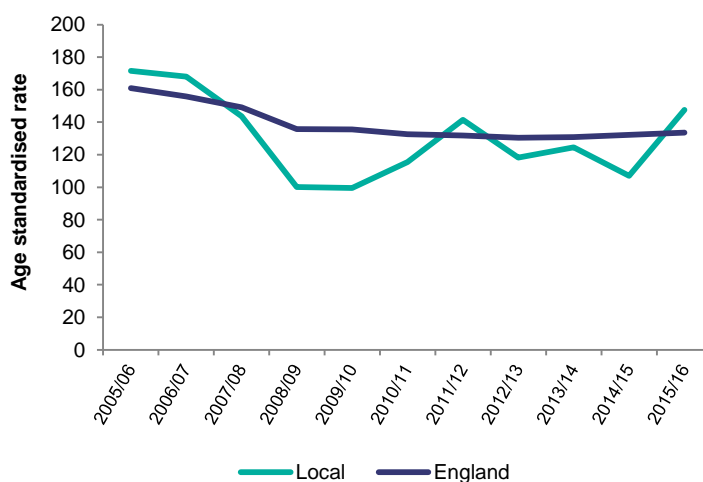
Source: Hospital Episode Statistics (HES), 2015/16, Copyright © 2017, Re-used with the permission of NHS Digital. All rights reserved

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Heart failure - deaths at home

The National Institute for Health and Care Excellence (NICE) have identified the need for palliative care in heart failure. Around 40% will die within a year of diagnosis and the quality of life may well be poorer than with other illnesses. Most people would prefer to die at home if there is sufficient support.

Deaths from heart failure occurring at home or usual place of residence, 2014-2015 (per cent)
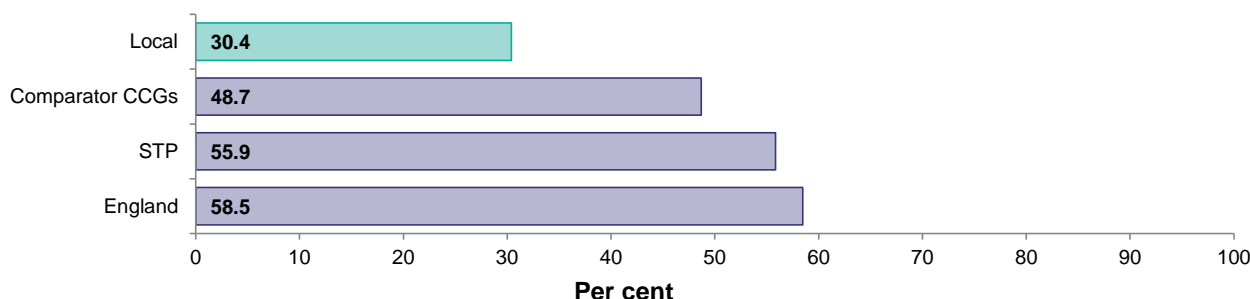
Early mortality from CHD, 2004/06 - 2013/15 (rate per 100,000 people)
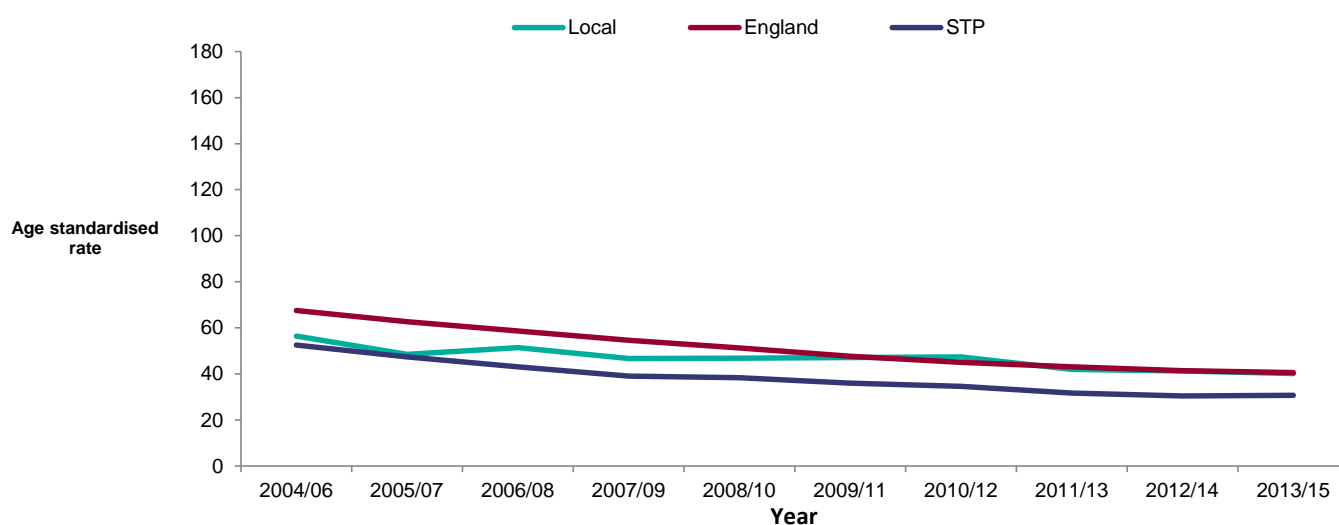
Source: ONS mortality data 2016

The Public Health Outcomes Framework includes an objective for reducing numbers of people dying prematurely. One of the indicators for this objective is mortality under 75 from cardiovascular disease and CHD is the largest contributor for cardiovascular disease (45%). In the three year period 2013-15, the early mortality rate for CHD in NHS Crawley CCG was 40.2 per 100,000. This is a decrease of 28.8% since 2004-06. In England, the mortality rate has decreased by 40.0% over this time period and the rate in the Sussex and East Surrey STP has decreased by 41.4%.

NCVIN - links to other sources of key heart data

NICOR heart audits   www.ucl.ac.uk/nicor/audits

British Heart Foundation heartstats   www.bhf.org.uk/research/heart-statistics.aspx