7.5.5 Coronary heart disease

Why is this issue important?

Nationally coronary heart disease is the single main cause of death, accounting for more than one in five deaths in men and one in six deaths in women.

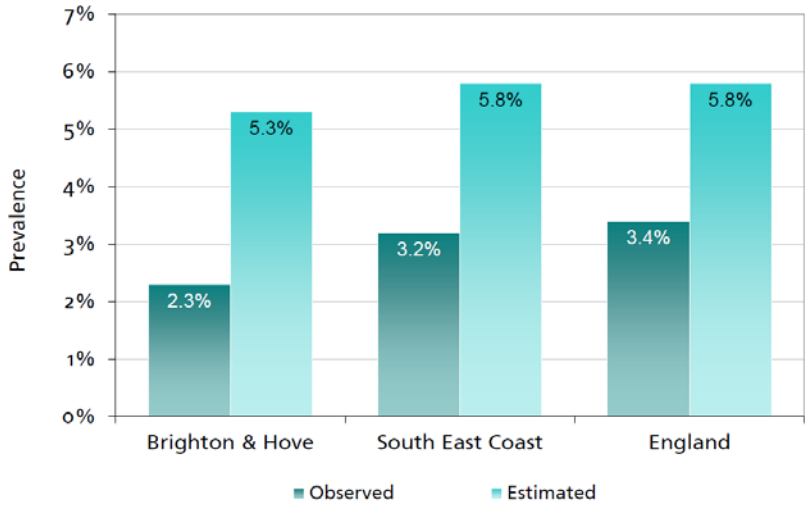
Key outcomes

- ***Reduced numbers of people living with preventable ill-health and people dying prematurely, while reducing the gap between communities – mortality from all cardiovascular diseases (Public Health Outcomes Framework)***
- ***Preventing people from dying prematurely (NHS Outcomes Framework)***

Impact in Brighton & Hove

In 2011/12 Brighton & Hove GP registers recorded 7,021 patients with coronary heart disease (2.3%).[1] This observed prevalence was 44% of the estimated prevalence, compared with 58% for England and 56% for South East Coast (Figure 1).

Figure 1: GP registered prevalence in 2011/12 and estimated prevalence

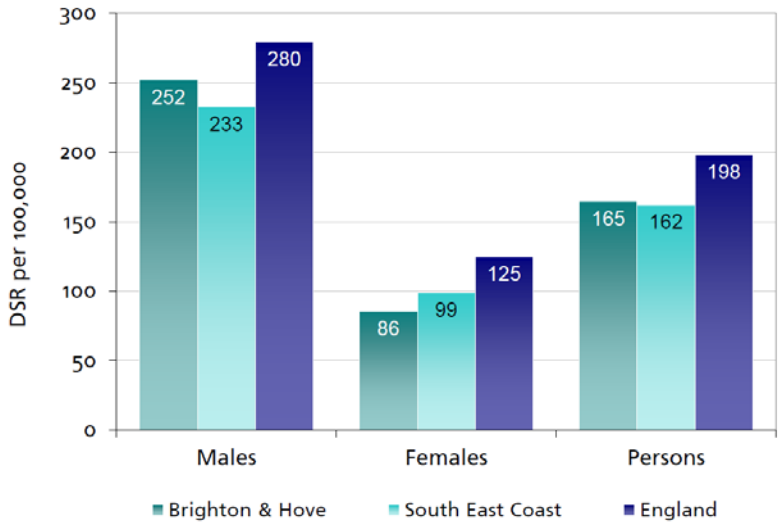


Source: South East Public Health Observatory. Cardio Vascular Disease Health Profile 2012/13

This suggests there may be under-reporting or under-diagnosis on GP registers although it should be noted that differences between modelled estimates and prevalence recorded on GP disease registers may be due to local variations not captured by the model.

Overall, coronary heart disease was the main cause of death for 218 people in Brighton & Hove in 2011, approximately 10% of all deaths.[2]

Figure 2: Coronary heart disease emergency admission rates (DSRs), for all ages, 2011/12



Source: South East Public Health Observatory. Cardio Vascular Disease Health Profile 2012/13

In 2014, the directly standardised mortality rate for coronary heart disease in Brighton & Hove is predicted to be 80.7 per 100,000 population for males and 26.9 for females; this is a 10 year decrease of 46% for males and 59% for females. In England, the mortality rate is predicted to decrease by 46% to 83.8 per 100,000 for males over the same 10 years and by 49% to 36.9 for females. The rates for the South East Coast are predicted to decrease by 49% for males to 71.7 and by 53% to 30.9 for females.[3]

In 2011/12 there were a total of 498 emergency admissions for coronary heart disease in the city. This was a rate of 164.5 per 100,000 population, lower than England (198.3) and South East Coast (162.1) (Figure 2). As expected, considering the 10 year decrease in mortality from coronary heart disease, the emergency admission rate in Brighton & Hove has also decreased, by 14% between

[1] Information Centre for Health and Social Care. Quality and Outcomes Framework. http://www.hscic.gov.uk/catalogue/PUB08722

[2] Office for National Statistics Vital Statistics tables (VS3) and Public Health Mortality Files

[3] South East Public Health Observatory. Cardiovascular disease local authority health profile: Brighton & Hove. 2012/13. Available at: http://www.sepho.org.uk/NationalCVD/docs/00ML_CVD%20Profile.pdf [Accessed 15/08/2013]

2004/05 and 2011/12. This compares to a 23% decrease in England and the South East Coast.[3]

Local interventions to reduce coronary heart disease risk include improved diagnosis and management of hypertension, diabetes and hyperlipidaemia; NHS Health Checks for adults aged 40-74 years; the "Health, Work and Wellbeing" programme for men over 40; and lifestyle interventions for smoking, obesity, substance misuse and physical activity.

Where we are doing well

Smoking is one of the biggest risk factors for coronary heart disease and although rates are still above the national average in Brighton & Hove, the Health Counts survey has shown that rates have been dropping over the past two decades with only 14% of the population now smoking every day. Low physical activity levels is another risk factor for coronary heart disease and the proportion of adults meeting recommended levels has also increased from 15% in 2003 to 24% in 2012.[4]

Table 1: NHS Health Checks coverage in 2011/12

	% of eligible population offered a check	% uptake among those offered
Brighton & Hove	15.9%	48.9%
East Sussex	9.5%	43.5%
Hastings & Rother	7.0%	32.8%
West Sussex	7.8%	37.2%
South East Coast	7.2%	40.0%
England	13.9%	51.6%

Source: Cardiovascular disease Local Authority health profile 2012.[3]

Brighton & Hove offered a higher proportion of its population an NHS Health Check in 2011/12 than the South East Coast area and England. Uptake among those offered was also higher than the South East Coast, although slightly lower than England (Table 1).

Local inequalities

The emergency admission rate for coronary heart disease in 2011/12 for people living in the most deprived areas of Brighton & Hove was 260.6 per 100,000. This is 2.2 times greater than the rates for persons living in the least deprived areas of Brighton & Hove (119.2 per 100,000). Across England emergency admission rates for persons who live in the most deprived areas are also 2.2 times greater compared to people living in the least deprived areas.[5]

Male coronary heart disease emergency admission rates were 2.9 times greater than for females.[6]

South Asians living in the UK (people from India, Pakistan, Bangladesh and Sri Lanka) have a higher premature death rate from coronary heart disease (46% higher for men; 51% higher for women).[7]

Predicted future need

Whilst rates of coronary heart disease continue to decrease, the population in the UK is ageing. Age is an important risk factor for coronary heart disease and prevalence increases with age. Both male and female populations of people over 55 years are expected to have increased by 2030, bringing a possible increased prevalence of coronary heart disease.

What we don't know

We don't have voice for local coronary heart disease patients and carers. There is no data on sexual orientation, gender reassignment or other protected characteristic groups.

Key evidence and policy

The National Service Framework for coronary heart disease sets out standards to secure best practice:

[4] NHS Brighton & Hove and Brighton & Hove City Council. Health Counts Survey 2012. Taken from: NHS Brighton & Hove and Brighton & Hove City Council. Annual Report of the Director of Public Health Brighton & Hove. 2012/13. Available at: http://www.brighton-hove.gov.uk/content/health-and-social-care/health/public-health-annual-report [Accessed 15/08/2013]

[5] HES, Health and Social Care Information Centre, ONS, Department of Communities and Local Government (DCLG)

[6] Hospital Episode Statistics (HES), Health and Social Care Information Centre ONS

[7] British Heart Foundation Health Promotion Research Group and Department of Public Health, University of Oxford. Coronary heart disease statistics. Mortality. 2008 edition.

7.5.5 Coronary heart disease

- reducing heart disease in the population
- preventing coronary heart disease in high-risk patients in primary care
- treating heart attack and other acute coronary syndromes
- investigating and treating stable angina
- revascularisation
- managing heart failure
- cardiac rehabilitation.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4057525.pdf

Other cardiac NICE guidance and quality standards that are being implemented locally include: Delivery of 24/7 primary angioplasty model of care; heart failure and chest pain national guidelines and delivery of cardiac rehabilitation commissioning recommendations.

Recommended future local priorities

1. Continue targeted lifestyle interventions including NHS Health Checks.
2. Public Health to continue to monitor mortality, with a particular focus on health inequalities, and explore ways of targeting health inequalities through local enhanced services, including those aiming to reduce coronary heart disease.
3. Cardiac Care Services in NHS Sussex key actions to be implemented: cardiac strategy; risk assessment of gaps in cardiac rehabilitation and strengthening patient and public involvement.

Key links to other sections

- Carers
- Main causes of death
- Physical activity
- Healthy weight
- Smoking
- Alcohol
- Stroke
- End of life care

Further information

Cardiovascular disease profiles
http://www.sepho.org.uk/NationalCVD/NationalCVDProfiles.aspx

Last updated

August 2013