

CIRCULATORY DISEASE Fact Sheet

Background

Mortality rates from Circulatory Disease continue to fall, but it remains the single biggest cause of death in England with around 127,000 deaths in 2014. Around 56,000 of these deaths were from Coronary Heart Disease (CHD) and around 32,000 from Stroke.¹

Cardiovascular disease is an umbrella term for all diseases of the heart and circulation, including heart disease, stroke, and heart failure. Of these diseases, CHD is the single biggest killer and most deaths from CHD are caused by a heart attack.²

Cardiovascular disease is one of the major causes of death in under 75s in England. There have been huge improvements over past decades in terms of better treatment and improvements in lifestyle, but to ensure this continues there must be concerted action in both prevention and treatment.

Risk factors

The main risk factors for circulatory disease are smoking (first), high blood pressure or cholesterol, diabetes, physical inactivity, obesity, family history and ethnicity (Asian and Black African Caribbean). Higher prevalence is also associated with areas of deprivation.²

The Local Picture

Prevalence

Sutton's prevalence of CHD based on GP Registers (QOF) is 2.5%, representing 4,766 patients; that is in Sutton about 1 in 40 people diagnosed with CHD compared to 3.2% nationally (1 in every 31 people), as shown in **Fig. 1**.

Fig. 1: Prevalence of Coronary Heart Disease

However, Sutton's recorded prevalence (2.5%) is lower than the expected prevalence of 3.8% (around 7,000 people).³ Therefore a significant number of people in Sutton with CHD/circulatory disease have yet to be identified. The NHS Health Check (a national initiative of regular vascular risk assessments) is likely to help identify these people.

Mortality

In Sutton in 2014, 403 people (all ages) died of Circulatory Disease, 186 males and 217 females.

Around 28% were aged under 75 years: 112 people in Sutton in this age group died of Circulatory Disease.

¹ Health and Social Care Information Centre. NHS Indicator Portal.

<https://indicators.ic.nhs.uk/webview/>

² British Heart Foundation. Cardiovascular disease statistics. <https://www.bhf.org.uk/>

³ Public Health England. Cardiovascular disease profile, Heart Disease, March 2015.

http://www.yhpho.org.uk/ncvincvd/pdfs/Heart/08T_Heart.pdf



Fig. 2 shows that overall the rate of people aged under 75 who died from heart disease in Sutton has fallen over time. However, there has been a slight increase in the rate in the latest time period due to an increase for women.

Fig. 2: Trend in Mortality from Circulatory Disease by Gender

Figs 3, 4, 5 and 5 indicate mortality and hospital admissions by electoral ward in Sutton. Some wards with higher mortality rates are also some of the most deprived.

Fig. 3: Deaths from Circulatory Disease, people under 75 years, by ward, 2008-12

Fig. 4: Deaths from Circulatory Disease, all ages, by ward, 2008-12

Fig. 5: Emergency hospital admission rates CHD, SAR, 2008/9-2012/13

Fig. 6: Elective hospital admission rates CHD, SAR, 2008/9-2012/13

Sutton progress

Circulatory disease is a long term condition. The management of such conditions is one of five priorities specified in Sutton CCG's Plan for 2014-16. The overall aim is to improve quality of life for people with long term conditions.

The programme includes integration at locality level to support care for high risk patients' health, including risk stratification and senior community nurse alignment, and active case management, helping to integrate local health and social care professionals.

Practices in Sutton CCG are grouped into three geographically based localities, Carshalton, Sutton and Cheam, and Wallington. Every practice in Sutton has had a risk profile tool installed to help them identify their patients most in need of support. GPs work with colleagues from community health services, social services and the voluntary sector to support patients through a multi-disciplinary, integrated team approach. The steps of the process are as follows:

- Practices use the tool to identify patients
- Practices discuss internally Multi Disciplinary Team meeting via and develop a case management plan

What works

There is evidence that good management of circulatory disease can significantly reduce the risk of mortality and improve quality of life.

What Works to Prevent Cardiovascular Disease

The National Institute for Health and Clinical Excellence (NICE) have produced commissioning guidance on Services for the Prevention of Cardiovascular Disease (May 2012). This states that prevention of cardiovascular disease should be a priority for local authority and clinical commissioners, and recommends that commissioners should adopt an integrated approach to commissioning. The guidance sets out the 'invest-to-save' potential of a range of interventions to prevent modifiable risk factors including:



- Population wide and community approaches that modify the environment to encourage physical activity, to regulate access to items that increase cardiovascular disease risk such as tobacco, and to reduce the availability of foods that are high in fat, salt and sugar
- Assessing individual risk, including NHS Health Check and 'Making Every Contact Count'
- Behaviour change and lifestyle interventions using brief advice, brief interventions and motivational interviewing
- Medical interventions - Commissioners should satisfy themselves that primary care professionals are prescribing NICE recommended **medical interventions** for the management of cardiovascular disease risk factors

Key indicators and targets

Relevant indicators from the Public Health Outcomes Framework

<http://www.phoutcomes.info/>

- *Health Improvement:* 2.14 Smoking prevalence, 2.22 Take up of NHS Health Check Programme
- *Healthcare and premature mortality:* 4.04 Under 75 mortality rate from all cardiovascular diseases

Links to further information

- See also Factsheets on **Stroke, Tobacco Control, Adult Obesity, NHS Health Check**
- NHS Choices: Cardiovascular Disease
<http://www.nhs.uk/conditions/Cardiovascular-disease/Pages/Introduction.aspx>
- Public Health England. National Cardiovascular Intelligence Network. Cardiovascular disease profiles for each CCG
<http://www.yhpho.org.uk/resource/view.aspx?RID=203617>
- Public Health England, Healthier Lives tool.
<http://healthierlives.phe.org.uk/topic/hypertension>

Priorities for Sutton

Circulatory disease prevention and treatment remains a high priority in Sutton, It is important to identify those at risk early on and to offer interventions. Mortality rates from heart disease, particularly for those aged less than 75, indicate that it remains a priority to improve service outcomes.

Specific actions include:

- Enabling Sutton residents to achieve healthier lifestyles (for example by stopping smoking, increasing physical activity, eating more healthily and reducing harmful drinking)
- Ensure smoking cessation services commissioned meet evidence-based cost-efficient guidance
- Promoting the NHS Health Check service to Sutton's population and GP practices with its links to Smoking Cessation, LiveWell and Leisure services