Cardiovascular disease PCT health profile

Bath & North East Somerset

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).

This Cardiovascular Disease (CVD) Health Profile brings 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.

Bath & North East Somerset lies within the boundaries of the current Avon, Gloucestershire, Wiltshire & Somerset Cardiac and Stroke Network (pictured right).

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

© Crown Copyright. All rights reserved. DH 100020290 2012.

Benchmarking

The PCT is benchmarked against the national figure and Office for National Statistics (ONS) clusters. ONS clusters are based on 2001 census data. Two PCTs are similar based on a comparison of a range socio-economic variables and demographic indicators.

Using this method Bath & North East Somerset is classified as a member of the 'Prospering Smaller Towns' cluster.

Key messages

Early mortality rates from cardiovascular disease (< 75 years) are significantly lower than the national rate, and have decreased by 55.9% since 1995.

Emergency admission rates for CHD are significantly lower than the national rates, but for stroke the local rate is similar to the national rate.

The rates of angiography procedures are significantly lower than the national rate.

For people having myocardial infarction reperfusion in 2010, the median time to primary angioplasty treatment from a call for help was 126 minutes in Bath & North East Somerset, this is higher than in Prospering Smaller Towns and England (115 and 113 respectively).

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

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

Version 0.9
## Summary Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Local Value</th>
<th>Eng Avg</th>
<th>Eng Low</th>
<th>England Range</th>
<th>Eng High</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cardiovascular mortality (under 75)</td>
<td>52.3</td>
<td>64.7</td>
<td>36.2</td>
<td></td>
<td>118.4</td>
</tr>
<tr>
<td>2. Stroke mortality</td>
<td>45.7</td>
<td>40.9</td>
<td>22.1</td>
<td></td>
<td>58.6</td>
</tr>
<tr>
<td>3. Estimated % smokers (16+)</td>
<td>19.9</td>
<td>22.1</td>
<td>0.0</td>
<td></td>
<td>33.5</td>
</tr>
<tr>
<td>4. Estimated % obese (16+)</td>
<td>21.9</td>
<td>24.1</td>
<td>0.0</td>
<td></td>
<td>30.7</td>
</tr>
<tr>
<td>5. % of long term conditions who smoke</td>
<td>13.6</td>
<td>17.5</td>
<td>11.4</td>
<td></td>
<td>27.2</td>
</tr>
<tr>
<td>6. Obs/Exp CHD prevalence</td>
<td>0.60</td>
<td>0.59</td>
<td>0.31</td>
<td></td>
<td>0.82</td>
</tr>
<tr>
<td>7. Obs/Exp Hypertension prevalence</td>
<td>0.45</td>
<td>0.44</td>
<td>0.30</td>
<td></td>
<td>0.53</td>
</tr>
<tr>
<td>8. CHD emergency admissions</td>
<td>198.2</td>
<td>225.9</td>
<td>145.3</td>
<td></td>
<td>399.0</td>
</tr>
<tr>
<td>9. Stroke emergency admissions</td>
<td>82.6</td>
<td>85.7</td>
<td>58.2</td>
<td></td>
<td>172.7</td>
</tr>
<tr>
<td>10. 30 day mortality in STEMI</td>
<td>6.0</td>
<td>9.3</td>
<td>0.0</td>
<td></td>
<td>17.3</td>
</tr>
<tr>
<td>11. % stroke discharged to usual residence</td>
<td>70.3</td>
<td>77.3</td>
<td>56.7</td>
<td></td>
<td>97.5</td>
</tr>
<tr>
<td>12. % HF who die at usual place residence</td>
<td>47.8</td>
<td>59.2</td>
<td>17.9</td>
<td></td>
<td>98.8</td>
</tr>
<tr>
<td>13. Angiography rates</td>
<td>202.4</td>
<td>272.0</td>
<td>121.3</td>
<td></td>
<td>533.9</td>
</tr>
<tr>
<td>14. Revascularisation rates</td>
<td>109.2</td>
<td>136.6</td>
<td>93.7</td>
<td></td>
<td>231.1</td>
</tr>
</tbody>
</table>

- **Significantly Higher than England average**
- **Significantly Lower than England average**
- **Not significantly different from England average**
- **No significance available**

### Contents

- Page 1: Contents & summary Indicators
- Page 2: Demographic profile
- Page 3: Lifestyle behaviours
- Page 4: Quality and Outcomes Framework - exceptions & prevalence
- Page 5: Quality and Outcomes Framework - performance
- Page 6: Coronary heart disease emergency admission rates
- Page 7: Heart failure emergency admission rates
- Page 8: Myocardial Infarction management
- Page 9: Angiography procedures
- Page 10: Revascularisation procedures
- Page 11: Revascularisation procedures by deprivation & valve surgery
- Page 12: Cardiac procedures
- Page 13: Stroke emergency admission rates
- Page 14: Stroke and TIA management
- Page 15: CVD mortality rates and contribution of CVD deaths
- Page 16: CVD mortality rates and CVD mortality rates by quintile of relative deprivation
- Page 17: Trends in mortality rates
- Page 18: Programme budgeting expenditure

1. Directly standardised rate per 100,000, 2010 under 75.
2. Directly standardised rate per 100,000, 2010, all ages.
3. Percentage estimate of smokers, 16+, 2006-08.
5. Quitters as a proportion (%) of estimated smokers, 2010/11.
6. Percentage of those registered with long-term conditions who smoke, 2010/11.
9. Directly standardised rate per 100,000, 2010/11.
10. Directly standardised rate per 100,000, 2010/11.
12. % of all patients diagnosed with stroke under 75, 2010/11.
13. Percentage of deaths due to heart failure at their usual place of residence 2010.
14. Directly standardised rate per 100,000, 2010/11.
The proportion of the population in Bath & North East Somerset which is from black and minority ethnic groups is estimated to be 7.7%. 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.

The definition of BME used here excludes 'White Irish' and 'White other' ethnic groups.
Lifestyle estimates for adults

<table>
<thead>
<tr>
<th></th>
<th>Smoking</th>
<th>Binge Drinking</th>
<th>Obesity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath &amp; North East Somerset</td>
<td>19.9%</td>
<td>23.2%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Prospering Smaller Towns</td>
<td>20.1%</td>
<td>20.2%</td>
<td>23.6%</td>
</tr>
<tr>
<td>England</td>
<td>22.1%</td>
<td>20.0%</td>
<td>24.1%</td>
</tr>
</tbody>
</table>

Source: Modelled Estimates from Health Survey for England, 2006-08 - Binge drinking is for 2007-2008 only

Smoking

Using synthetic estimates from the Health Survey for England it is estimated that 19.9% of the population in Bath & North East Somerset smoke. This is lower than the estimated proportion in England (22.1%) and lower than Prospering Smaller Towns (20.1%).

Binge drinking (2007-2008)

- It is estimated that 23.2% of the population in Bath & North East Somerset binge drink. This is higher than England (20.0%) and higher than Prospering Smaller Towns (20.2%).

Adult obesity

- It is estimated that 21.9% of the adult population in Bath & North East Somerset are obese. This is lower than England (24.1%) and lower than Prospering Smaller Towns (23.6%).

Four week quitters as a proportion of estimated adult smokers, 2010/11

In 2010/11 4.0% (1,194) of adult smokers in Bath & North East Somerset quit using the NHS Stop Smoking Services, a lower percent than in England (4.1%) and lower percent than in Prospering Smaller Towns (4.2%).

Source: Smoking cessation 2010/11 ONS Mid year population estimates 2010, Modelled Estimates from Health Survey for England, 2006-08

Percent of patients registered with a GP with any combination of registered long-term conditions who smoke, QOF 2010/11

QOF data shows that the percentage of patients with long-term conditions who smoke in Bath & North East Somerset was 13.6% in 2010/11. This is significantly lower than the rate in England (17.5%) and significantly lower than the rate in Prospering Smaller Towns (15.6%).

Source: Quality and Outcomes Framework 2010/11
Quality and Outcomes Framework - exceptions

<table>
<thead>
<tr>
<th>PCT</th>
<th>2010/11 EER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath &amp; North East Somerset</td>
<td>5.4%</td>
</tr>
<tr>
<td>Prospering Smaller Towns</td>
<td>5.5%</td>
</tr>
<tr>
<td>England</td>
<td>6.4%</td>
</tr>
</tbody>
</table>

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 2010/11, the exception rate in Bath & North East Somerset was 5.4%. Within England, the exception rate varied between 2.2% to 7.5% for individual PCTs.

Number and percentage of practices with high exception reporting rates

<table>
<thead>
<tr>
<th>Atrial fibrillation</th>
<th>Coronary heart disease</th>
<th>Heart failure</th>
<th>Hypertension</th>
<th>Stroke &amp; TIA</th>
<th>Practices with any high exception rates</th>
<th>Total number of practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath &amp; North East Somerset</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Bath &amp; North East Somerset</td>
<td>100.0%</td>
<td>50.0%</td>
<td>50.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Prospering Smaller Towns</td>
<td>22.0%</td>
<td>58.3%</td>
<td>31.8%</td>
<td>22.7%</td>
<td>41.7%</td>
<td>132</td>
</tr>
<tr>
<td>England %</td>
<td>21.3%</td>
<td>47.1%</td>
<td>19.8%</td>
<td>15.0%</td>
<td>36.9%</td>
<td>85.7%</td>
</tr>
</tbody>
</table>

Quality and Outcomes Framework - prevalence

Observed (GP registered) prevalence in 2010/11 versus estimated prevalence in 2011

GPs record information on whether their patients have CHD or have a stroke. This information is crude and does not consider population structure. The estimated prevalence is population structure adjusted, but is for the 16+ population, so does not match the all age population of GP registers.

The observed prevalence for CHD in Bath & North East Somerset is 60.0% of the estimated prevalence. This compares to 58.7% for England and 61.8% for Prospering Smaller Towns.

The observed prevalence for stroke in Bath & North East Somerset is 76.8% of the estimated prevalence. This compares to 67.4% for England and 72.3% for Prospering Smaller Towns.

The observed prevalence for hypertension in Bath & North East Somerset is 45.4% of the estimated prevalence. This compares to 44.1% for England and 44.7% for Prospering Smaller Towns. The gap between recognised and treated hypertension, and actual hypertension levels in the community have been long recognised.

Sources: Quality and Outcomes Framework 2010/11 and modelled estimates of prevalence, Eastern Region Public Health Observatory, December 2011
<table>
<thead>
<tr>
<th></th>
<th>Coronary heart disease</th>
<th>Stroke</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bath &amp; North East</td>
<td>Prospering</td>
<td>England</td>
</tr>
<tr>
<td></td>
<td>Somerset</td>
<td>Smaller</td>
<td>Towns</td>
</tr>
<tr>
<td>% newly diagnosed angina</td>
<td>95.4</td>
<td>94.6</td>
<td>94.6</td>
</tr>
<tr>
<td>patients referred for exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>testing or assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% CHD patients with record of</td>
<td>98.2</td>
<td>97.8</td>
<td>97.8</td>
</tr>
<tr>
<td>blood pressure in last 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% CHD patients with a record</td>
<td>94.7</td>
<td>93.9</td>
<td>93.7</td>
</tr>
<tr>
<td>of total cholesterol in last 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% CHD patients taking aspirin,</td>
<td>94.6</td>
<td>93.4</td>
<td>93.5</td>
</tr>
<tr>
<td>an alternative anti-platelet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>therapy or an anti-coagulant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>in last 15 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% patients with a current</td>
<td>89.4</td>
<td>89.1</td>
<td>89.5</td>
</tr>
<tr>
<td>diagnosis of heart failure due</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to LVD currently treated with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>an ACE inhibitor or angiotensin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In 2010/11 the emergency admission rate for CHD, all persons, in Bath & North East Somerset was 198.2 per 100,000 (535 admissions). This is significantly lower than England (225.9 per 100,000) and lower than Prospering Smaller Towns (206.5 per 100,000).

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

The emergency admission rates for persons who live in the most deprived areas of England are 2.1 times greater compared to persons who live in the least deprived areas and 1.8 times greater in Prospering Smaller Towns.

The emergency admission rate for CHD in 2010/11 for persons living in the most deprived areas of Bath & North East Somerset was 231.1. This is 1.3 times greater than emergency admission rates for persons living in the least deprived areas of Bath & North East Somerset (175.4).

The emergency admission rate for CHD in Bath & North East Somerset has decreased by 27.9% between 2003/04 and 2010/11.

In England it has decreased by 23.9% and in Prospering Smaller Towns it has decreased by 12.5%.
Heart failure emergency admission rates

Heart failure emergency admission rates (DSRs), for all ages, 2010/11

In 2010/11 the emergency admission rate for heart failure, all persons, in Bath & North East Somerset was 55.5 per 100,000 (190 admissions). This is lower than England (59.8 per 100,000) and higher than Prospering Smaller Towns (50.7 per 100,000).

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

Proportion of deaths from heart failure that occur at home or usual place or residence, 2006-2010

In England, 47.8% of deaths from heart failure occurred in the usual place of residence in Bath & North East Somerset which is a lower proportion than Prospering Smaller Towns (60.1%) and England (59.2%).
Primary angioplasty in Bath & North East Somerset was 98.1% of all reperfusion for STEMI, compared to 78.7% in England.

The median time to primary angioplasty treatment from a call for help was 126 minutes in Bath & North East Somerset, this is higher than in Prospering Smaller Towns and England (115 and 113 respectively).

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 Bath & North East Somerset is 81.8%, this is lower than Prospering Smaller Towns and England (89.9% and 92.2% respectively).

The 30 day mortality rate for STEMIs was recorded as 6% in Bath & North East Somerset during 2008-2010, this is lower than Prospering Smaller Towns and England (10.2% and 9.3% respectively).
Angiography procedure rates (DSRs) for all ages, 2010/11

In 2010/11 the angiography rate in Bath & North East Somerset was 202.4 per 100,000 (465 procedures). This is significantly lower than England (272 per 100,000) and significantly lower than Prospering Smaller Towns (246.5 per 100,000).

Male angiography rates are 1.9 times greater than female angiography rates in Bath & North East Somerset.

Angiography rates in Bath & North East Somerset have increased by 8% between 2003/04 and 2010/11. In England and Prospering Smaller Towns they have increased by 7.5% and 15.2% respectively.

Angiography rates for persons who live in the most deprived areas of Bath & North East Somerset are 1.5 times greater than those who live in the least deprived areas. In England and Prospering Smaller Towns they are 1.5 and 1.4 times greater respectively.

Trend in angiography rates (DSRs), 2003/04 to 2010/11

Source: HES, The NHS Information Centre for health and social care, ONS
Non-elective angioplasty rates in Bath & North East Somerset have increased by 143.3% between 2003/04 and 2010/11. Elective procedure rates have increased by 81.1%. In England and Prospering Smaller Towns non-elective procedure rates have increased by 92.8% and 136.8% respectively. Elective procedure rates have increased by 1.9% and 8.1% respectively.

CABG procedure rates in Bath & North East Somerset have decreased by 18% between 2003/04 and 2010/11. In England and Prospering Smaller Towns CABG procedure rates have decreased by 26.2% and 26.2% respectively.

Male angioplasty rates are 3.8 times greater than female angioplasty rates in Bath & North East Somerset.

In 2010/11 the all persons angioplasty rate in Bath & North East Somerset was 79.2 per 100,000 (179 procedures), 26.6 elective and 52.6 non-elective. This is significantly lower than England (106.9 per 100,000) and significantly lower than Prospering Smaller Towns (97.3 per 100,000).

Male angioplasty rates are 3.8 times greater than female angioplasty rates in Bath & North East Somerset.

In 2010/11 the CABG rate, all persons, in Bath & North East Somerset was 30 per 100,000 (72 procedures). This is higher than England (29.6 per 100,000) and higher than Prospering Smaller Towns (26.7 per 100,000).

Non-elective angioplasty rates in Bath & North East Somerset have increased by 143.3% between 2003/04 and 2010/11. Elective procedure rates have increased by 81.1%. In England and Prospering Smaller Towns non-elective procedure rates have increased by 92.8% and 136.8% respectively. Elective procedure rates have increased by 1.9% and 8.1% respectively.

CABG procedure rates in Bath & North East Somerset have decreased by 18% between 2003/04 and 2010/11. In England and Prospering Smaller Towns CABG procedure rates have decreased by 26.2% and 26.2% respectively.
Valve procedure rates (DSRs), 2009/10-2010/11

Valve procedure rates in Bath & North East Somerset were 11.8 per 100,000 people in 2009/10-2010/11, lower than the cluster average (14.4) and lower than England (14.6).

Revascularisation - deprivation

Revascularisation rates (DSRs) for all ages, by quintile of relative deprivation, 2010/11

- Bath & North East Somerset
- Prospering Smaller Towns
- England

Revascularisation rates for persons who live in the most deprived areas of Bath & North East Somerset are 1.2 times greater than those who live in the least deprived areas. In England and Prospering Smaller Towns they are 1.6 and 1.4 times greater respectively.

Valve surgery

Valve procedure rates (DSRs), 2009/10-2010/11

Valve procedure rates in Bath & North East Somerset were 11.8 per 100,000 people in 2009/10-2010/11, lower than the cluster average (14.4) and lower than England (14.6).
Heart Transplants by SHA, 2010/11

<table>
<thead>
<tr>
<th>Strategic Health Authority</th>
<th>Rate per million population</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Midlands</td>
<td>3.5</td>
</tr>
<tr>
<td>East Of England</td>
<td>2.6</td>
</tr>
<tr>
<td>North West</td>
<td>2.5</td>
</tr>
<tr>
<td>South East Coast</td>
<td>2.3</td>
</tr>
<tr>
<td>South Central</td>
<td>2.0</td>
</tr>
<tr>
<td>Yorkshire &amp; The Humber</td>
<td>1.9</td>
</tr>
<tr>
<td>North East</td>
<td>1.5</td>
</tr>
<tr>
<td>South West</td>
<td>1.1</td>
</tr>
<tr>
<td>East Midlands</td>
<td>1.1</td>
</tr>
<tr>
<td>London</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Source: UK Blood & Transplant

The rate of heart transplantation varies from 1.0 per million in London to 3.5 per million in the West Midlands. This data is not available at a geography lower than strategic health authority.

New pacemaker implant procedure rates (ISRs) for all ages, 2010

The procedure rate for pacemaker implants in Bath & North East Somerset was 505.7. This is lower than England (528.0).

New implantable cardioverter-defibrillator procedure rates (ISRs) for all ages, 2010

The procedure rates for Implantable cardioverter-defibrillators in Bath & North East Somerset were 50.9. This is lower than England (72.0).

Total cardiac resynchronisation therapy device procedure rates (ISRs) for all ages, 2010

The procedure rates for Cardiac resynchronisation therapy devices in Bath & North East Somerset were 27.7. This is lower than England (114.0).

Source: Cardiac Rhythm Audit, 2010
Stroke emergency admission rates

Stroke emergency admission rates (DSRs) for all ages, 2010/11

In 2010/11 the emergency admission rate for stroke in Bath & North East Somerset was 82.6 per 100,000 (268 admissions). This is lower than England (85.7 per 100,000) and higher than Prospering Smaller Towns (78.9 per 100,000).

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

In England, the emergency admission 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 1.5 greater in Prospering Smaller Towns.

The emergency admission rate for stroke in 2010/11 for persons who live in the most deprived areas of Bath & North East Somerset was 98.2. This is 1.2 times greater than the emergency admission rates for persons who live in the least deprived areas of Bath & North East Somerset (79.9).

Trend in stroke rates (DSRs), 2003/04 to 2010/11

The emergency admission rate for stroke in Bath & North East Somerset has decreased by 17.2% between 2003/04 and 2010/11. In England it has decreased by 4.7% and in Prospering Smaller Towns it has decreased by 3.1%.

The rate of re-admissions within 30 days for Bath & North East Somerset is 2.0%, this is lower than England and Prospering Smaller Towns (2.3% and 3.0% respectively).

Emergency readmission rates for patients with stroke, 2010/11

In Bath & North East Somerset, the rate of re-admissions within 30 days is 2.0%, this is lower than England (2.3%) and Prospering Smaller Towns (2.5%).
Stroke & TIA management

### Percentage of hospital stroke patients discharged to home or usual place of residence, 2010/11

<table>
<thead>
<tr>
<th></th>
<th>Bath &amp; North East Somerset</th>
<th>Prospering Smaller Towns</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 75</td>
<td>70.3%</td>
<td>72.1%</td>
<td>72.2%</td>
</tr>
<tr>
<td>75 and over</td>
<td>52.4%</td>
<td>72.3%</td>
<td>70.2%</td>
</tr>
</tbody>
</table>

Source: The NHS Information Centre for health and social care

The proportion of patients under the age of 75 discharged to home or usual place of residence in Bath & North East Somerset is 70.3%, which is lower than Prospering Smaller Towns (72.1%) and England (72.2%). 52.4% of patients aged 75 or over are discharged to home, which is significantly lower than Prospering Smaller Towns (72.3%) and England (70.2%).

### Rate of carotid endarterectomy procedures DSR per 100,000, 2010/11

<table>
<thead>
<tr>
<th></th>
<th>Bath &amp; North East Somerset</th>
<th>Prospering Smaller Towns</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSR per 100,000</td>
<td>8.1</td>
<td>8.2</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Source: The NHS Information Centre for health and social care

The level of carotid endarterectomies performed per 100,000 for Bath & North East Somerset is 8.1, which is lower than England (8.8). Prospering Smaller Towns is significantly lower than England.

### Stroke Care

#### Percentage spending 90% of their time on a stroke unit following stroke, July to September 2011

<table>
<thead>
<tr>
<th></th>
<th>Bath &amp; North East Somerset</th>
<th>Prospering Smaller Towns</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>77.3%</td>
<td>79.0%</td>
<td>81.8%</td>
</tr>
</tbody>
</table>

Source: The NHS Information Centre for health and social care

The rate TIA cases with high risk of stroke treated within 24 hrs for Bath & North East Somerset is 75.0%, this is higher than England and Prospering Smaller Towns (70.6% and 64.0% respectively). The rate patients spending 90% of their time on a stroke unit following stroke for Bath & North East Somerset is 77.3%, this is lower than England and Prospering Smaller Towns (81.8% and 79.0% respectively).
In 2010 the all CVD mortality rate in Bath & North East Somerset for persons under 75 yrs was 52.3, a decrease of 55.9% from 1995. 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 from a 1995/97 baseline. This target has already been met in England and in the Prospering Smaller Towns region and has been met in Bath & North East Somerset. The target ended in June 2010.

The forecast decrease in the mortality rate (dotted line) for CVD in Bath & North East Somerset by 2012 is 66.3%. For England, the forecast decrease is 61.6% and for Prospering Smaller Towns it is 63.9%.

In Bath & North East Somerset the percentage of cardiovascular deaths as a proportion of all deaths was 21.4% for people aged under 75 years and 36.1% for people aged 75 and above. This is lower than England for under 75s (24.6%) and higher than England for those aged 75 and over (36.4%).

CHD makes up the biggest proportion of total deaths (within CVD) for both males and females, 16.6% (5.7% AMI and 10.9% non AMI) and 10.8% (3.4% AMI and 7.4 % non AMI ) respectively in Bath & North East Somerset. For males, 7.9% of deaths are due to stroke and 1% are due to heart failure. For females, 12.1% of deaths are due to stroke and 2% are due to heart failure.
Cardiovascular disease health profile - Bath & North East Somerset

CVD mortality rates

CVD mortality rate (DSR) by gender for all ages, 2008-10

The 2008-10 CVD mortality rate in Bath & North East Somerset for all persons was 141.9 per 100,000. This is significantly lower than England (167) and significantly lower than Prospering Smaller Towns (156.9).

Male CVD mortality rates in Bath & North East Somerset are significantly higher than female CVD mortality rates (169.6 and 117.5 respectively).

In England the mortality rate for persons who live in the most deprived areas was 229.6, 1.4 times greater than the overall rate and 1.8 times greater than in the least deprived areas. In Prospering Smaller Towns the mortality rate for persons who live in the most deprived areas was 200.6, 1.3 times greater than the overall rate and 1.6 times greater than in the least deprived areas.

The mortality rate in 2008-10 for persons who live in the most deprived areas of Bath & North East Somerset was 152.8 per 100,000. This is 1.1 times greater than the overall mortality rate for Bath & North East Somerset and 1.3 times greater than the mortality rate for persons who live in the least deprived areas of Bath & North East Somerset.

CVD by deprivation

All CVD mortality rates (DSRs) for all persons, by quintile of relative deprivation, 2008-10

Source: HES, The NHS Information Centre for health and social care, ONS, DCLG
The forecast decrease in the mortality rate for stroke between 1996 and 2012 for Bath & North East Somerset is 52.2% for males and 43.1% for females. For England, the forecast decrease is 55.3% and 50.2% for males and females and for Prospering Smaller Towns it is 57.3% and 49.8% respectively.

The forecast decrease in the mortality rate for CHD between 1996 and 2012 for Bath & North East Somerset is 60.6% for males and 62.1% for females. For England, the forecast decrease is 60.8% and 62.6% for males and females and for Prospering Smaller Towns it is 62.6% and 64.5% respectively.

The forecast decrease in the mortality rate for stroke between 1996 and 2012 for Bath & North East Somerset is 52.2% for males and 43.1% for females. For England, the forecast decrease is 55.3% and 50.2% for males and females and for Prospering Smaller Towns it is 57.3% and 49.8% respectively.
The expenditure per head for all circulatory diseases in Bath & North East Somerset was £130.91 in 2010/11, £1.17 lower than England and £13.05 lower than the Prospering Smaller Towns comparator area.

The outcomes used in the Spend and outcomes graph above are mortality for all ages from this profile. For cardiovascular disease in Bath & North East Somerset the graph shows similar mortality outcomes and similar weighted spend compared to the England average.

Please note that assignment to a quadrant (e.g., lower spend, worse outcome) is made on the basis of a single outcome indicator and choosing a different outcome (e.g., a quality of care measure rather than a mortality measure) could potentially shift the outcome quadrant.
This report has been compiled by

- Kevin Watson
- Andrew Hughes
- Max Kammerling

With acknowledgements

- Isobel Perry
- Anne Griffin
- Mike Knapton
- Jane O’Grady
- Karina Paturel
- Corrine Ralph
- Michelle Roe
- Jan Vaughan
- Linda Westlake
- Garry White
- Swetlana Wolf
- Tom Quinn

With special thanks to Yorkshire and Humber Public Health Observatory whose original work formed the basis for these reports.