



**Northamptonshire  
Health & Wellbeing Board**

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# **JSNA Summary 2013**

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## **Cardiovascular disease**

**Delivering meaningful, healthier, longer lives for the people of Northamptonshire**

## Introduction

- Cardiovascular diseases affect the blood supply to the heart and other vital organs.
- Cardiovascular disease is an important public health problem in Northamptonshire. It is the second most common cause of death, after cancer.

## Key Points

- In most respects, the impact of cardiovascular disease in Northamptonshire is similar to other parts of England.
- Progress is being made in reducing the impact of cardiovascular disease in Northamptonshire. Death rates are falling in line with those elsewhere in the East Midlands and England.
- Northampton's mortality rates from cardiovascular disease are significantly worse than the average for England, while Daventry's, East Northamptonshire's and South Northamptonshire's are significantly better than average.
- About 230,000 people with at least one of coronary heart disease, stroke or hypertension (high blood pressure) in Northamptonshire have not been diagnosed and recorded by their general practitioner, about the same as elsewhere in England. There are substantial differences in the recorded prevalence of coronary heart disease, stroke and high blood pressure between Northamptonshire practices. The poorer the population served by a practice, the greater the under-recording, exacerbating health inequalities.
- More than elsewhere, patients in Northamptonshire have not had their recommended cardiovascular risk assessment and are therefore not receiving risk reduction advice and treatment. Of the 78 practices in the County, a quarter (19 practices) had assessed the risk in fewer than 1% of their eligible registered patients by 30 September 2013, and more than seventy per cent (fifty-six practices) had assessed fewer than ten per cent of their patients.
- Rates of angiography and revascularisation in Northamptonshire are substantially higher than those reported for either England or the East Midlands. Rates of elective cardiac angioplasty in Northamptonshire are significantly higher than regional rates, and an independent investigation has been arranged.
- In Northamptonshire, as elsewhere, socio-economically deprived people are substantially more likely to die from cardiovascular disease than more affluent groups. However, deprived people in Northamptonshire are obtaining more access to health care, in proportion to their higher levels of needs.
- Compared with similar clinical commissioning groups (CCGs), Nene has high rates of hospital care for cardiovascular disease and higher expenditure. Modelling indicates that Nene CCG could reduce mortality from cardiovascular disease by 81 lives a year by improving its approach to cardiovascular disease. The modelling also suggests that £8m could also be saved from the CCG's spending on cardiovascular services, more than in the other clinical areas considered. Prescribing costs could be reduced by £900,000. The modelling assumes that Nene is similar to its assigned peer group, whereas it is in fact one of the most deprived members of the comparator group. This may make the comparison unreliable.

- Corby CCG's rates of, and spend per head on, elective and day case admissions for cardiovascular disease are the highest in England; its rates of, and spending on, all secondary care admissions for this indication are fourth highest. Its rate of elective and day case admissions is more than twice the England average. The modelling indicates that Corby CCG is capable of saving £1.4m from its cardiovascular services budget. It is not clear how much the high use of angioplasty in Kettering influences these results or whether there are more systematic drivers of overuse of cardiovascular services.
- We were not able to obtain information about the prevention of cardiovascular disease within the timescale of this project.

## Recommendations

- We recommend that Northamptonshire develops a strategy on healthy eating. This could include:
  - restricting planning permission for take-aways and other food retail outlets in specific areas, for example, within walking distance of schools
  - ensuring publicly funded venues provide a range of affordable healthier options
  - encouraging venues frequented by children and young people and supported by public money to resist sponsorship or product placement from companies associated with foods high in fat, sugar or salt
  - providing only healthy food via publicly funded outlets
  - encouraging workplaces and employers to offer and promote access to healthy foods and beverages.
  - promote brief interventions in health and educational settings, ensuring that interventions are culturally diverse and sensitive to a broad range of dietary requirements.
- We also recommend a strategy on physical activity. This could include the following areas for action:
  - *leadership*: promote the importance of encouraging physical activity as part of all council portfolios, ensure physical activity is a key priority when developing local authority programmes and targets, explain to the public the local authority's role in promoting physical activity.
  - *policy*: promote the benefits of physical activity and encourage participation creating an environment which encourages physical activity, build physical activity into the planning process, promote access by foot and cycle, promote physically active and sustainable travel.
  - *commissioning*: develop exercise referral programmes, promote community walking and cycling schemes, ensure brief advice on physical activity is incorporated into care pathways.
- Primary care services should improve their approach to the identification and management of people at increased risk of cardiovascular disease. There are two key elements to this:

- *Accelerating the roll-out of the NHS Health Check:* Whatever the reasons for the delayed start to NHS Health Check in Northamptonshire, it has disadvantaged people at increased risk and allowed their disease to progress further without risk factor modification. Northamptonshire County Council is required to ensure that all eligible residents have been invited for NHS Health Check by April 2018, which will require an acceleration in the present rate of progress.

Working with partners in NHS England, the clinical commissioning groups and primary care, the County Council should consider how rates of invitation could be increased. This might include

- using outreach workers to directly engage with vulnerable communities
- delivering NHS Health Check directly in deprived areas, rather than via primary care
- working with a broader range of community providers such as pharmacies, voluntary and community organisations that have a presence among more disadvantaged communities
- ensuring that NHS Health Check materials are translated and culturally relevant
- ensuring relationships and links are developed with community and faith groups
- examining innovative delivery methods such as health buses.

Four Northamptonshire practices have already provided more than a third of their registered patients a cardiovascular risk assessment; understanding how they have achieved such early success will be useful for the others.

- Improving rates of clinical diagnosis, recording and risk management in primary care: PHAST's analysis indicates that 230,000 people with clinical conditions that increase their risk of serious cardiovascular events remain undiagnosed or unrecorded by primary care systems in Northamptonshire, with the result that their risk cannot be addressed and modified. Those responsible for the quality of primary care services in the County should work with NHS England and the CCGs to improve practices' performance so that the majority perform as well as the best. Much of this will follow from successful implementation of NHS Health Check and a rigorous and methodical approach to using the information it provides.
- Our analysis of hospital services was constrained by the limited data available on services available and the consequent costs. The available information indicates that activity is broadly in line with population needs and is equitable, but a more granular analysis would be appropriate, using programme budgeting techniques. It may be that Northamptonshire's CCGs have already reviewed their patterns of investment and identified opportunities to use the available resources better, though they are new organisations and may not yet have had time to undertake this. Some of our contacts indicated that a more comprehensive review of the commissioning of cardiovascular services was planned for 2014, and we commend this.

## Key early priorities are:

- Accelerating the roll-out of the NHS Health Check
- Improving rates of clinical diagnosis, recording and risk management in primary care.

This needs assessment should be read in conjunction with the reports on smoking, obesity and diabetes.