



NHS Eastbourne, Hailsham And Seaford CCG

Background

This cardiovascular disease summary profile focuses on coronary heart disease (CHD) and heart failure and is produced by the National Cardiovascular Intelligence Network (NCVIN). Summary profiles are available for each clinical commissioning group (CCG) in England on 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 and Transformation Partnership (STP).

Key Facts	CCG	Similar CCGs	STP	England
Coronary heart disease prevalence (per cent)	4.0	3.9	3.3	3.1
Heart failure prevalence (per cent)	1.1	1.1	0.8	0.8
CHD admissions (rate per 100,000)	379.6	-	455.7	502.4
Heart failure admissions (rate per 100,000)	113.5	-	121.1	161.7
CHD early mortality (rate per 100,000)	26.1	-	31.0	38.7

Key Information

Early mortality (under 75 years) rates from coronary heart disease are significantly lower than the England rate.

The CCG mortality rate has decreased by 51.3% since 2004-2006.

In the three year period 2015-2017, the early mortality rate for CHD in NHS Eastbourne, Hailsham And Seaford CCG was 26.1 per 100,000 people.

In 2017/18 the admission rate for CHD in NHS Eastbourne, Hailsham And Seaford CCG was 379.6 for every 100,000 people in the population (888 admissions). This is significantly lower than the England rate (502 per 100,000).

Getting treatment quickly is important for serious heart attack, where the coronary artery is blocked. In 2016/17, the South East Coast Ambulance Service Trust recorded 89.7% of these patients receiving primary percutaneous coronary intervention (primary PCI) treatment within 150 minutes from the time a call for help was made. In England, this was 85.8%. PCI is a procedure used to treat the narrowed or obstructed coronary arteries of the heart.

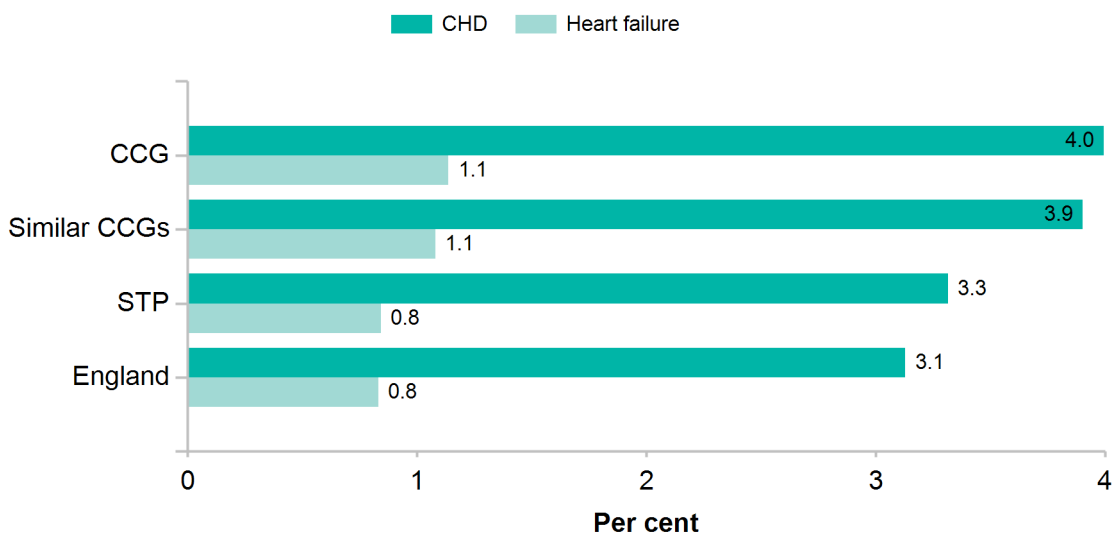


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Disease prevalence

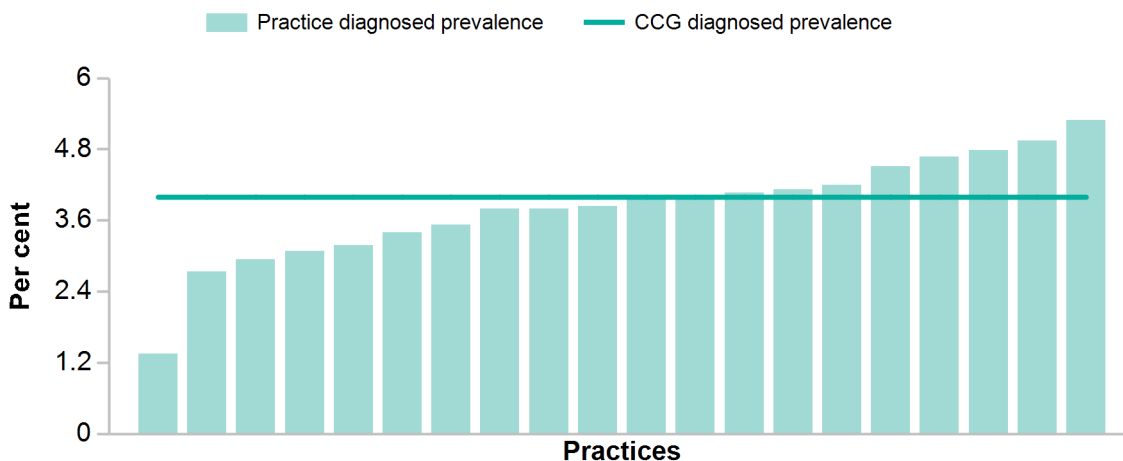
Prevalence is the number of people in a given population with a particular condition at a point in time. The diagnosed prevalence of CHD and heart failure is calculated from the returns submitted to NHS Digital as part of the Quality and Outcomes Framework (QOF) by each GP practice. Diagnosed prevalence 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, 2017/18 (per cent)



Source: Quality and Outcomes Framework 2017/18

Variation by general practice of coronary heart disease prevalence, 2017/18 (per cent)



Source: Quality and Outcomes Framework 2017/18

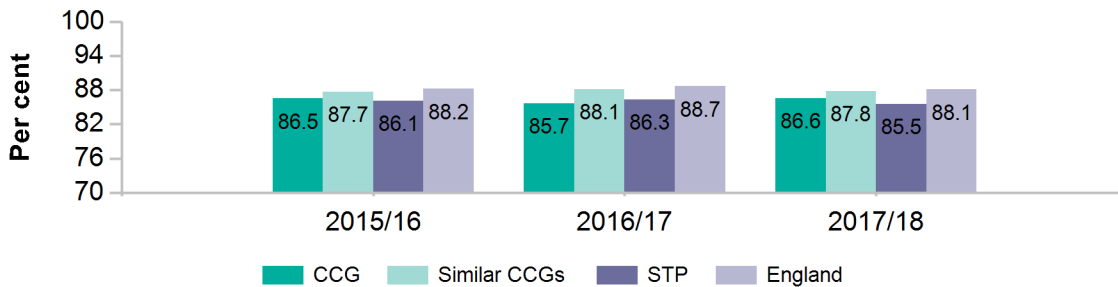


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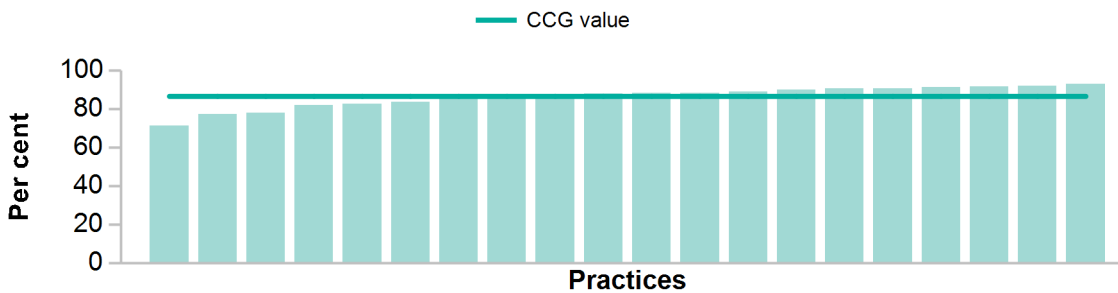
Care processes and treatment indicators

There are four QOF CHD and HF clinical indicators which describe the management of the disease in primary care. The graphs below and on the next page present percentages receiving treatment against these clinical indicators for the CCG and for the practices within the CCG.

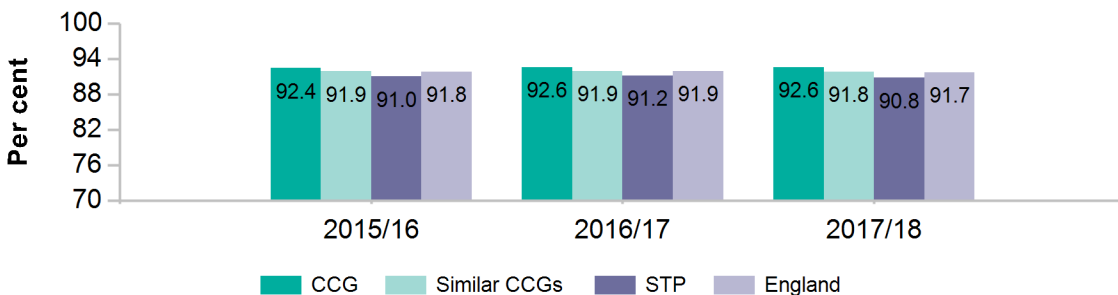
CHD002 - The percentage of patients with coronary heart disease in whom the last blood pressure reading is 150/90 mmHg or less, 2015/16 - 2017/18.



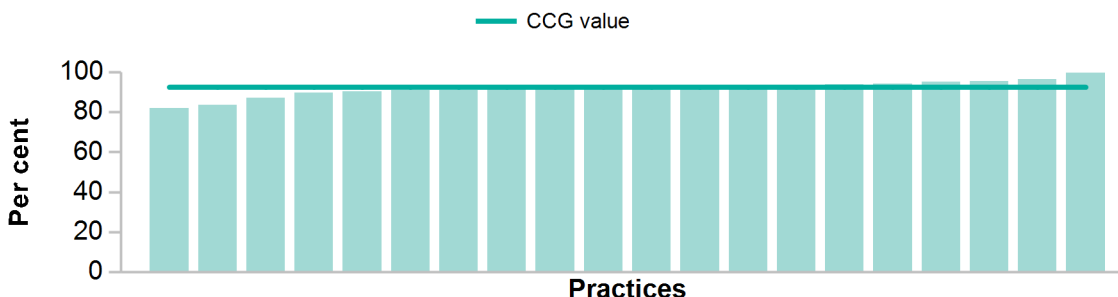
CHD002 - variation at GP practice level 2017/18



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, 2015/16 - 2017/18.



CHD005 - variation at GP practice level 2017/18

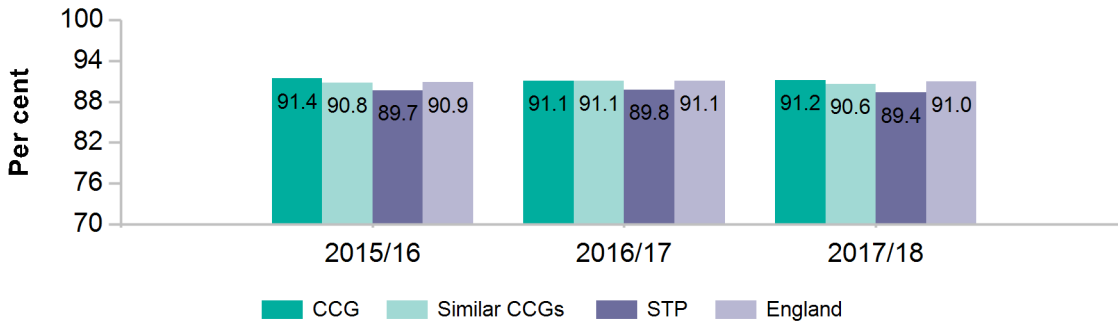


Sources: Quality and Outcomes Framework 2015/18

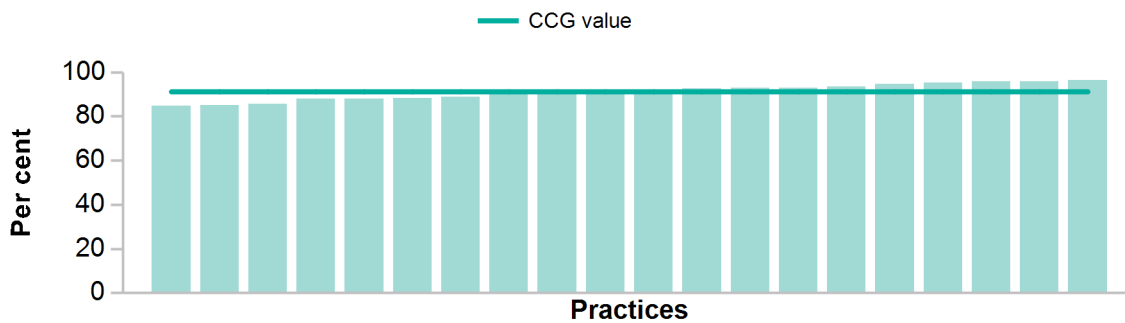


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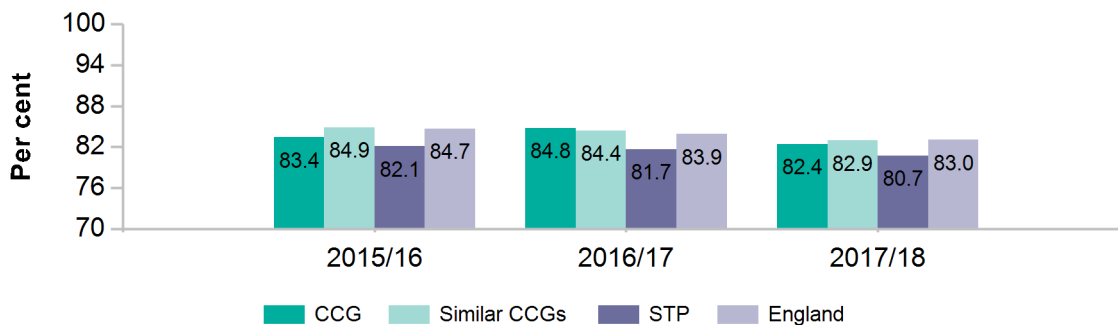
HF002 - The percentage of patients with a diagnosis of heart failure which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register, 2015/16 - 2017/18.



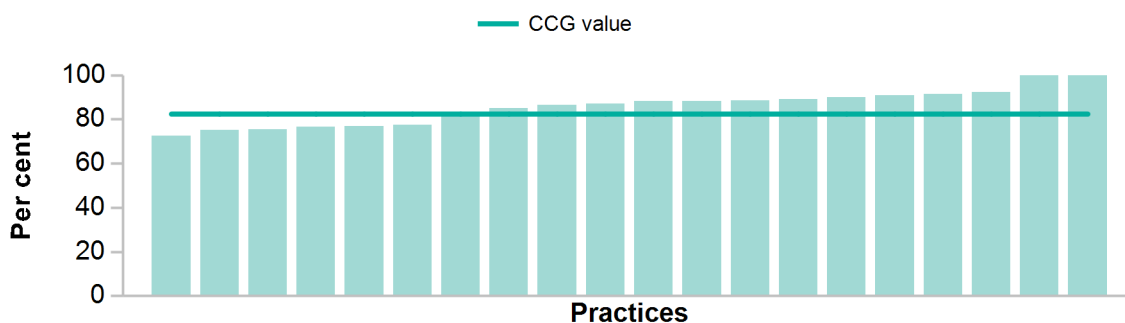
HF002 - variation at GP practice level 2017/18



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, 2015/16 - 2017/18.



HF003 - variation at GP practice level 2017/18



Sources: Quality and Outcomes Framework 2015/18



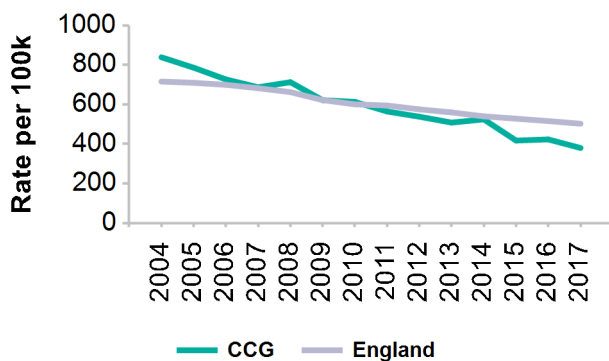
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Management - hospital admissions

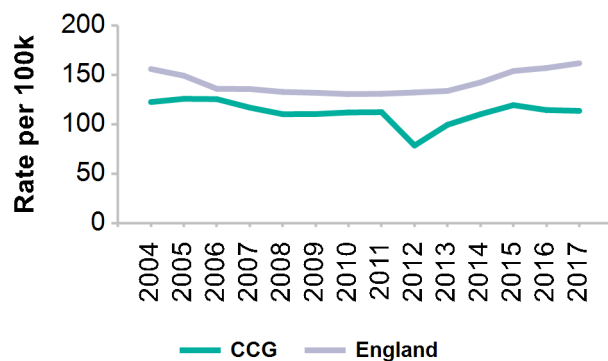
In 2017/18 the admission rate for CHD in NHS Eastbourne, Hailsham And Seaford CCG was 379.6 for every 100,000 people in the population (888 admissions). This is significantly lower than England (502.4 per 100,000).

In 2017/18 the admission rate for heart failure for all persons in NHS Eastbourne, Hailsham And Seaford CCG was 113.5 for every 100,000 people in the population (313 admissions).

Coronary Heart disease



Heart failure

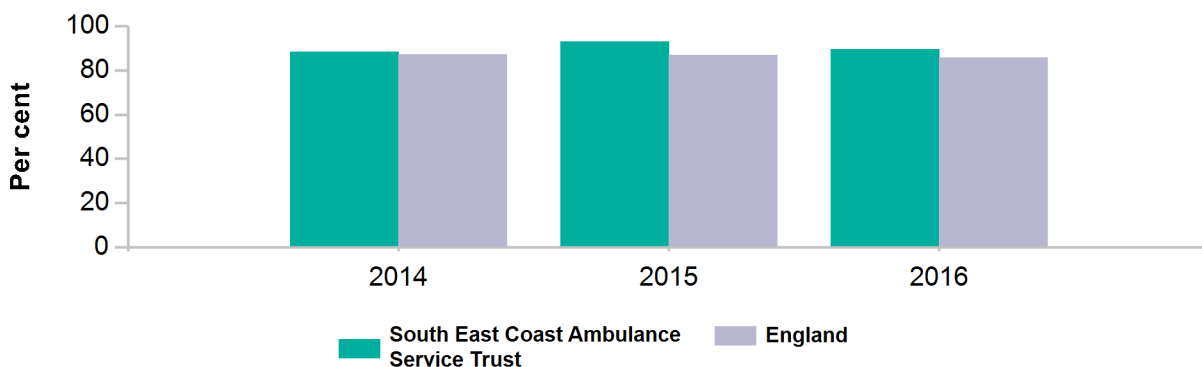


Source: Hospital Episode Statistics (HES), 2017/18. Copyright © 2019, Re-used with the permission of NHS Digital. All rights reserved

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 Trust recorded 970 patients with a serious heart attack in 2016/17. 89.7% 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, 2014/15-2016/17 (per cent)



Source: NHS England 2016/17



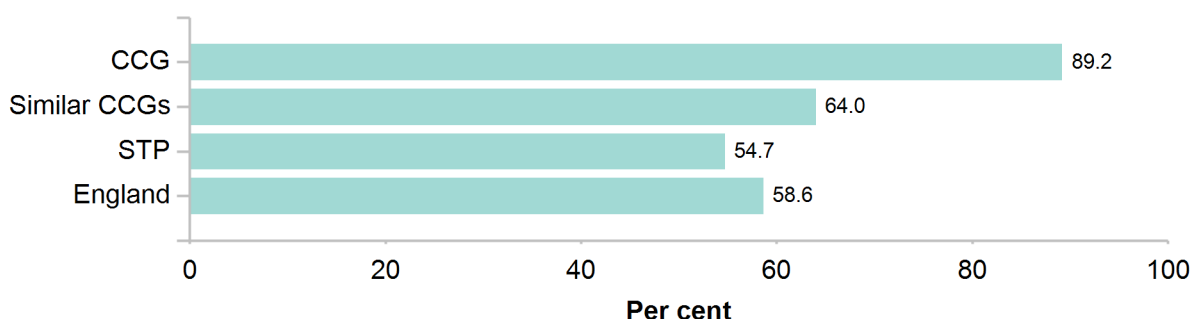
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Outcomes - mortality

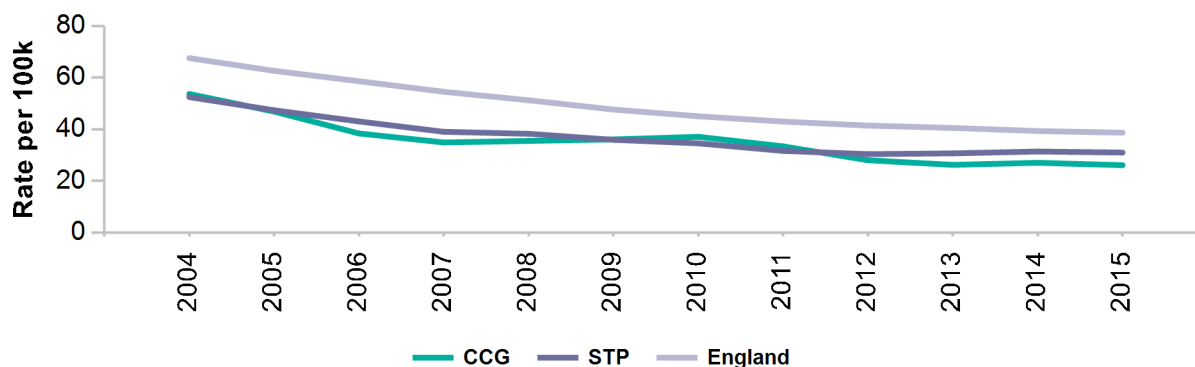
Heart failure - deaths at home

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, 2016-2017 (per cent)



Early mortality from CHD, 2004-06 to 2015-17 (age-standardised rate)



Sources: ONS Mortality data 2017

The Public Health Outcomes Framework includes an objective for reducing numbers of people dying prematurely under the age of 75 from cardiovascular disease. CHD is the largest contributor to cardiovascular disease mortality (45%) and in the three year period 2015-2017, the early mortality rate for CHD in NHS Eastbourne, Hailsham And Seaford CCG was 26.1 per 100,000. This is a decrease of 51.3% since 2004-2006. In England, the mortality rate has decreased by 42.7% over this time period and the rate in the Sussex and East Surrey STP has decreased by 40.9%.

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/what-we-do/our-research/heart-statistics