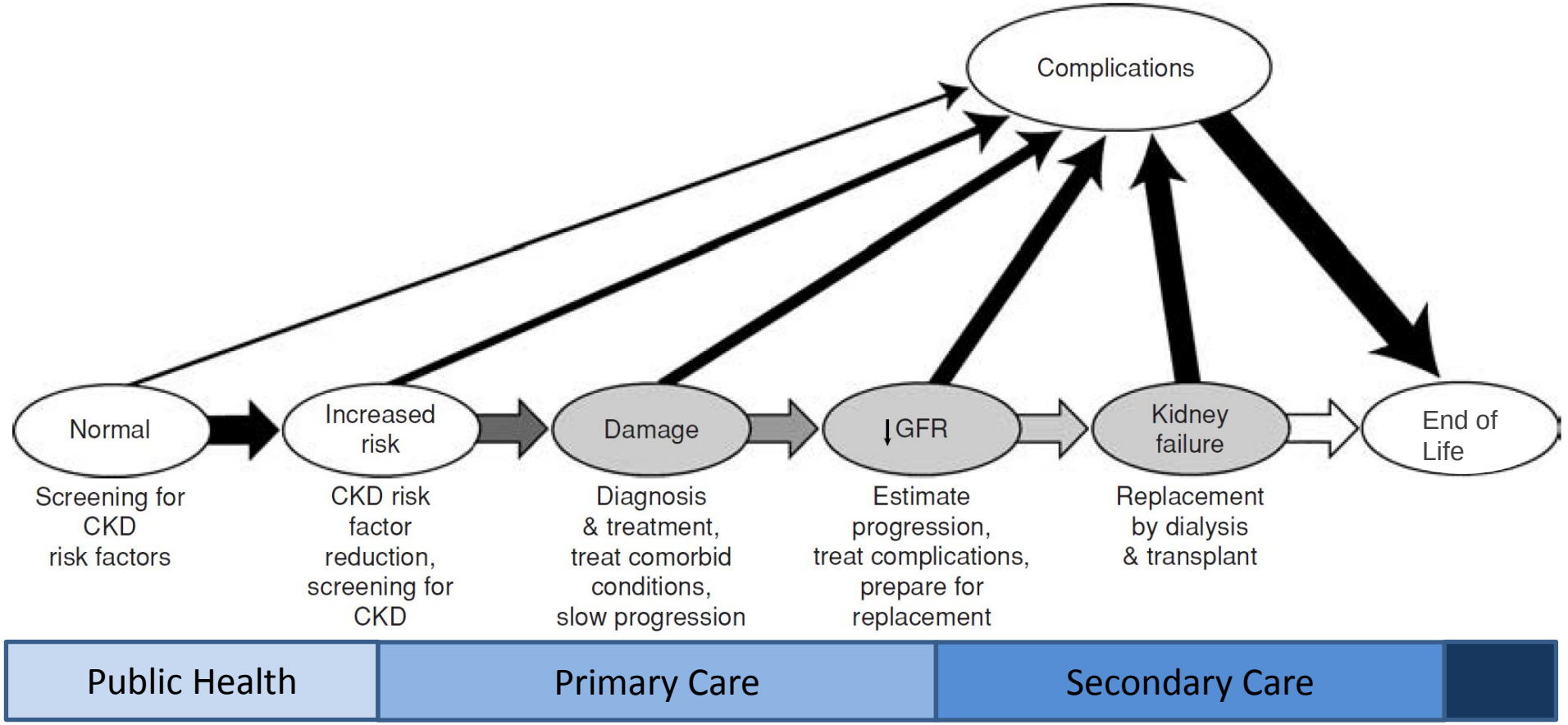
NCVIN – DATA ON EARLY CVD

JAMES MEDCALF



Levey AS et al. KI 67(6). 2005 p2089-2100

Data Sources

- QOF and INLIQ
- Survey data (often used to produce modelled estimates)
- Hospital Episode Statistics
- Programme Budgeting (NHS RightCare)
- National Audit Programmes (e.g. UKRR)

Data Products

- NHS RightCare (https://www.england.nhs.uk/rightcare/)
- Hypertension (http://www.yhpho.org.uk/hypertensionccg/default.aspx)
- NCVIN profiles (http://www.yhpho.org.uk/ncvincvd/default.aspx)
- UK renal registry (https://www.renalreg.org/)

Public Health England

NHS RightCare

Commissioning for Value Where to Look pack

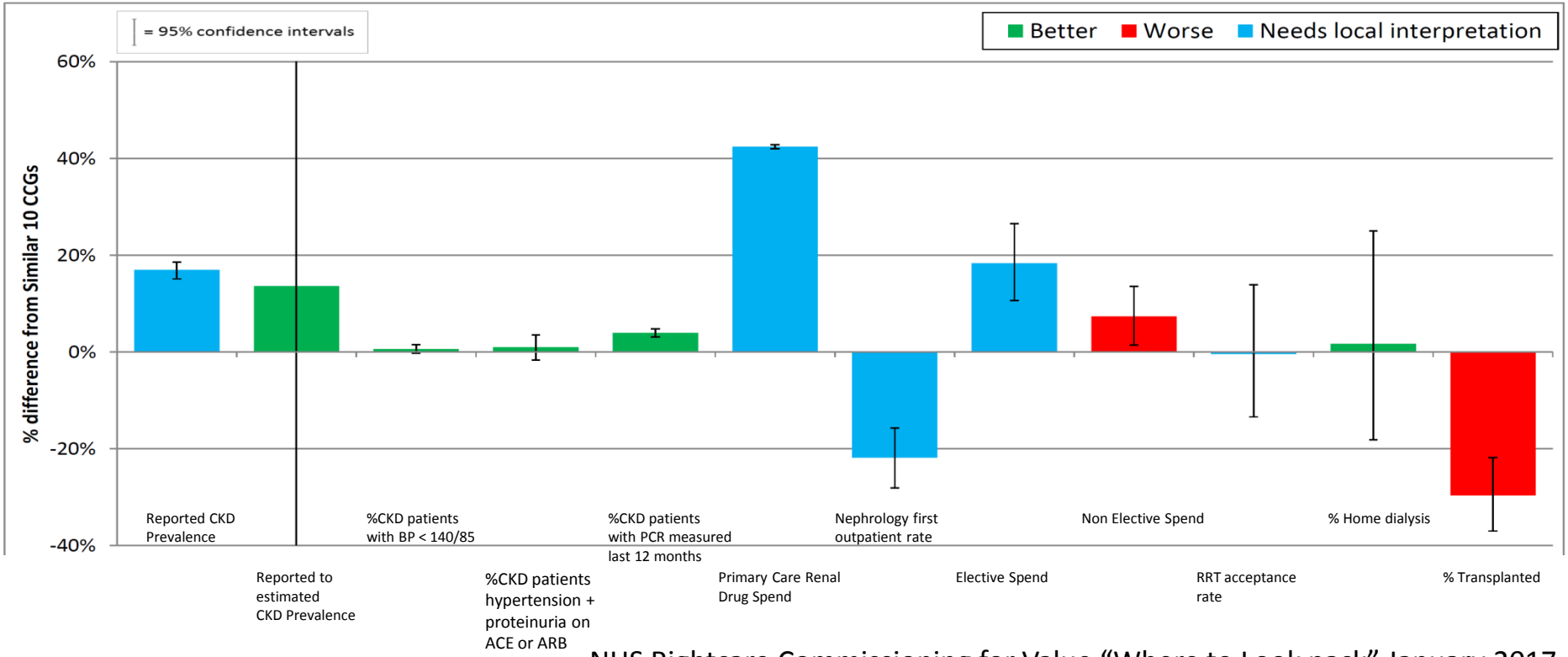
NHS Sandwell and West Birmingham CCG

January 2017

OFFICIAL

Gateway ref: 06345

The Right Care Approach

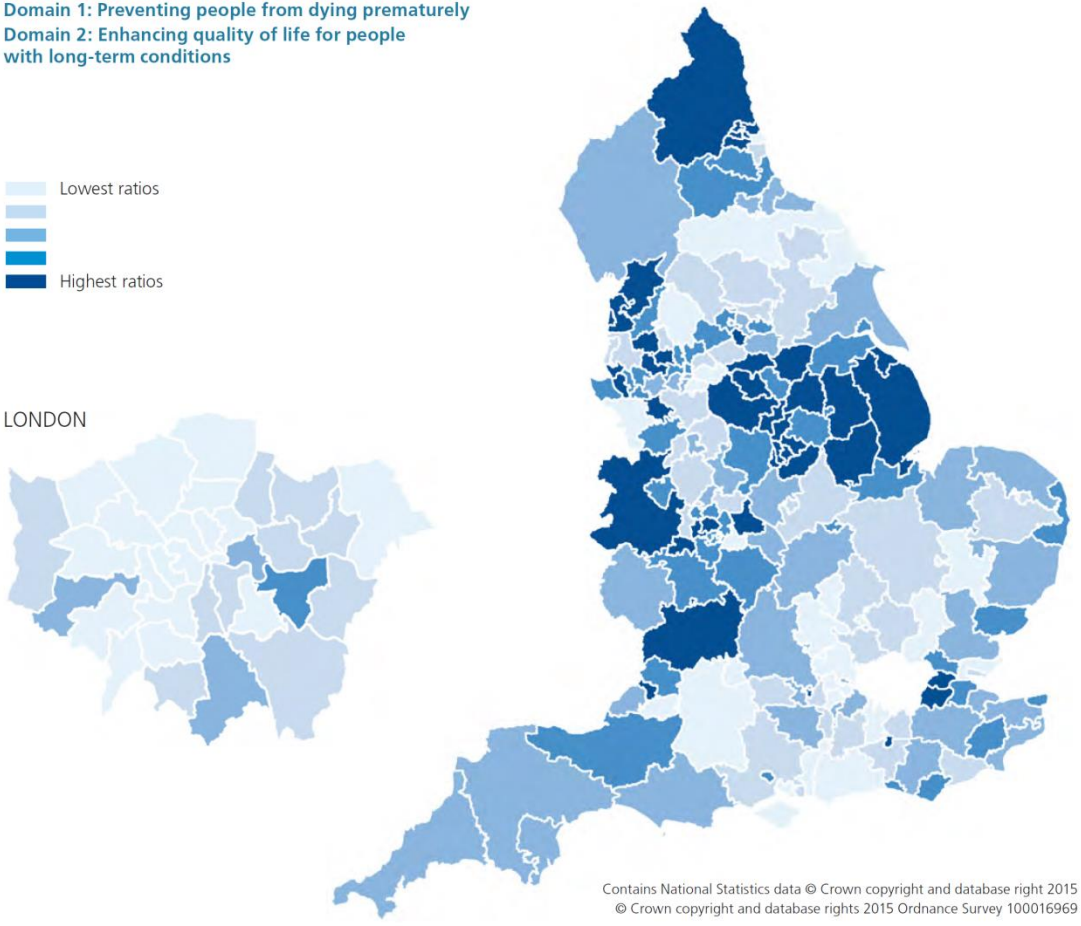


NHS Rightcare Commissioning for Value "Where to Look pack" January 2017
https://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/

Map 27: Ratio of reported to expected prevalence of chronic kidney disease (CKD) by CCG

2012/13

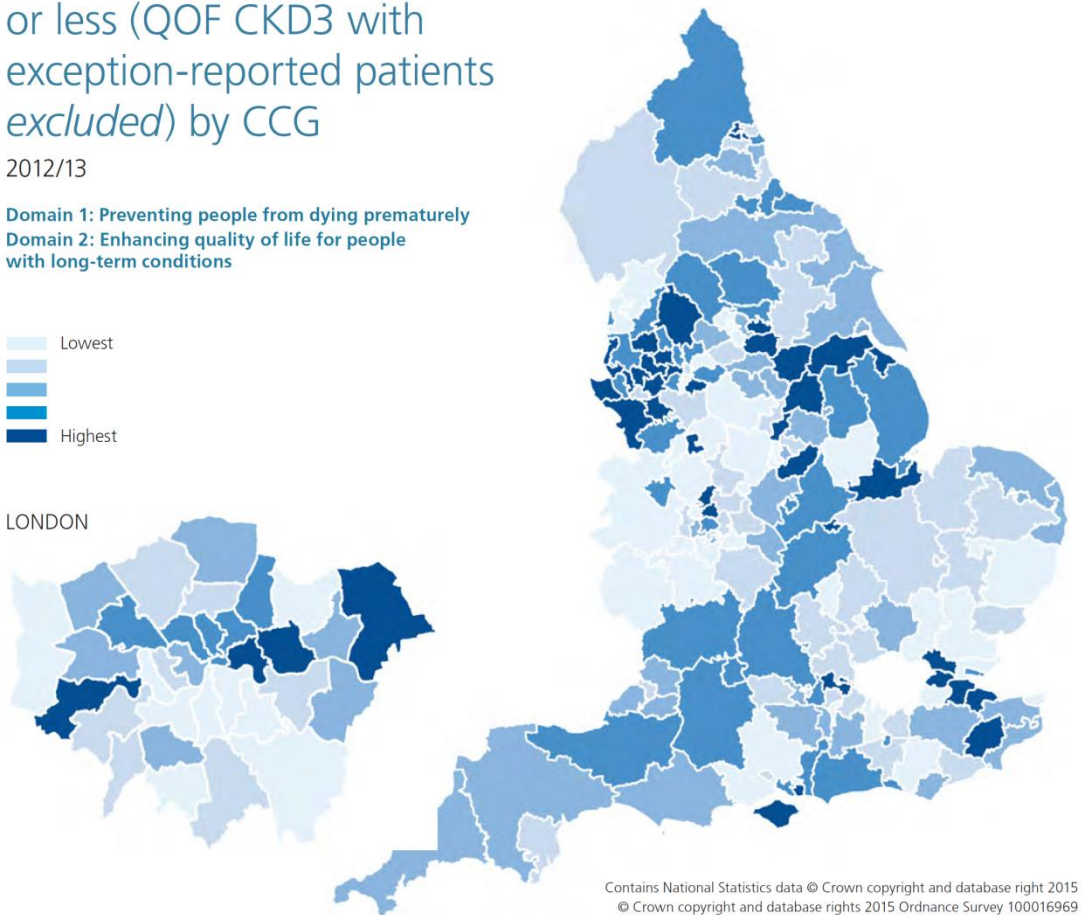
Domain 1: Preventing people from dying prematurely
Domain 2: Enhancing quality of life for people with long-term conditions



Map 26: Percentage of people on the chronic kidney disease (CKD) register whose most recent blood-pressure measurement in the previous 15 months was 140/85 mmHg or less (QOF CKD3 with exception-reported patients *excluded*) by CCG

2012/13

Domain 1: Preventing people from dying prematurely
Domain 2: Enhancing quality of life for people with long-term conditions



Public Health England

Protecting and improving the nation's health

Hypertension Profile

NHS Birmingham Crosscity CCG

Background

This profile compares NHS Birmingham Crosscity CCG with data for England, a group of similar CCGs and the West Midlands strategic clinical network (SCN).

High blood pressure (hypertension) is one of the leading risk factors for premature death and disability, and can lead to conditions including stroke, heart attack, heart failure, chronic kidney disease and dementia. A blood pressure reading over 140/90mmHg indicates hypertension, which should be confirmed by tests on separate occasions to reach a diagnosis.

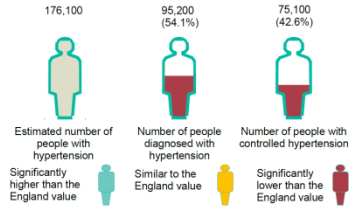
Diseases caused by high blood pressure cost the NHS over £2billion every year. By reducing the blood pressure of the nation as a whole, £850million of NHS and social care spend could be avoided over ten years. International comparison shows that improvement is possible and plausible. While around four in ten adults in England with high blood pressure are both diagnosed and controlled to recommended levels, the rate achieved in Canada is seven in ten (achieved with similar resources).

In NHS Birmingham Crosscity CCG the percentage of hypertension detected and controlled to 150/90 is 42.6%. In order to match the achievement of Canada a further 41,100 people would need to receive treatment and have blood pressure controlled.

Public Health England has published evidence-based advice on how to effectively identify, treat and prevent hypertension; Tackling high blood pressure: from evidence into action[1].

[1] www.tinyurl.com/prk7drz

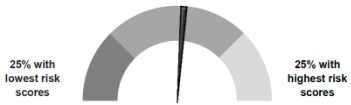
Diagnosis and control of hypertension in NHS Birmingham Crosscity CCG*



* Based on GP registered population

	Chosen CCG	Comparator CCGs[2]	SCN	England
Proportion diagnosed with hypertension	54.1%	57.0%	58.5%	55.8%
Proportion with controlled hypertension	42.6%	45.7%	47.1%	44.9%

Lifestyle risk factors for hypertension



The lifestyle risk factors for hypertension; obesity, lack of exercise and excess alcohol drinking have been combined and weighted to produce an overall lifestyle hypertension ranking for each CCG. NHS Birmingham Crosscity CCG ranks 107 out of 209 CCGs for the combined lifestyle risk factors for hypertension.

[2] www.tinyurl.com/qfg3sgy

Public Health England

Protecting and improving the nation's health

Cardiovascular disease profile - Diabetes

April 2016

NHS Birmingham Crosscity CCG

Background

This chapter of the cardiovascular profiles focuses on diabetes and is produced by the National Cardiovascular Intelligence Network (NCVIN). The profiles are available for each clinical commissioning group (CCG) in England. Each profile is made up of five chapters which look at risk factors, coronary heart disease (CHD), diabetes, kidney disease and stroke. This profile compares the CCG with data for England, and where data are available, a group of similar CCGs and the West Midlands strategic clinical network (SCN).

Key facts	Local	Comparator CCGs	SCN	England
Diabetes prevalence in adults (per cent)	7.9	7.8	7.3	6.4
People with diabetes whose last HbA1c was 59mmol/mol or less (per cent)	63.1	60.8	61.8	60.4
People with diabetes whose last blood pressure was 140/80 or less (per cent)	68.4	71.6	71.0	71.2
People with diabetes whose last cholesterol was 5mmol/L or less (per cent)	72.2	70.8	72.3	70.8
Additional risk of mortality in people with diabetes (per cent)	25.6	-	-	39.2

Key information

The resident population of NHS Birmingham Crosscity CCG is 731,700 and 102,200 of these people are aged 65 and over. In the CCG, 55.5% of people live in the most deprived fifth of areas in England.

In 2015 there were 45,736 people aged 17 years or older who had been diagnosed with diabetes and included in GP registers in NHS Birmingham Crosscity CCG. This equals 7.9% of this age group. In England, the diagnosed diabetes prevalence is 6.4%.

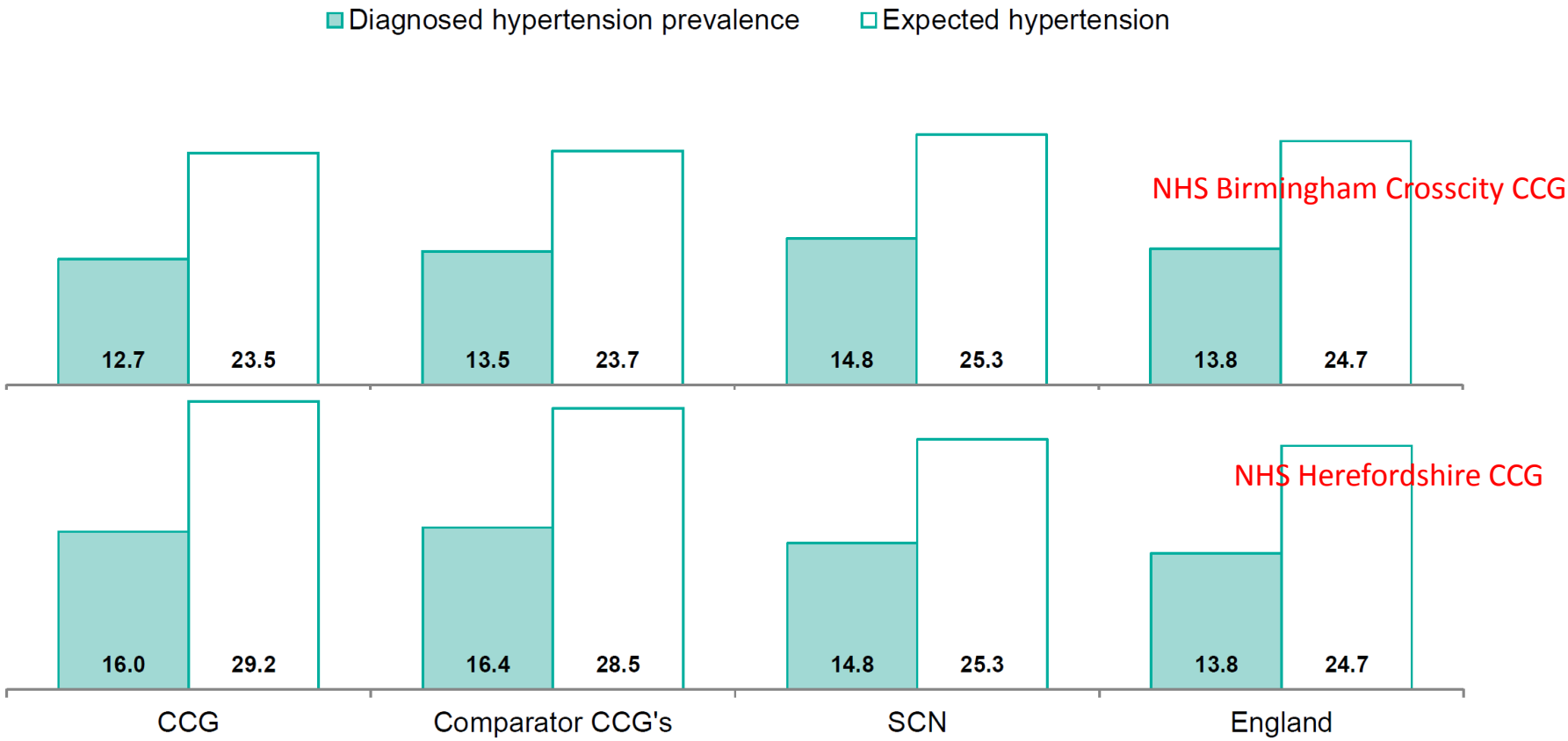
At GP practice level in NHS Birmingham Crosscity CCG, the percentage of patients receiving all eight care processes ranged from 6.5% to 73.5%. For three treatment targets, the percentage ranged from 29.9% to 48%.

People with diabetes are at a higher risk of having a heart attack or stroke. In this area, people with diabetes are 103.8% more likely than people without diabetes to have a heart attack. This is lower than the figure for England which is 108.6%. People with diabetes are also 94.1% more likely to have a stroke. This is higher than the figure for England where there is a 81.3% greater risk.

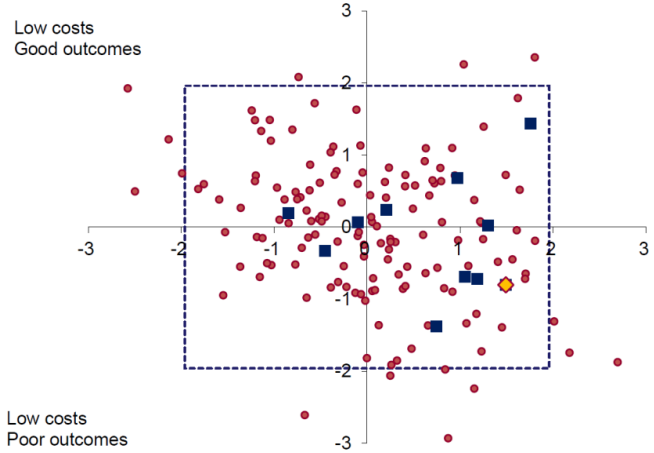
NHS Rightcare Similar CCG

NHS Birmingham Crosscity CCG	NHS Herefordshire CCG	NHS Sandwell and West Birmingham CCG
NHS Sandwell And West Birmingham CCG	NHS Hambleton, Richmondshire And Whitby CCG	NHS Birmingham Crosscity CCG
NHS Coventry And Rugby CCG	NHS West Suffolk CCG	NHS Birmingham South And Central CCG
NHS Bradford Districts CCG	NHS West Norfolk CCG	NHS Leicester City CCG
NHS Bolton CCG	NHS Shropshire CCG	NHS Luton CCG
NHS Wolverhampton CCG	NHS South Norfolk CCG	NHS North Manchester CCG
NHS Hillingdon CCG	NHS East Riding Of Yorkshire CCG	NHS Wolverhampton CCG
NHS Birmingham South And Central CCG	NHS Isle Of Wight CCG	NHS Hillingdon CCG
NHS Walsall CCG	NHS South West Lincolnshire CCG	NHS Bradford Districts CCG
NHS Oldham CCG	NHS South Kent Coast CCG	NHS Waltham Forest CCG
NHS Heywood, Middleton And Rochdale CCG	NHS Great Yarmouth And Waveney CCG	NHS Redbridge CCG

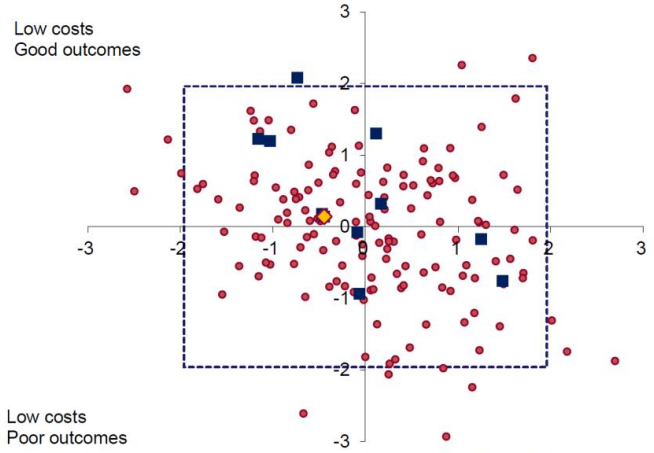
Prevalence of hypertension (per cent)



Source - Quality and Outcomes Framework 2014/15, ERPHO (HSE and Imperial College London) 2011



NHS Birmingham Crosscity CCG



NHS Herefordshire CCG

Source - Health and Social Care Information Centre (HSCIC) 2014/15

NHS Birmingham Crosscity CCG

Background

This chapter of the cardiovascular profiles focuses on diabetes and is produced by the National Cardiovascular Intelligence Network (NCVIN). The profiles are available for each clinical commissioning group (CCG) in England. Each profile is made up of five chapters which look at risk factors, coronary heart disease (CHD), diabetes, kidney disease and stroke. This profile compares the CCG with data for England, and where data are available, a group of similar CCGs and the West Midlands strategic clinical network (SCN).

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People with diabetes whose last cholesterol was 5mmol/L or less (per cent)	72.2	70.8	72.3	70.8
Additional risk of mortality in people with diabetes (per cent)	25.6	-	-	39.2

Key information

The resident population of NHS Birmingham Crosscity CCG is 731,700 and 102,200 of these people are aged 65 and over. In the CCG, 55.5% of people live in the most deprived fifth of areas in England.

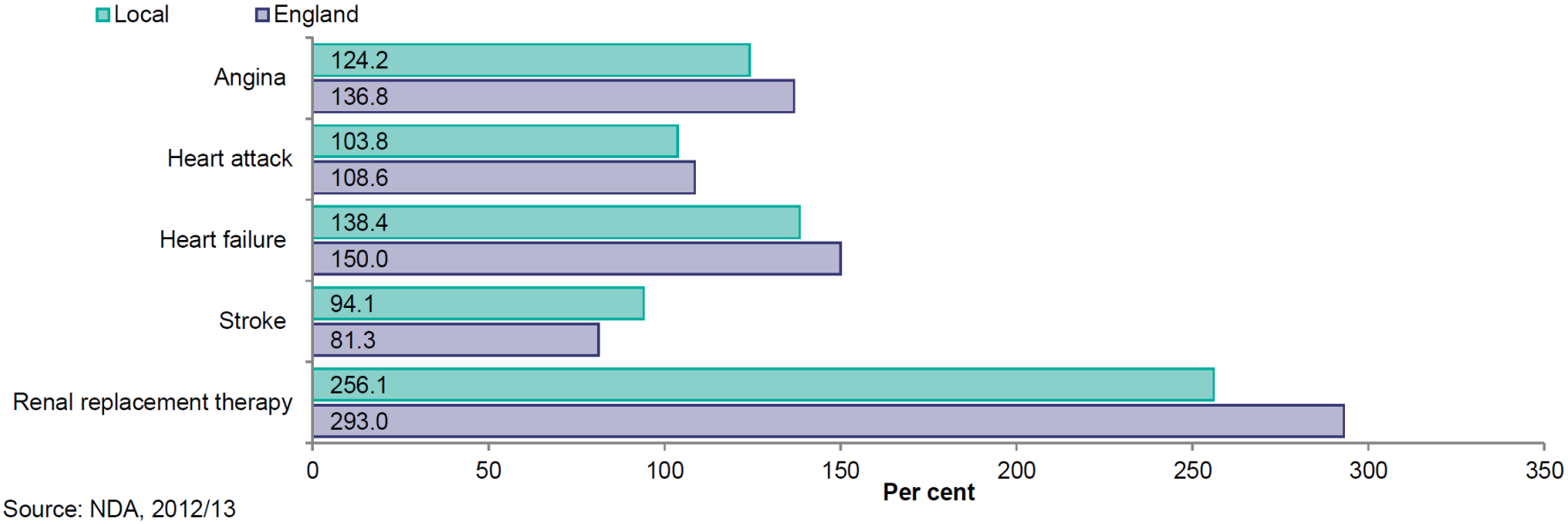
In 2015 there were 45,736 people aged 17 years or older who had been diagnosed with diabetes and included in GP registers in NHS Birmingham Crosscity CCG. This equals 7.9% of this age group. In England, the diagnosed diabetes prevalence is 6.4%.

At GP practice level in NHS Birmingham Crosscity CCG, the percentage of patients receiving all eight care processes ranged from 6.5% to 73.5%. For three treatment targets, the percentage ranged from 29.9% to 48%.

People with diabetes are at a higher risk of having a heart attack or stroke. In this area, people with diabetes are 103.8% more likely than people without diabetes to have a heart attack. This is lower than the figure for England which is 108.6%. People with diabetes are also 94.1% more likely to have a stroke. This is higher than the figure for England where there is a 81.3% greater risk.

A person with diabetes has a higher risk of cardiovascular complications (heart attack, angina, heart failure and stroke) and end stage kidney disease. The chart below compares the additional risk of complications for a person with diabetes to people without diabetes in the same CCG over a three year period. The figures have been adjusted to allow for the local variations in the age and sex of the population.

Comparison of the additional risk of complications for people with diabetes, 2010/11-2012/13



Source: NDA, 2012/13

NHS Birmingham Crosscity CCG

Background

This chapter of the cardiovascular disease profiles focuses on kidney disease and is produced by the National Cardiovascular Intelligence Network (NCVIN). The profiles are available for each clinical commissioning group (CCG) in England. Each profile is made up of five chapters which look at risk factors, coronary heart disease (CHD), diabetes, kidney disease and stroke.

This profile compares the CCG with data for England, a group of similar CCGs and the West Midlands strategic clinical network (SCN).

The chronic kidney disease (CKD) Quality and Outcomes Framework (QOF) clinical indicators have been retired in 2015/16. The requirement to maintain a CKD register in practices has been retained. www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/quality-and-outcomes-framework

Key facts	Local	Comparator CCGs	SCN	England
Observed prevalence of CKD (per cent)	3.9	4.1	4.6	4.1
Estimated prevalence of CKD (per cent)	5.8	5.7	6.3	6.1
Patients diagnosed with CKD whom the last blood pressure reading is 140/85 or less (per cent)	71.8	75.2	74.5	74.4
Number of people on RRT	817	-	5,644	49,842
Proportion of people on RRT with transplants	40.6	45.6	43.2	52.4

Key information

The total resident population of NHS Birmingham Crosscity CCG is 731,700 and 102,200 of these people are aged 65 and over. In the CCG, 55.5% of people live in the most deprived fifth of areas in England.

In 2014/15 there were 22,412 people aged 18 years and over who had been diagnosed with chronic kidney disease (CKD) in NHS Birmingham Crosscity CCG. This represents 3.9% of the registered population aged 18 and over.

There was wide variation in achievement of the CKD QOF indicators at practice level within the CCG in 2014/15.

There were 817 NHS Birmingham Crosscity CCG residents receiving renal replacement therapy (RRT) in 2014. The number of residents receiving RRT between 2009 and 2014 has increased by 12.7%.

In NHS Birmingham Crosscity CCG in 2014 the percentage of people receiving RRT who have had a renal transplant was 40.6%, a further 6.9% received home dialysis and 52.5% received hospital dialysis.

Key information

The total resident population of NHS Birmingham Crosscity CCG is 731,700 and 102,200 of these people are aged 65 and over. In the CCG, 55.5% of people live in the most deprived fifth of areas in England.

In 2014/15 there were 22,412 people aged 18 years and over who had been diagnosed with chronic kidney disease (CKD) in NHS Birmingham Crosscity CCG. This represents 3.9% of the registered population aged 18 and over.

Key information

The total resident population of NHS Sandwell and West Birmingham CCG is 484,400 and 63,900 of these people are aged 65 and over. In the CCG, 60.9% of people live in the most deprived fifth of areas in England.

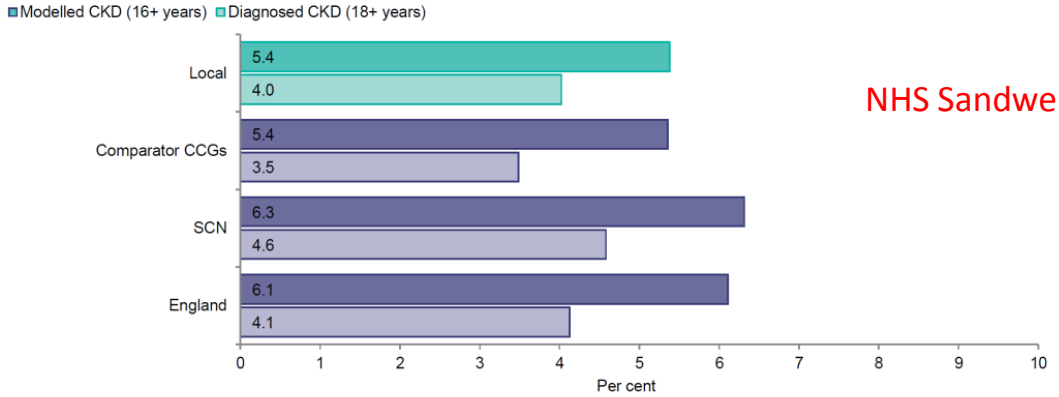
In 2014/15 there were 16,821 people aged 18 years and over who had been diagnosed with chronic kidney disease (CKD) in NHS Sandwell and West Birmingham CCG. This represents 4.0% of the registered population aged 18 and over.

Key information

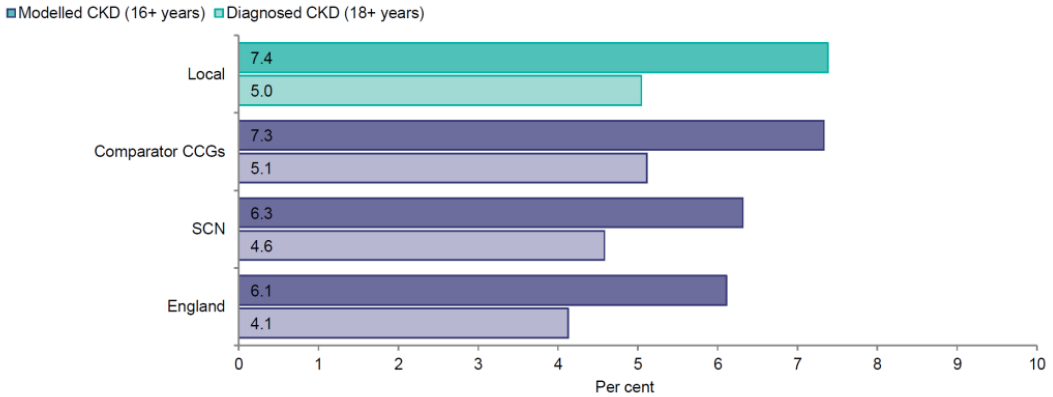
The total resident population of NHS Herefordshire CCG is 187,200 and 43,200 of these people are aged 65 and over. In the CCG, 7.8% of people live in the most deprived fifth of areas in England.

In 2014/15 there were 7,497 people aged 18 years and over who had been diagnosed with chronic kidney disease (CKD) in NHS Herefordshire CCG. This represents 5.0% of the registered population aged 18 and over.

Chronic kidney disease prevalence, 2014/15 (per cent)

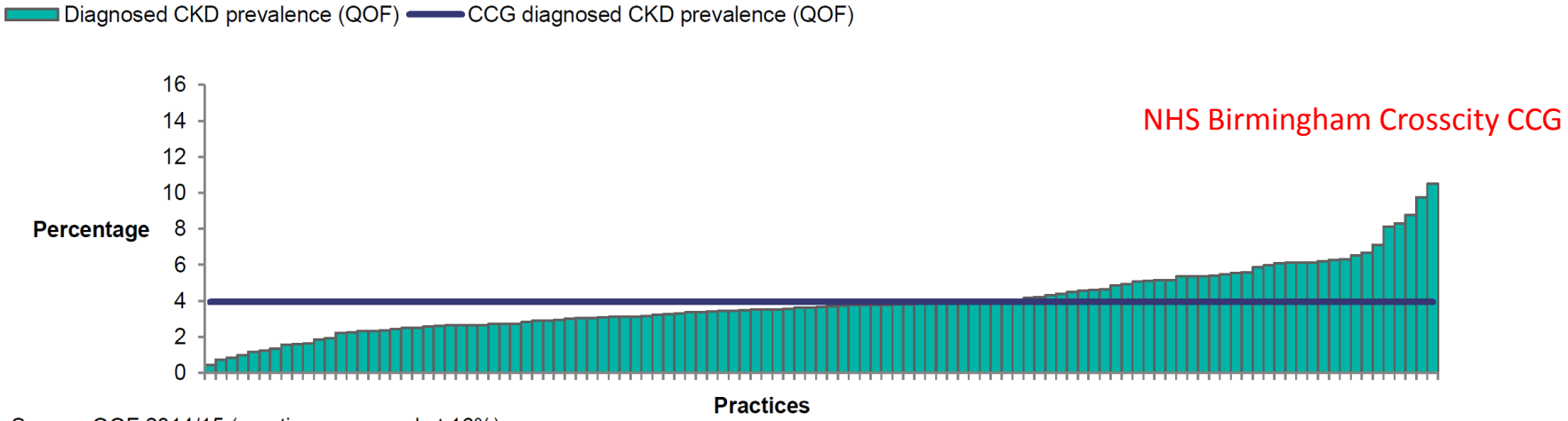


NHS Sandwell and West Birmingham CCG



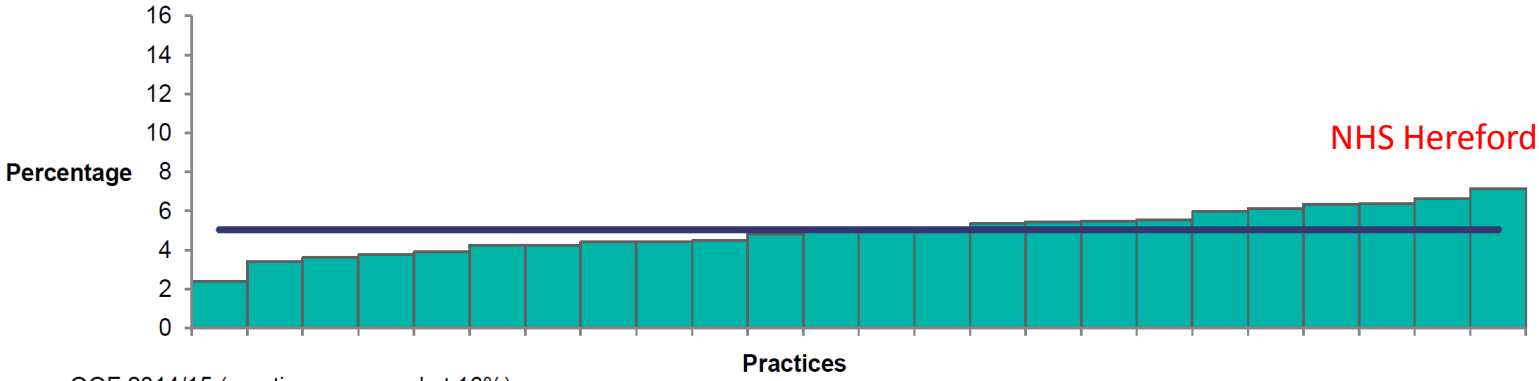
NHS Herefordshire CCG

Variation by general practice of chronic kidney disease prevalence, 2014/15 (per cent)



NHS Birmingham Crosscity CCG

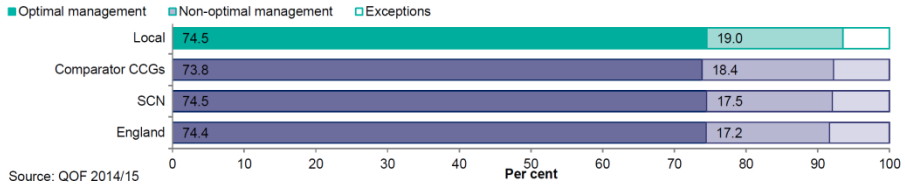
Source: QOF 2014/15 (practices censored at 16%)



NHS Herefordshire CCG

Source: QOF 2014/15 (practices censored at 16%)

The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less, CKD002, 2014/15 (per cent)



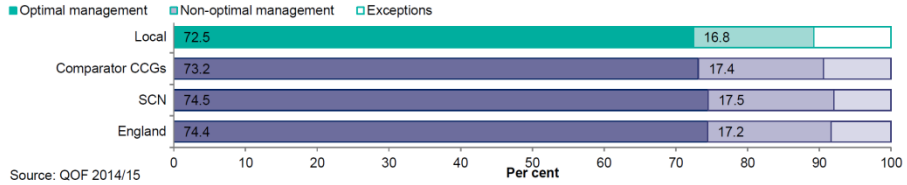
Source: QOF 2014/15

NHS Sandwell and West Birmingham CCG

Variation by general practice for CKD002, 2014/15 (per cent)

Source: QOF 2014/15

(measured in the preceding 12 months) is 140/85 mmHg or less, CKD002, 2014/15 (per cent)



Source: QOF 2014/15

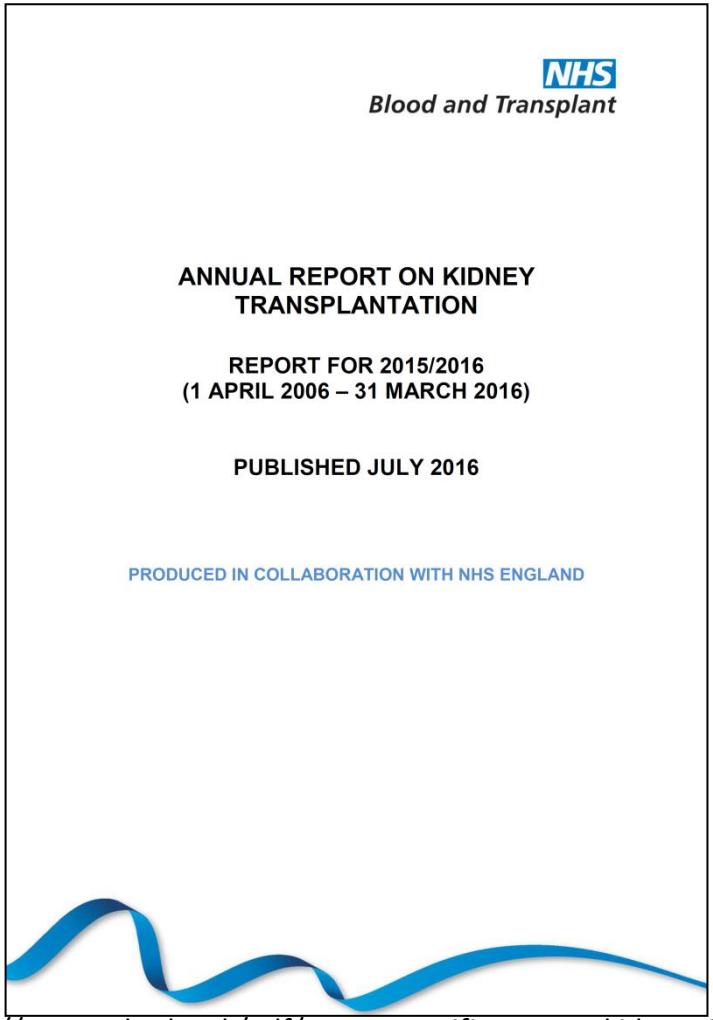
Variation by general practice for CKD002, 2014/15 (per cent)

Source: QOF 2014/15

NHS Herefordshire CCG

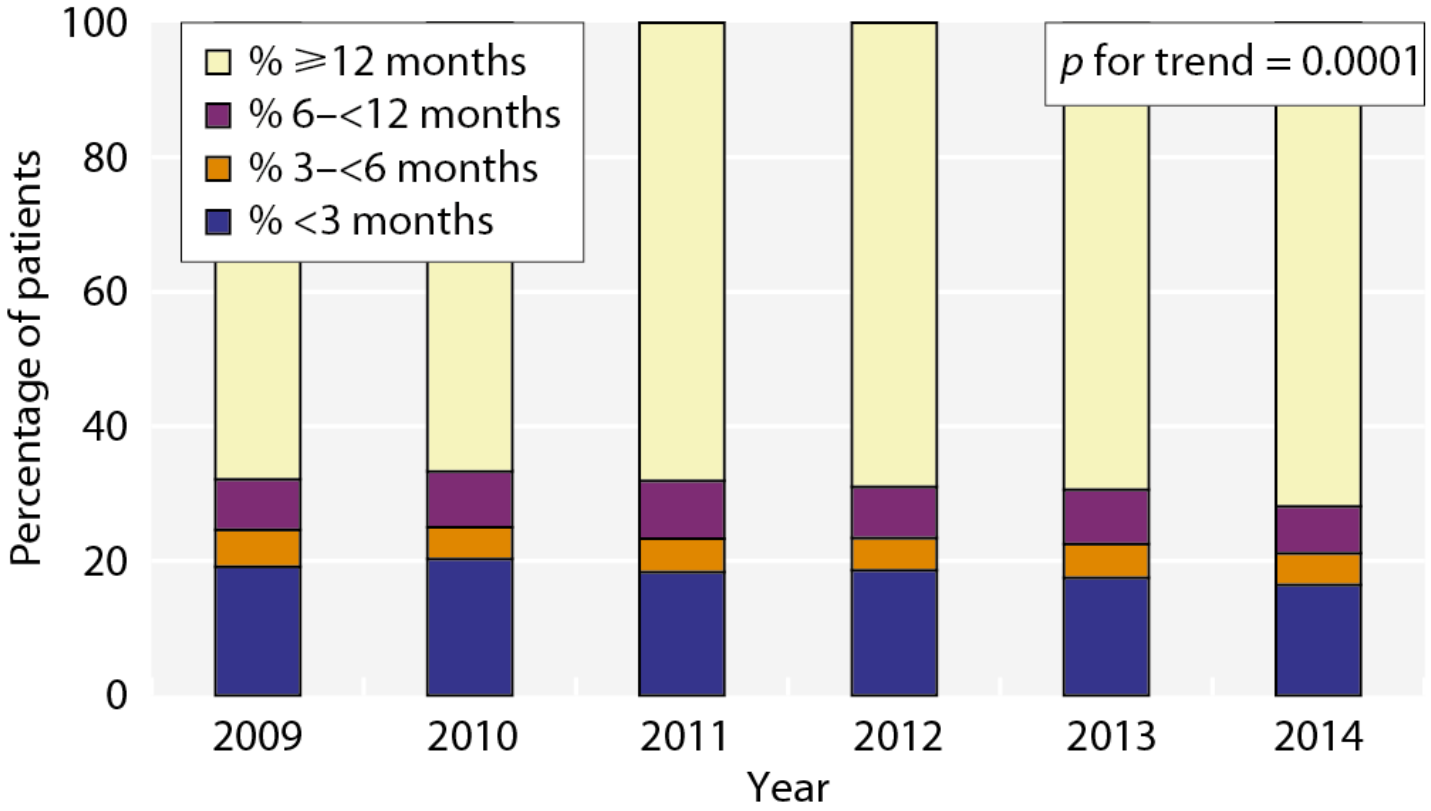
ADVANCED CKD CARE

https://www.renalreg.org/reports/2015-eighteenth-annual-report/

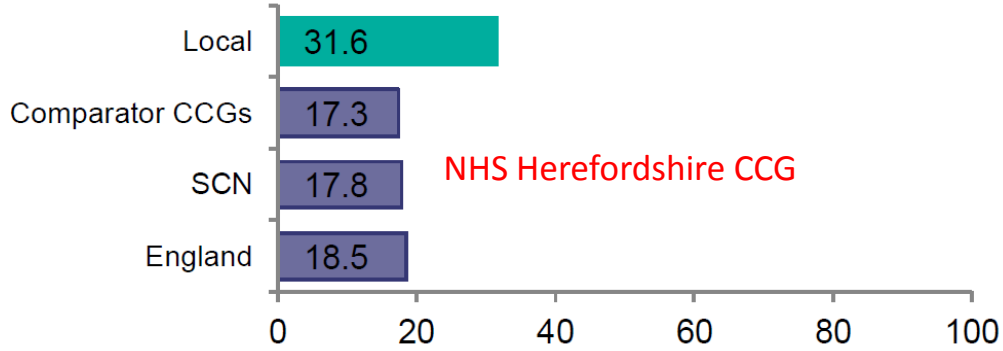


http://www.odt.nhs.uk/pdf/organ_specific_report_kidney_2016.pdf

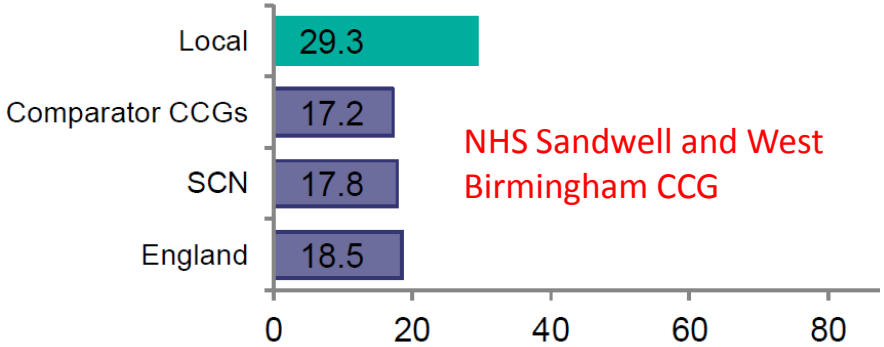
Figure 1.12. Late presentation rate by year (2009–2014)
Restricted to centres reporting continuous data for 2009–2014



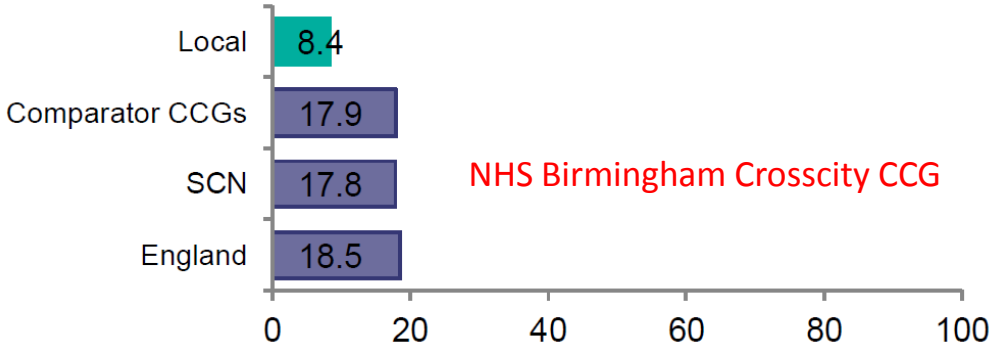
RRT patients presenting late (less than 90 days before RRT), 2013 and 2014 combined (per cent)



NHS Herefordshire CCG



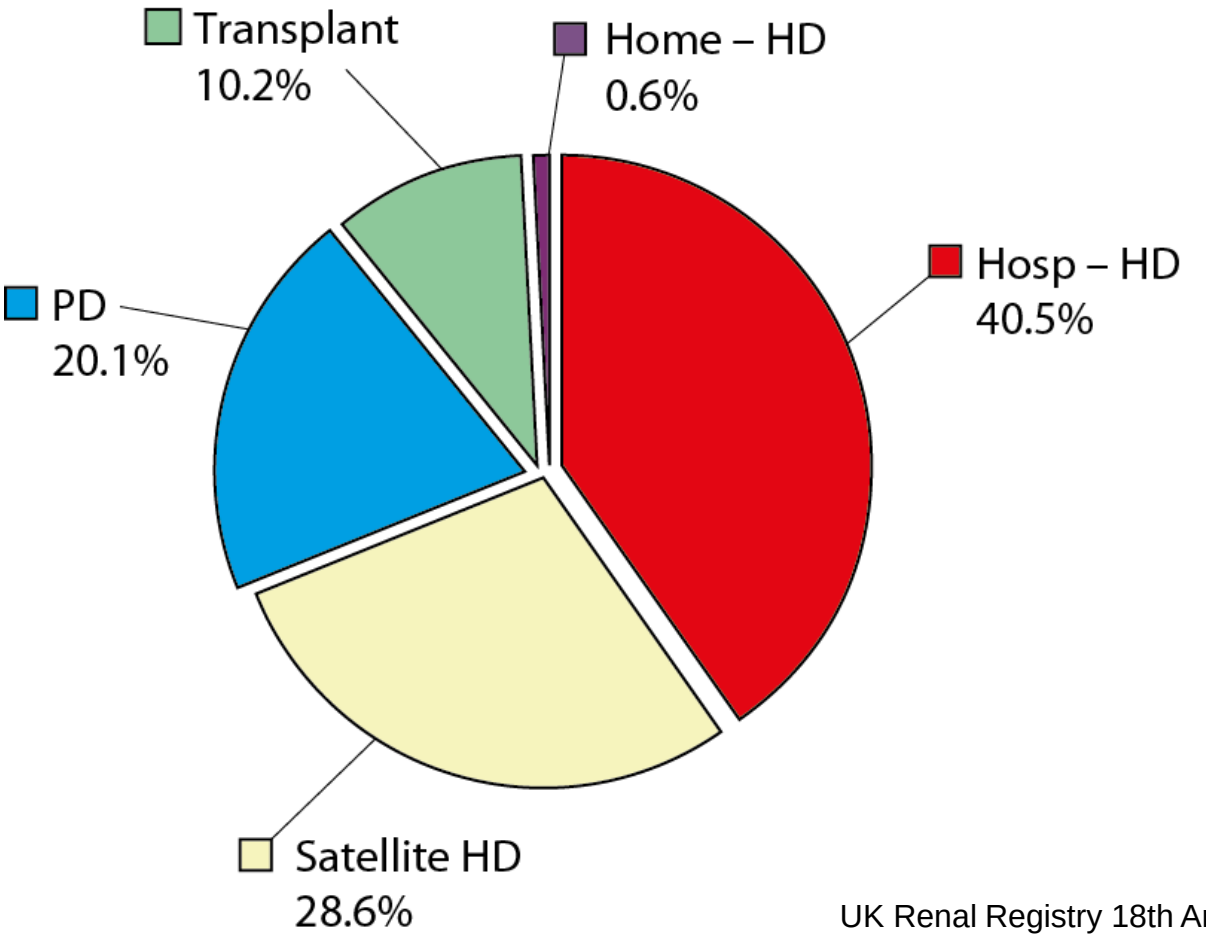
NHS Sandwell and West Birmingham CCG



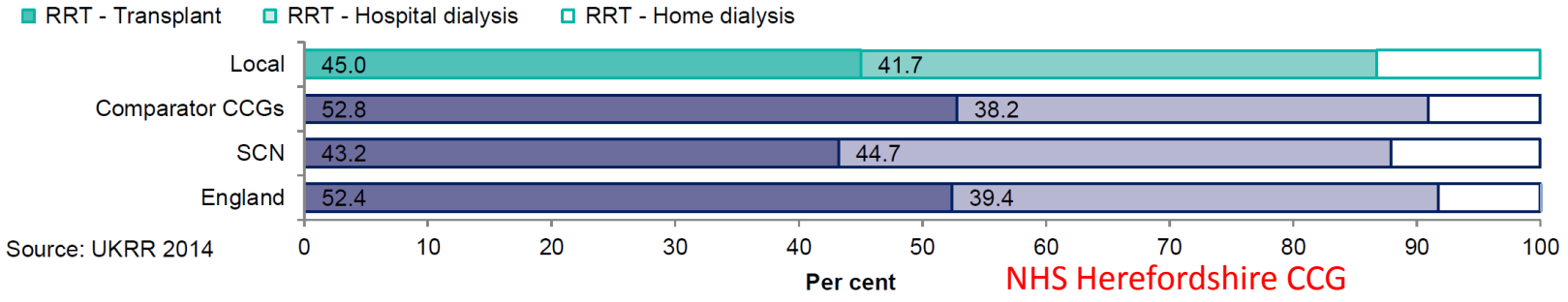
NHS Birmingham Crosscity CCG

Source: UKRR 2014. The interpretation and reporting of these data are the responsibility of NCVIN and should not be seen as an official policy or interpretation of the UKRR or Renal Association.

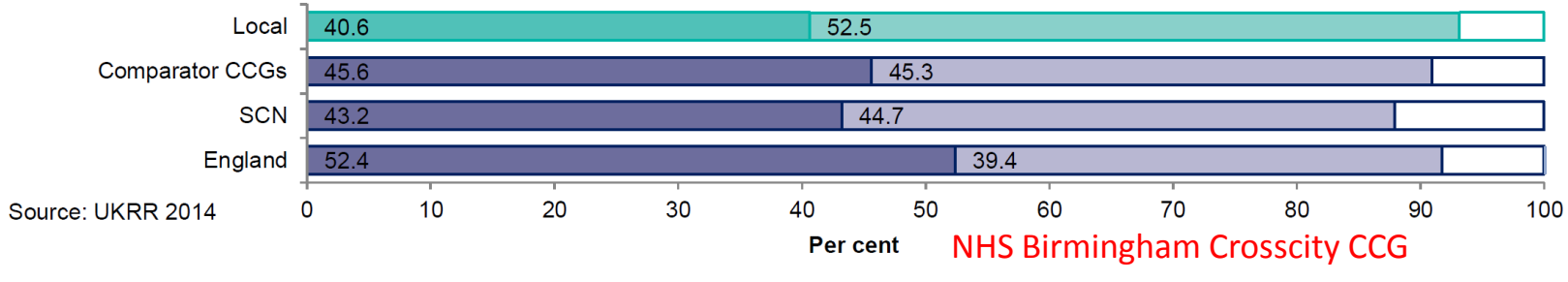
Figure 1.8. RRT modality at 90 days (incident cohort 1/10/2013 to 30/09/2014)



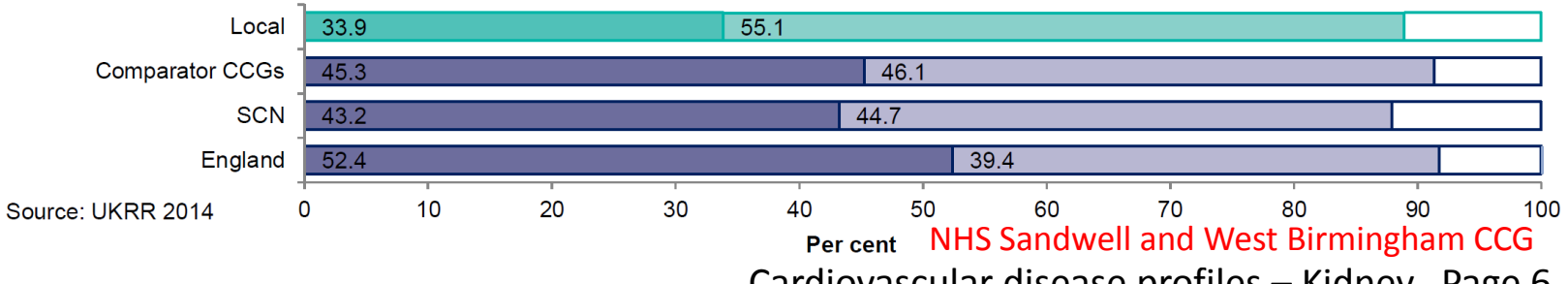
RRT by treatment modality type (transplant, hospital dialysis, home dialysis), 2014 (per cent)



NHS Herefordshire CCG



NHS Birmingham Crosscity CCG



NHS Sandwell and West Birmingham CCG

Cardiovascular disease profiles – Kidney. Page 6. 2016

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