

APPENDIX 1

Circulatory disease in Buckinghamshire

Buckinghamshire is a relatively affluent county and consequently has lower rates of circulatory disease than the national average. The death rate from circulatory disease under 75 years has fallen by approximately 34% in Buckinghamshire over the past decade which is similar to the national average (35%). However the burden of circulatory disease is still considerable and accounts for approximately 38% of all deaths in Buckinghamshire.

The decline in death rates from circulatory disease has been greater in some local authorities than others. In Chiltern District Council death rates have fallen by 40%, whereas in Aylesbury Vale District Council death rates have fallen by 31% over 10 years. Milton Keynes has retained its position as the local authority area with the highest death rate from circulatory disease over the 10 year period from 1988-1998. The gap between the local authority areas with the lowest and highest death rates from circulatory disease seems to have widened slightly over the past decade (see Figure 1).

Although death rates for coronary heart disease and stroke are lower than the national average they still accounted for 1 in 5 and 1 in 10 respectively of all deaths in Buckinghamshire in 1998.

For people under 65 in Buckinghamshire death rates from heart disease and stroke have fallen faster than the national average rate of decline. For people aged 65-74 death rates from heart disease have fallen at a similar rate to the national average but for stroke have fallen more slowly than the national average.

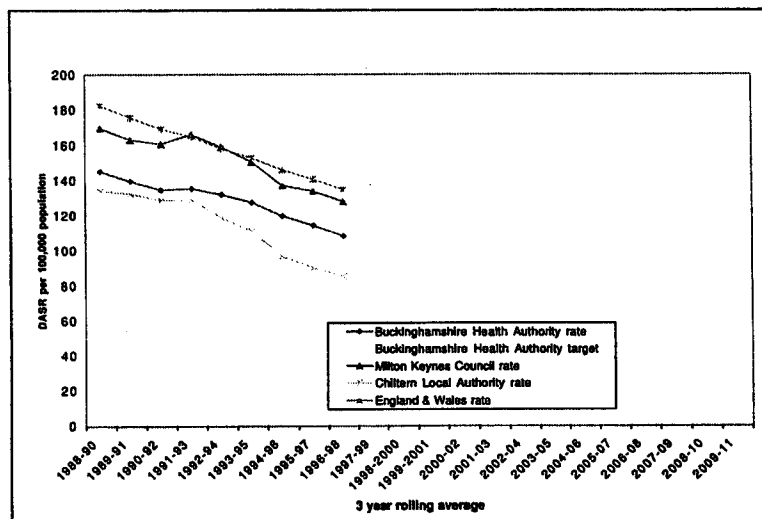


Figure 1: Directly age standardised death rates from all circulatory diseases in persons under age 75 years for Buckinghamshire Health Authority and England and Wales: 1988-98 (source ONS)

Local inequalities

At both the Primary Care Group and the local authority level there are differences in the risk of death from heart disease and stroke (Figures 2 to 5). Death rates from heart disease in under 75s are highest in the population of Milton Keynes Primary Care Group and Council and lowest for Chiltern Primary Care Group and Council. The heart disease death rate for people in the Milton Keynes Council area is 54% higher than the death rate in Chiltern Council area. Death rates from stroke are also highest in Milton Keynes and lowest in Chiltern.

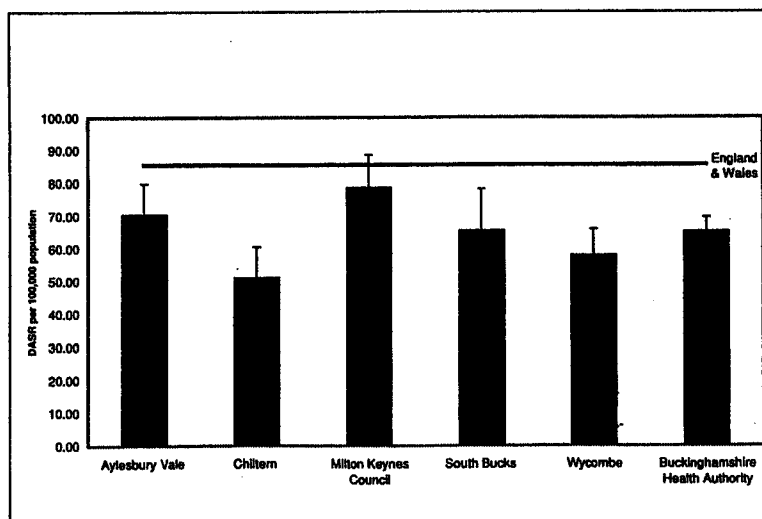


Figure 2: Directly age standardised death rate from coronary heart disease in persons under age 75 years for Buckinghamshire by health authority and local authority: 1996-98 (source: ONS)

The people living in the most deprived wards in Buckinghamshire (see Figure 4 in Chapter 1) have higher death rates from both heart disease and stroke than people living in the least deprived wards (Figures 6 and 7). Premature death rates from heart disease are 65% higher amongst people living in the most deprived wards compared to people living in the least deprived wards. Premature death rates from stroke are 57% higher in the population living in the most deprived wards in comparison to the least deprived wards.

There are also differences in admission rates to hospital for heart disease and heart attacks. The admission rates are higher in the most deprived areas and for men, reflecting the greater burden of disease in these populations. It is currently not possible to monitor rates of admission to hospital by ethnic group. Improvements in hospital data collection should enable this in the near future.

Rates for treatment such as coronary artery bypass grafts and angioplasties also tend to reflect what we already know about the burden of disease. Admission rates for these treatments are higher from the more deprived wards (Figure 8) and for men. It is currently not possible to monitor access rates to surgery by ethnicity. These data do not reflect admissions to the private sector and more detailed analysis is required to estimate whether those at greatest need are receiving the treatment they require.

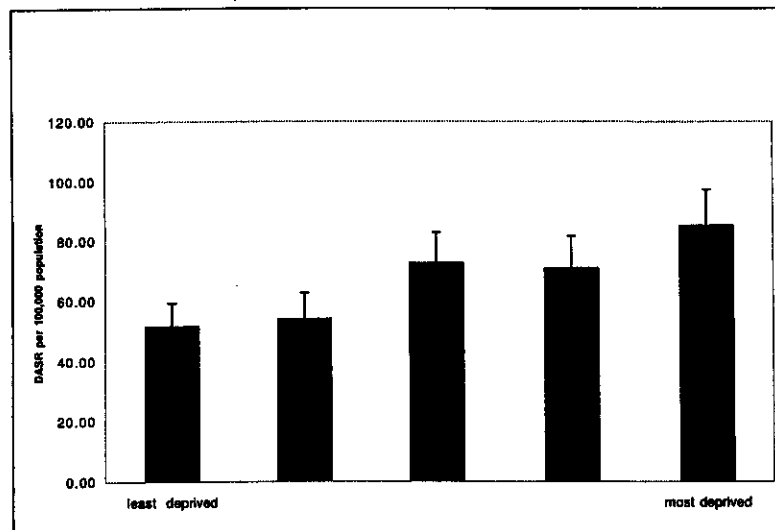


Figure 6: Directly age standardised death rate years from coronary heart disease in persons under age 75 years for Buckinghamshire by Townsend deprivation quintile: 1996-98 (source: ONS)

The rate of coronary artery bypass grafts and angioplasty operations in Buckinghamshire is currently estimated to be lower than the level recommended for England in the National Service Framework. However, the death rate from heart disease in Buckinghamshire is lower than the national average and work needs to be done to ascertain the "right" level of heart operations for our county and also for each area within it. Buckinghamshire Health Authority does not hold information on operations

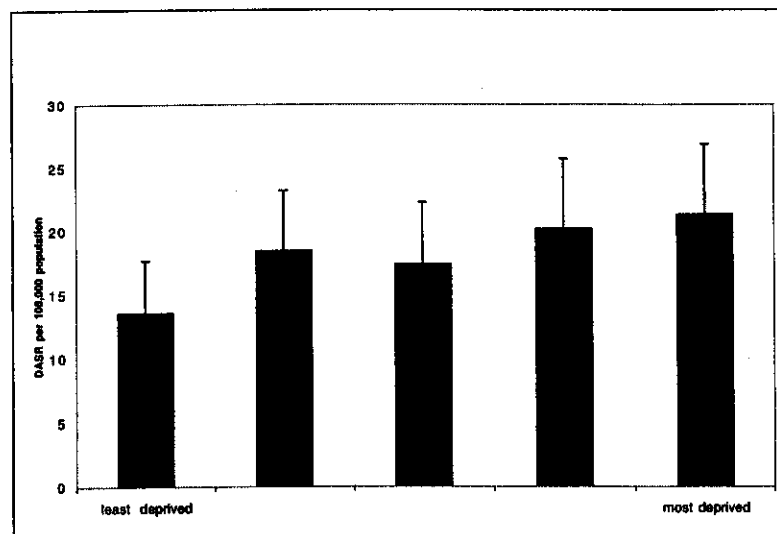


Figure 7: Directly age standardised death rate from stroke in persons under age 75 years for Buckinghamshire by Townsend deprivation quintile: 1996-1998 (source: ONS)

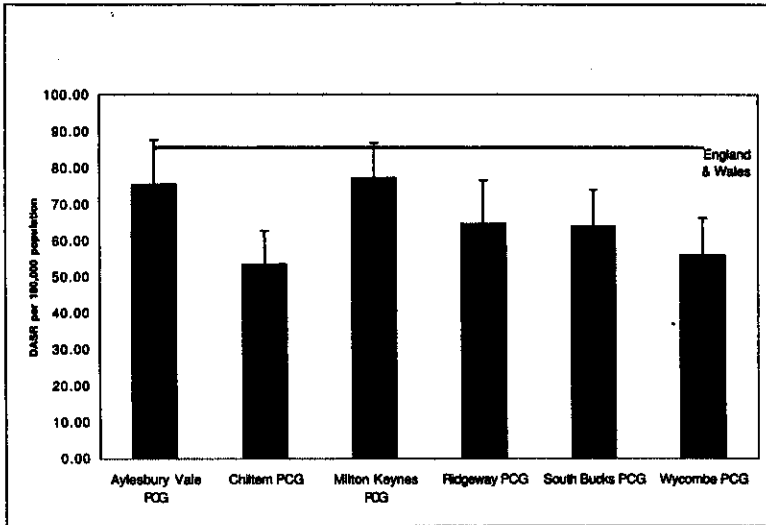


Figure 3: Directly age standardised death rate from coronary heart disease in persons under age 75 years for Buckinghamshire by health authority and primary care group: 1996-98 (source: ONS)

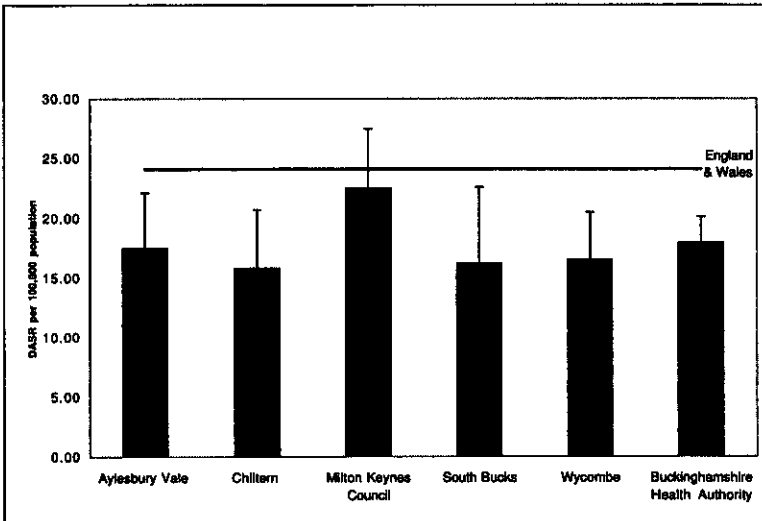


Figure 4: Directly age standardised death rate from stroke in persons under age 75 years for Buckinghamshire by health authority and local authority: 1996-98 (source: ONS)

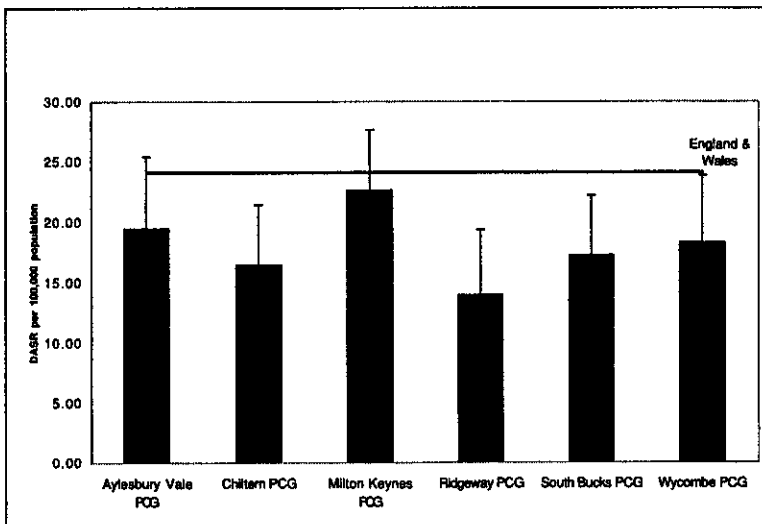


Figure 5: Directly age standardised death rate from stroke in persons under age 75 years for Buckinghamshire by health authority and primary care group: 1996-98 (source: ONS)

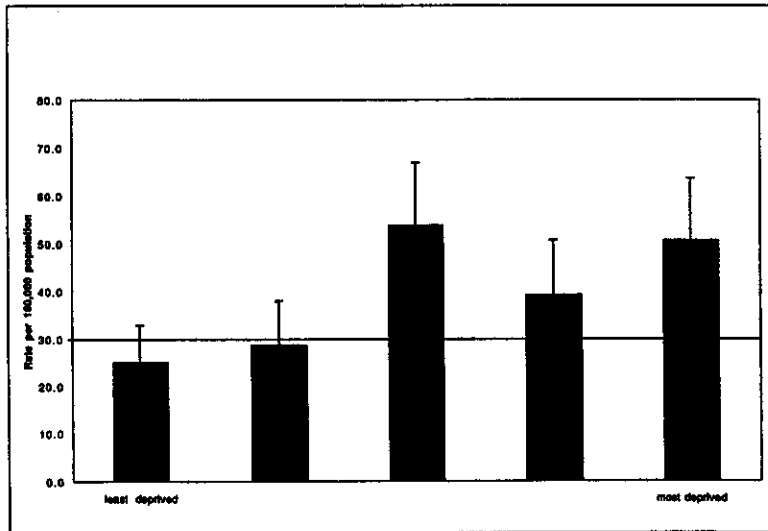


Figure 8: Directly age standardised operation rates for coronary arteries bypass grafts in persons under age 75 years for Buckinghamshire by Townsend deprivation quintile: 1998-99 (source: ONS)

conducted in the private sector. This is likely to lead to underestimation of the number of operations conducted on our population, particularly in the more affluent parts of the county. It is likely that the rate of operations needs to be increased but the need will be different for different parts of the county.