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South East Public Health Observatory

Cardiovascular disease Local Authority health profile

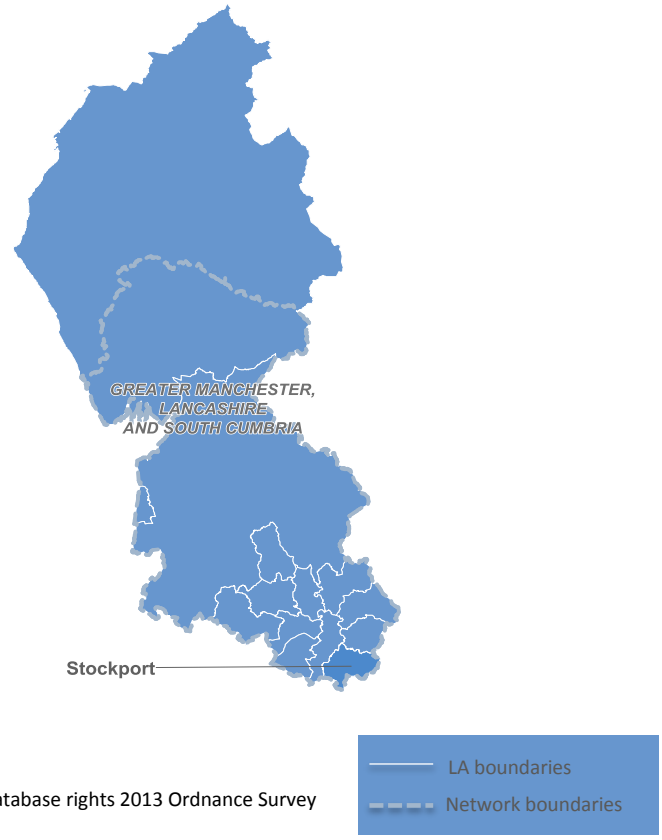
Stockport

Cardiovascular disease (CVD) is the second largest cause of death in England causing around 130,190 deaths in 2011 (29% of all deaths). Around 46% of all deaths from CVD are from coronary heart disease (CHD) and almost a fifth from stroke (18%). CHD is the most common single cause of death in England (13% of all deaths in 2011).

This Cardiovascular Disease (CVD) Health Profile brings together a wide range of data on cardiovascular disease in each upper tier local authority in England and in associated Strategic Clinical 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.

Stockport lies within the boundaries of the Greater Manchester, Lancashire & South Cumbria Strategic Clinical Network (as of 1st April 2013, pictured right).

This information is also available for each stategic clinical network, and as an interactive atlas.



Benchmarking

The area is benchmarked against the national value and the average value of the strategic clinical network in which it is either entirely or mostly located

Stockport is classified as a member of the Greater Manchester, Lancashire and South Cumbria strategic clinical network.

Key messages

Early mortality (under 75 years) rates from cardiovascular disease are similar to the national rate, and have decreased by 63.5% since 1995.

Emergency admission rates for CHD are significantly higher 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 2011/12, the median time to primary angioplasty treatment from a call for help was 116 minutes in Stockport, this is lower than in Greater Manchester, Lancashire & South Cumbria, but higher than England (122 and 111 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. SEPHO will be part of Public Health England from April 2013 - http://www.sepho.nhs.uk

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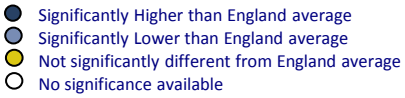
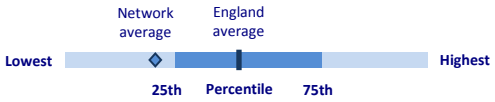
Summary Indicators

	Indicator	Local Value	Eng Avg	Eng Low	England Range	Eng High
1	Early cardiovascular mortality (<75 yrs)	52.3	58.8	34.3		107.0
2	Stroke mortality	32.2	34.5	23.0		50.8
3	Estimated % smokers (16+)	21.5	20.7	14.0		31.0
4	Estimated % obese (16+)	22.0	24.2	13.9		30.7
5	% of long term conditions who smoke	17.1	17.4	10.0		27.2
6	Obs/Exp CHD prevalence	0.7	0.6	0.3		0.8
7	Obs/Exp Hypertension prevalence	0.4	0.5	0.3		0.5
8	CHD emergency admissions	247.6	198.3	124.4		366.4
9	Stroke emergency admissions	98.5	89.5	48.7		160.2
10	30 day mortality in STEMI	13.6	8.7	0.0		20.6
11	% stroke discharged to usual residence	73.3	77.9	56.7		97.5
12	% HF who die at usual place residence	86.2	58.5	19.2		99.0
13	Angiography rates	204.1	278.2	122.3		676.0
14	Revascularisation rates	130.1	140.5	87.1		249.3





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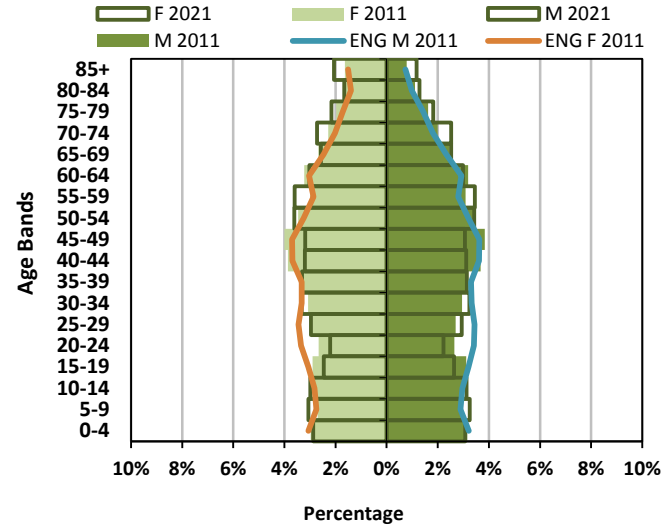
Demographic profile

Age profile and population projections in Stockport



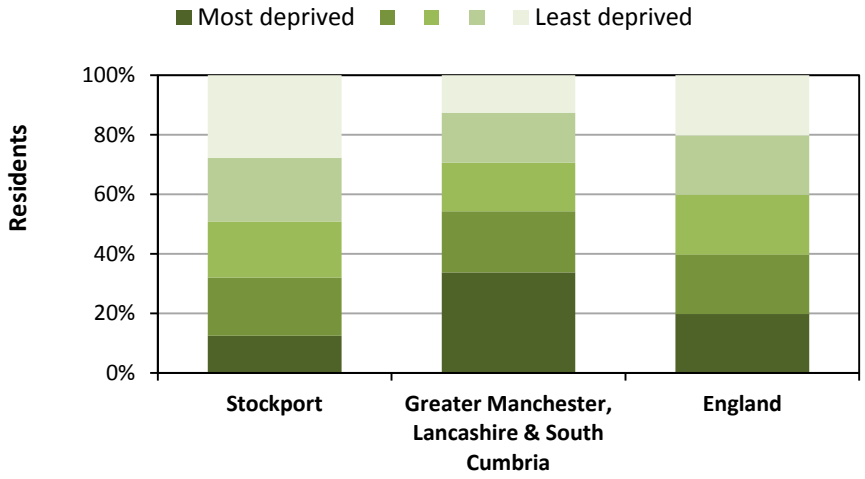
Source: Office for National Statistics (ONS) 2011 MYE & 2011 interim subnational population projections

The population estimate of Stockport in 2011 was 283,300 and is projected to increase to 298,400 in 2021.

Age is a key factor in cardiovascular disease. The prevalence of cardiovascular disease increases significantly after the age of 40 years.

The percentage of the population aged 40 or over in Stockport is expected to increase from 25.3% to 25.4% for males and from 27.7% to 27.8% for females between 2011 and 2021. The population aged 40 or over in the Greater Manchester, Lancashire & South Cumbria Network is expected to increase from 23.1% to 23.2% for males and decrease from 25.0% to 24.9% for females. In England it is expected to increase from 23.5% to 23.9% for males and from 25.7% to 25.8% for females.

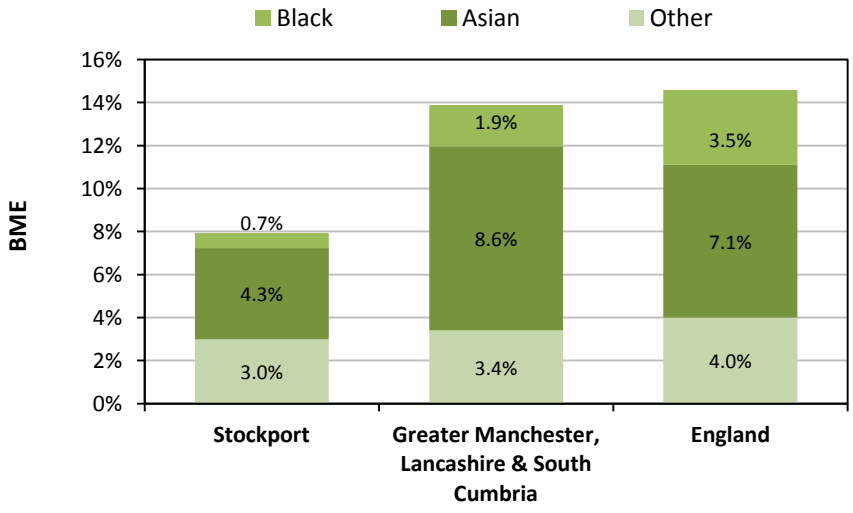
National deprivation structure (IMD 2010)



Stockport has 12.5% of its population in the most deprived national quintile and 27.7% of the population in the least deprived quintile.

Source: IMD 2010 Department of Communities and Local Government (DCLG)

Ethnicity recorded from the 2011 census



The proportion of the population in Stockport which is from black and minority ethnic groups is estimated to be 7.9%. 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', 'White Gypsy or Irish traveller', ' and 'White other' ethnic groups.

Source: 2011 Census: Key Statistics for local authorities in England and Wales

Lifestyle behaviours

Lifestyle estimates for adults

	Smoking	Increasing and high risk drinking (combined)	Obesity
Stockport	**21.5%**	**23.0%**	**22.0%**
Greater Manchester, Lancashire & South Cumbria	**24.6%**	**22.0%**	**23.3%**
England	**20.7%**	**22.3%**	**24.2%**

Sources: Smoking: Integrated Household Survey, 2010/11
High Risk drinking: Modelled estimates from the General Lifestyles Survey, 2008-09
Obesity: Modelled Estimates from Health Survey for England, 2006-08

Smoking

- Using data from the Integrated Household Survey it is estimated that 21.5% of the population in Stockport smoke. This is higher than the estimated proportion in England (20.7%) and lower than Greater Manchester, Lancashire & South Cumbria (24.6%).

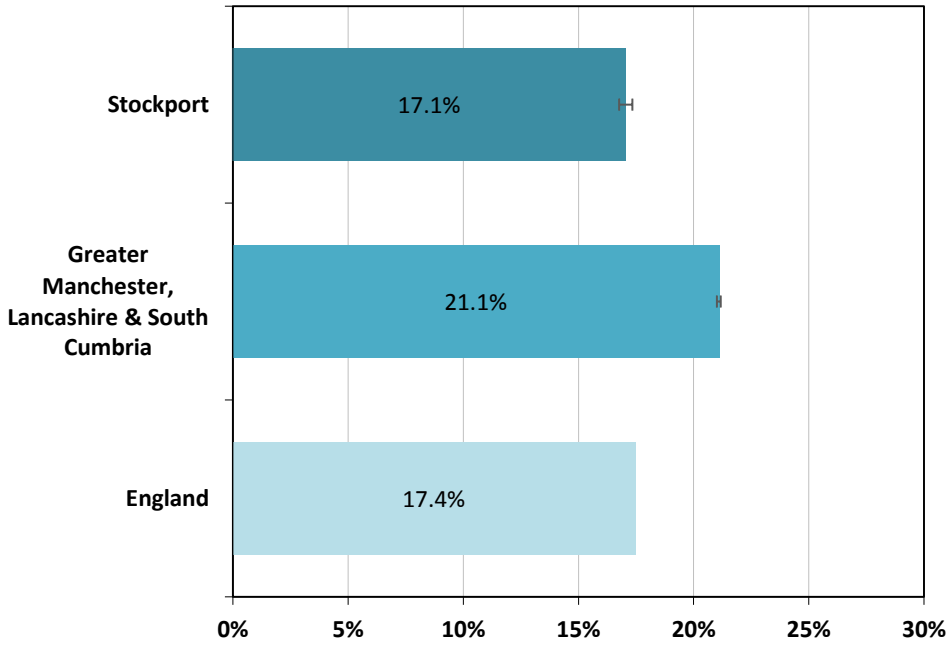
Increasing and high risk drinking (combined)

- Using modelled estimates from the General Lifestyle Survey, it is estimated that 23.0% of the population in Stockport have increasing or high risk drinking behaviour. This is higher than England (22.3%) and higher than Greater Manchester, Lancashire & South Cumbria (22.0%).

Adult obesity

- Using modelled estimates from the Health Survey for England, it is estimated that 22.0% of the adult population in Stockport are classifed as obese. This is lower than England (24.2%) and lower than Greater Manchester, Lancashire & South Cumbria (23.3%).

Percentage of patients registered with a GP with any combination of registered long-term conditions who smoke, QOF 2011/12



QOF data shows that the percentage of patients with long-term conditions who smoke in Stockport was 17.1% in 2011/12. This is significantly lower than the rate in England (17.4%) and significantly lower than the rate in Greater Manchester, Lancashire & South Cumbria (21.1%).

Source: Quality and Outcomes Framework 2011/12

Quality and Outcomes Framework - exceptions

Effective exception rate (EER)

Area	2011/12 EER
Stockport	4.3%
Greater Manchester, Lancashire & South Cumbria	5.6%
England	5.6%

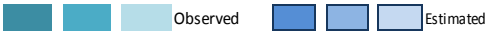
GPs can exclude patients from the calculation of measures in the Quality and Outcomes Framework, to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. However, the number of such exceptions varies substantially between practices. In 2011/12, the exception rate in Stockport was 4.3%. Within England, the exception rate varied between 3.9% to 8.6% for individual areas.

Number and percentage of practices with high exception reporting rates

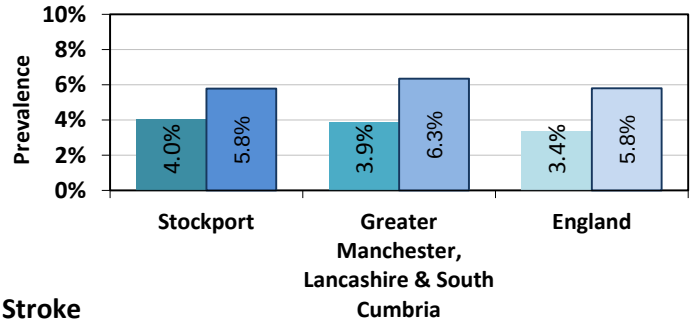
	Atrial fibrillation	Coronary heart disease	Heart failure	Hyper-tension	Stroke & TIA	CVD Primary Prevention	Practices with any high exception rates	Total number of practices
Stockport	0	2	0	0	0	0	2	51
Stockport %	0.0%	3.9%	0.0%	0.0%	0.0%	0.0%	3.9%	51
Greater Manchester, Lancashire & South Cumbria %	2.1%	4.6%	2.1%	2.0%	2.7%	1.5%	15.0%	753
England %	2.1%	7.5%	3.6%	2.0%	4.1%	2.1%	21.3%	8124

Quality and Outcomes Framework - prevalence

Observed (GP registered) prevalence in 2011/12 versus estimated prevalence in 2011



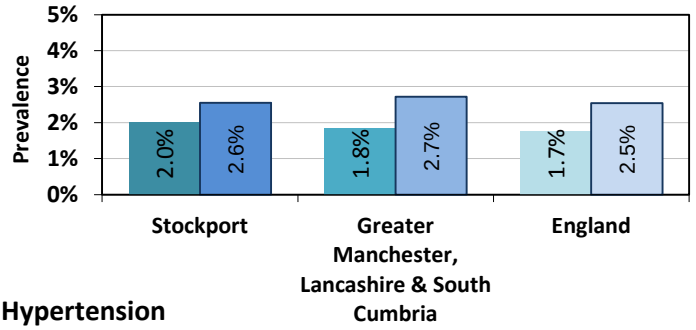
Coronary heart disease



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.

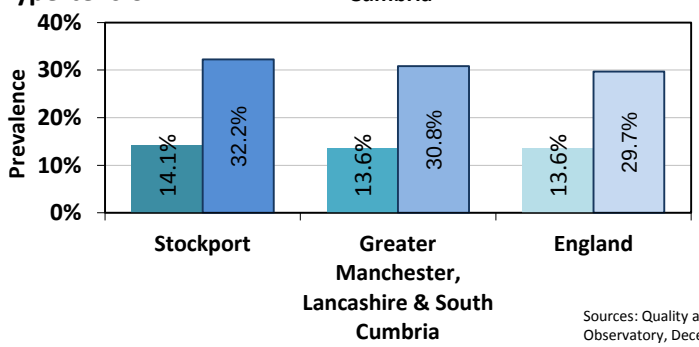
The observed prevalence for CHD in Stockport is 69.4% of the estimated prevalence. This compares to 58.2% for England and 61.0% for Greater Manchester, Lancashire & South Cumbria.

Stroke



The observed prevalence for stroke in Stockport is 78.3% of the estimated prevalence. This compares to 68.4% for England and 67.4% for Greater Manchester, Lancashire & South Cumbria.

Hypertension



The observed prevalence for hypertension in Stockport is 43.8% of the estimated prevalence. This compares to 46.0% for England and 44.2% for Greater Manchester, Lancashire & South Cumbria. The gap between recognised and treated hypertension, and actual hypertension levels in the community have been long recognised.

Sources: Quality and Outcomes Framework 2011/12 and modelled estimates of prevalence, Eastern Region Public Health Observatory, December 2011

Quality and Outcomes Framework - performance

2011/12

Significantly lower than England | **The same as England** | **Significantly higher than England**

	Stockport	Greater Manchester, Lancashire & South Cumbria	England
Coronary heart disease			
% newly diagnosed angina patients referred for exercise testing or assessment	97.6	98.1	98.2
% CHD patients in whom last blood pressure reading was 150/90 or less	91.1	90.2	90.1
% CHD patients in whom last cholesterol measurement was 5mmol/l or less	82.2	80.4	80.4
% CHD patients taking aspirin, an alternative anti-platelet therapy or an anti-coagulant in last 15 months	93.2	93.4	93.3
% CHD patients currently treated with beta blocker	74.6	73.3	74.2
% patients with history of myocardial infarction currently treated with ACE inhibitor or angiotensin II antagonist	88.1	91.0	91.1
% CHD patients immunised against influenza in Sept-March 05	94.0	92.1	92.5
Atrial fibrillation			
% atrial fibrillation patients currently treated with anti-coagulation drug therapy or an anti-platelet therapy	93.8	93.8	93.7
Heart failure			
% heart failure patients diagnosed after 1st April 2006 with diagnosis confirmed by an echocardiogram or specialist assessment	96.3	96.1	95.7
% patients with a current diagnosis of heart failure due to LVD currently treated with an ACE inhibitor or angiotensin receptor blocker	90.3	89.3	89.3

	Stockport	Greater Manchester, Lancashire & South Cumbria	England
Stroke			
% stroke patients whose blood pressure was 150/90 or less	90.2	89.0	88.6
% stroke patients with record of cholesterol in last 15 months	92.9	91.9	91.4
% stroke patients whose cholesterol was 5mmol/l or less	82.9	77.8	77.2
% stroke patients immunised preceding Sept-March	92.8	89.6	90.0
% non-haemorrhagic/with history of TIA stroke patients taking anti-platelet agent/anti-coagulant	93.4	93.4	93.6
% new patients with a stroke referred for further investigation	89.8	89.7	89.6
Hypertension			
% hypertension patients with record of blood pressure in last 9 months	91.3	91.2	91.0
% hypertension patients (with record in last 9 months) in whom last blood pressure was 150/90 or less	81.1	80.0	79.7
Primary prevention			
% hypertension patients aged 30 to 74 who have had a cardiovascular risk assessment at the outset of diagnosis	81.8	79.5	80.0
% hypertension patients who are given lifestyle advice in the for physical activity, smoking cessation, alcohol consumption and diet	81.9	82.1	81.5

Source: Quality and Outcomes Framework 2011/12

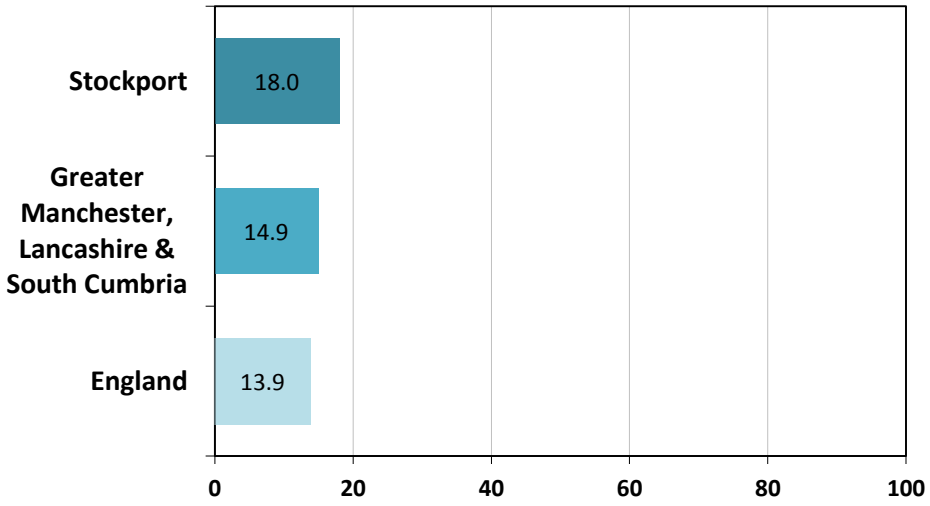
NHS Health Check Programme

The NHS Health Check programme was formally introduced in April 2009 as a key policy to reduce health inequalities and increase life expectancy from preventable CVD conditions.

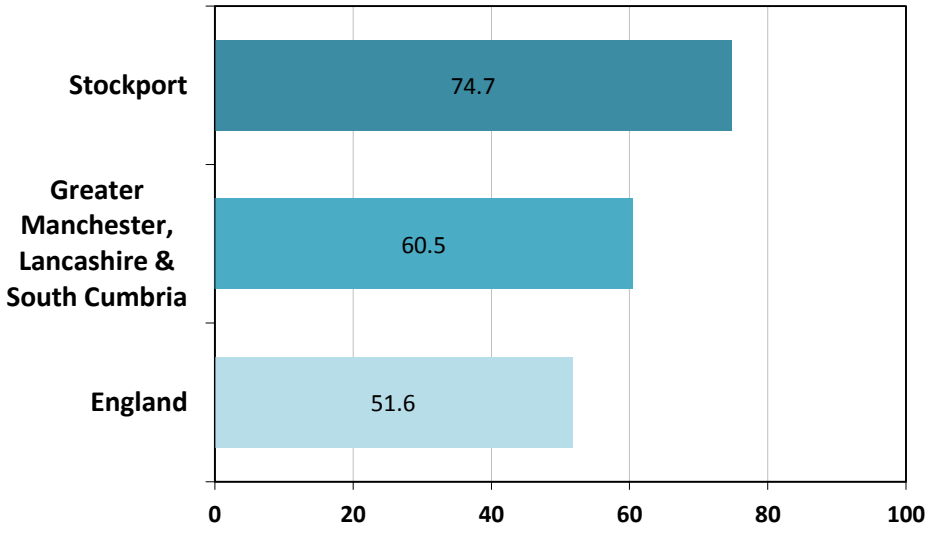
Based on PCT performance data submitted in 2011-2012, there were 108,880 local authority residents in Stockport who were eligible to be invited for an NHS Health Check. Local authorities are mandated to offer the programme to 100% of their eligible population over a five year period, from April 2013. During 2011-2012, 18.0% of eligible residents were invited to attend the programme with an uptake rate of 74.7%.

Local authorities can access a 'Ready Reckoner' that allows them to identify the potential service implications, benefits and cost savings resulting from implementing NHS Health Checks: http://www.healthcheck.nhs.uk/national_resources/ready_reckoner_tools

Percentage people offered a health check from those eligible to be invited for a health check during 2011/12



Percentage uptake of people offered a health check (within the eligible population) during 2011/12

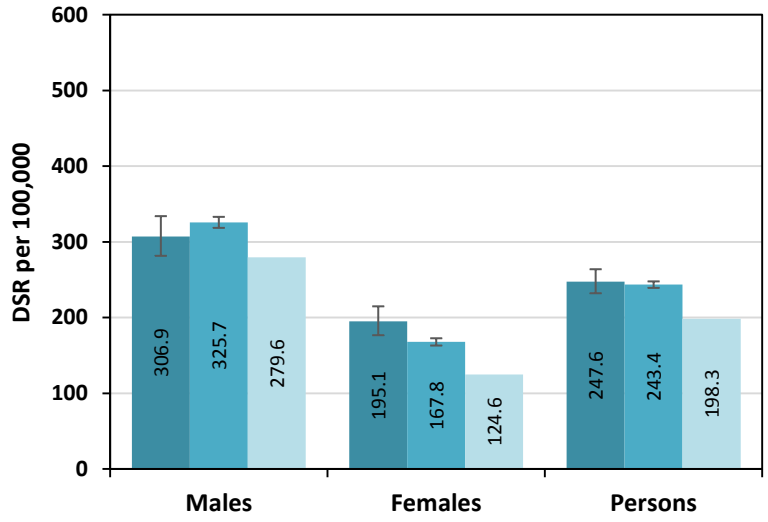


Source: Public Health Outcomes Framework and the Department of Health, 2012

Coronary heart disease emergency admission rates

Stockport
Greater Manchester, Lancashire & South Cumbria
England

CHD emergency admission rates (DSRs), for all ages, 2011/14

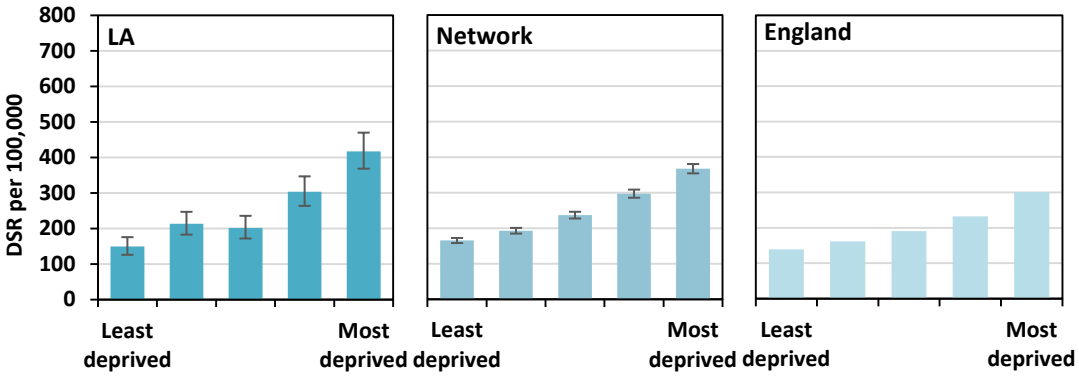


In 2011/12 the emergency admission rate for CHD, all persons, in Stockport was 247.6 per 100,000 (1068 admissions). This is significantly higher than England (198.3 per 100,000) and higher than Greater Manchester, Lancashire & South Cumbria (243.4 per 100,000).

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

Source: Hospital Episode Statistics (HES), Health and Social Care Information Centre ONS

CHD emergency admission rates (DSRs) for all ages, by quintile of relative deprivation, 2011/12

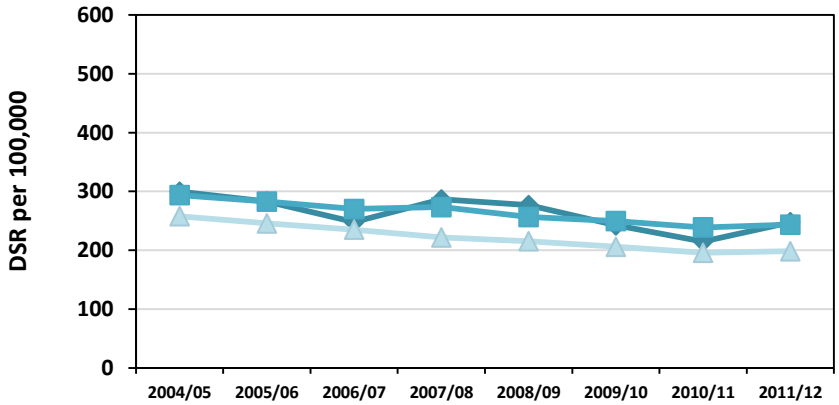


The emergency admission rate for CHD in 2011/12 for persons living in the most deprived areas of Stockport was 417. This is 2.8 times greater than emergency admission rates for persons living in the least deprived areas of Stockport (149.3).

Source: HES, Health and Social Care Information Centre, ONS, Department of Communities and Local Government (DCLG)

The emergency admission rates for persons who live in the most deprived areas of England are 2.2 times greater compared to persons who live in the least deprived areas and 2.2 times greater in Greater Manchester, Lancashire & South Cumbria.

Trend in CHD rates (DSRs), 2004/05 to 2011/12



The emergency admission rate for CHD in Stockport has decreased by 17.3% between 2004/05 and 2011/12.

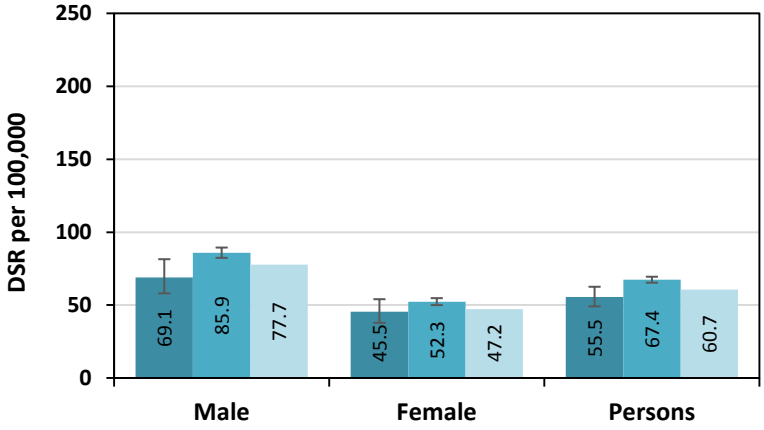
In England it has decreased by 23.1% and in Greater Manchester, Lancashire & South Cumbria it has decreased by 17.1%.

Source: HES, Health and Social Care Information Centre, ONS

Heart failure emergency admission rates

Stockport
Greater Manchester, Lancashire & South Cumbria
England

Heart failure emergency admission rates (DSRs), for all ages, 2011/12

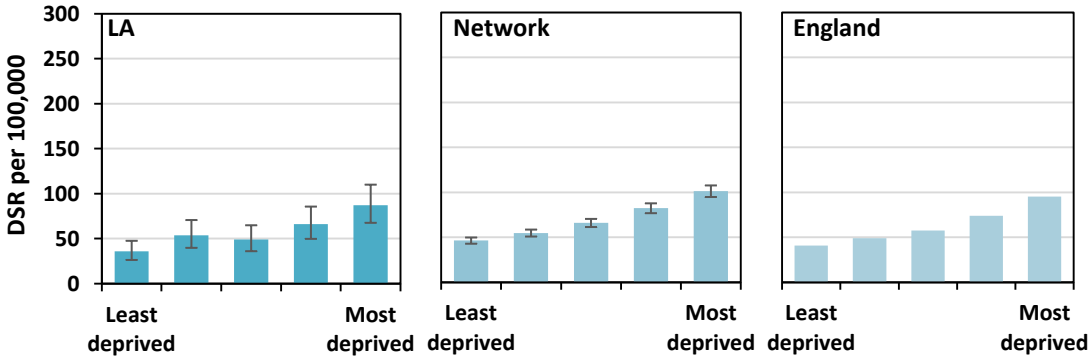


In 2011/12 the emergency admission rate for heart failure, all persons, in Stockport was 55.5 per 100,000 (304 admissions). This is lower than England (60.7 per 100,000) and significantly lower than Greater Manchester, Lancashire & South Cumbria (67.4 per 100,000).

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

Source: HES, Health and Social Care Information Centre, ONS

Heart failure emergency admission rates (DSRs) for all ages, by quintile of relative deprivation, 2011/12

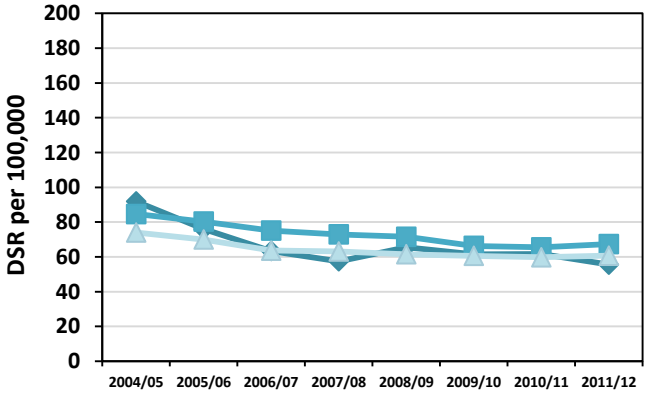


The emergency admission rate for heart failure in 2011/12 for persons who live in the most deprived areas of Stockport was 87. This was 2.4 times greater than the emergency admission rates for persons who live in the least deprived areas of Stockport (35.8).

Source: HES, Health and Social Care Information Centre, ONS, DCLG

In England, the emergency admission rates for persons who live in the most deprived areas are 2.3 times greater respectively compared to persons who live in the least deprived areas and 2.2 times greater in Greater Manchester, Lancashire & South Cumbria.

Trend in heart failure rates (DSRs), 2004/05 to 2011/12

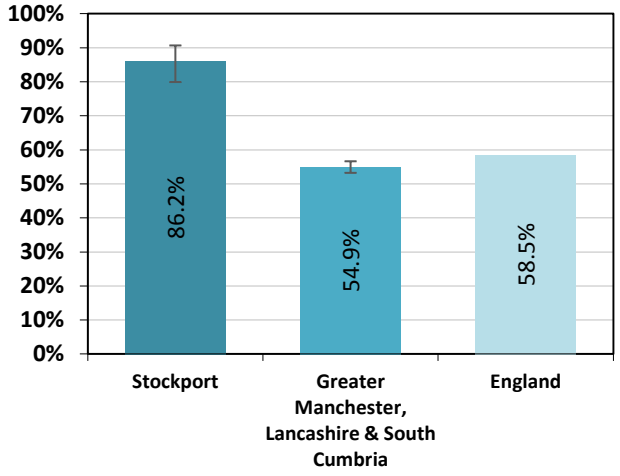


Source: HES, Health and Social Care Information Centre, ONS

The emergency admission rate for heart failure in Stockport has decreased by 39.6% between 2004/05 and 2011/12.

In England it has decreased by 18% and in Greater Manchester, Lancashire & South Cumbria it has decreased by 20.4% .

Proportion of deaths from heart failure that occur at home or usual place of residence, 2007-2011



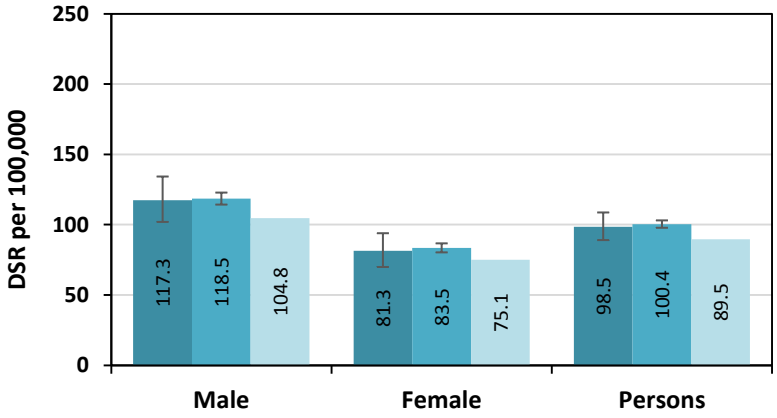
Source: PHO annual deaths extract, ONS

86.2% of deaths from heart failure occurred in the usual place of residence in Stockport which is a higher proportion than Greater Manchester, Lancashire & South Cumbria (54.9%) and England (58.5%)

Stroke emergency admission rates

Stockport
Greater Manchester, Lancashire & South Cumbria
England

Stroke emergency admission rates (DSRs) for all ages, 2011/12

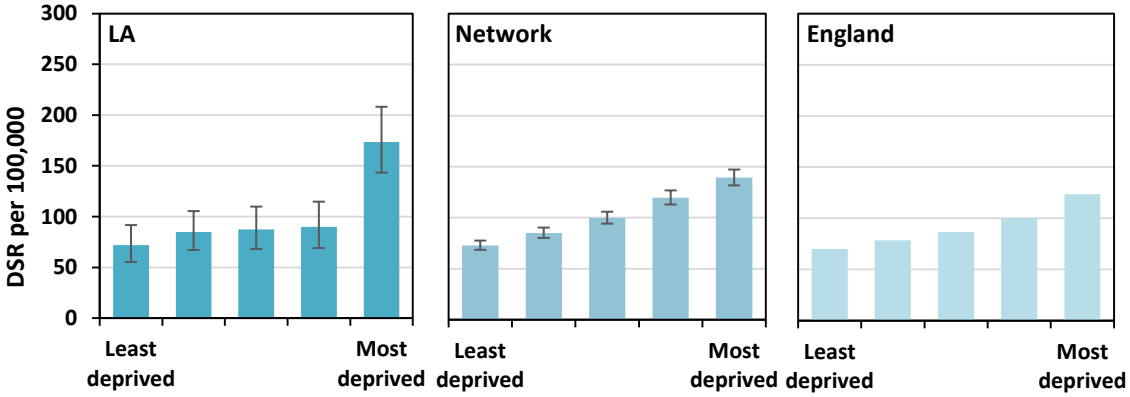


In 2011/12 the emergency admission rate for stroke, all persons, in Stockport was 98.5 per 100,000 (454 admissions). This is higher than England (89.5 per 100,000) and lower than Greater Manchester, Lancashire & South Cumbria (100.4 per 100,000).

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

Source: HES, Health and Social Care Information Centre, ONS

Stroke emergency admission rates (DSRs), by quintile of relative deprivation, 2011/12

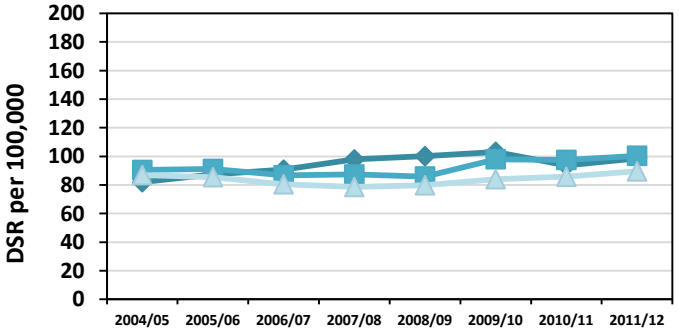


The emergency admission rate for stroke in 2011/12 for persons who live in the most deprived areas of Stockport was 173.6. This is 2.4 times greater than the emergency admission rates for persons who live in the least deprived areas of Stockport (72).

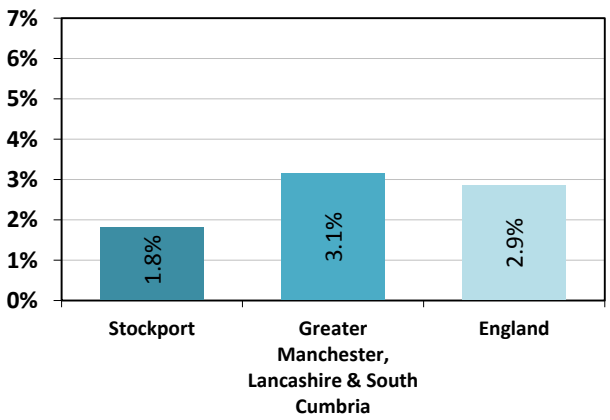
Source: HES, Health and Social Care Information Centre, ONS, DCLG

In England, the emergency admission rates for persons who live in the most deprived areas are 1.8 times greater respectively compared to persons who live in the least deprived areas and 1.9 times greater in Greater Manchester, Lancashire & South Cumbria.

Trend in stroke rates (DSRs), 2004/05 to 2011/12



Emergency readmission rates for patients with stroke, 2011/12



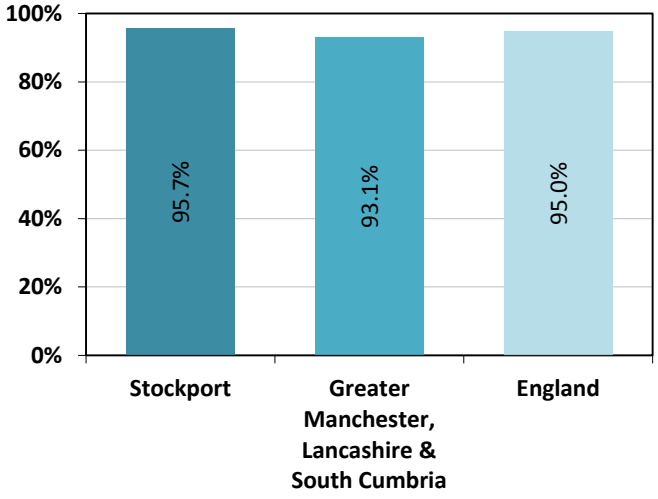
Source: HES, Health and Social Care Information Centre, ONS

The emergency admission rate for stroke in Stockport has increased by 20.3% between 2004/05 and 2011/12. In England it has increased by 3% and in Greater Manchester, Lancashire & South Cumbria it has increased by 11% .

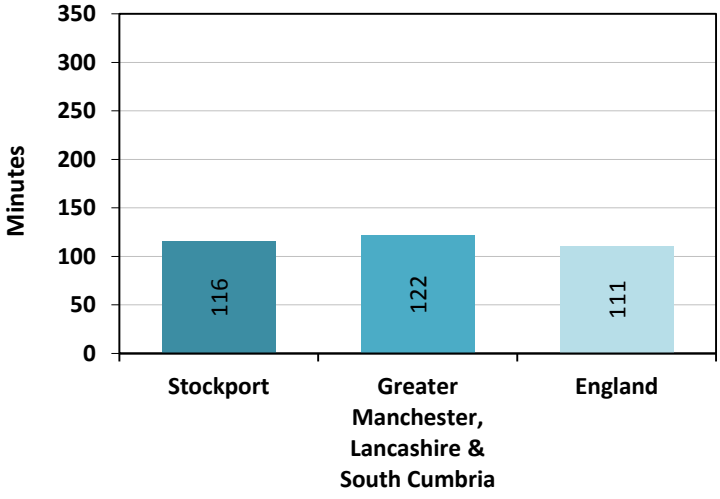
The rate of emergency readmissions within 30 days for Stockport is 1.8%, this is lower than England and Greater Manchester, Lancashire & South Cumbria (2.9% and 3.1% respectively).

Myocardial Infarction management

Percentage Primary Angioplasty used in reperfusion treatment for patients with STEMI* diagnosis, 2011/12



Primary Angioplasty median time to treatment from calling for help, for STEMIs, 2011/12



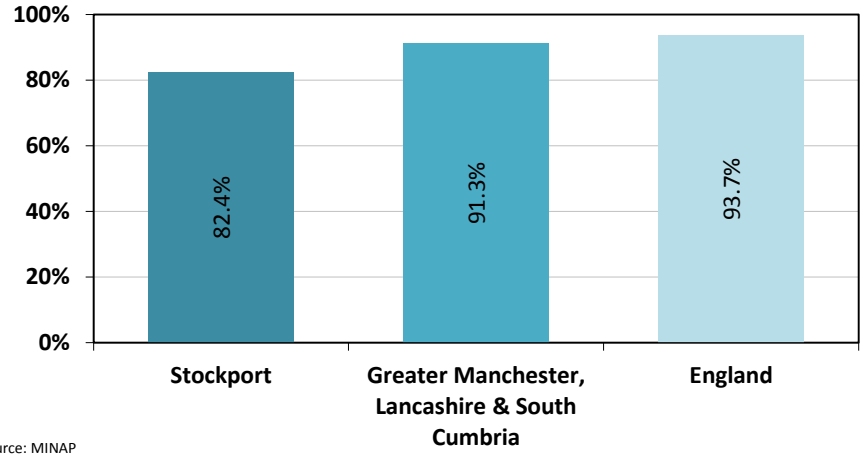
Source: Myocardial Ischaemia National Audit Project (MINAP)

Primary angioplasty for Stockport residents was 95.7% of all reperfusion for patients diagnosed as STEMI, compared to 95% in England.

The median time to primary angioplasty treatment from a call for help was 116 minutes for Stockport residents, this is lower than in Greater Manchester, Lancashire & South Cumbria, but higher than England (122 and 111 respectively).

* STEMIs are ST elevated myocardial infarctions (as seen in an ECG) and best treated by thrombolysis or primary angioplasty

Proportion of non-STEMIs seen by member of cardiology team, 2011/12



Source: MINAP

Non-STEMI patients can be treated less invasively, but still need specialist management. The proportion of non-STEMIs seen by a member of the cardiology team for Stockport residents is 82.4%, this is lower than Greater Manchester, Lancashire & South Cumbria and England (91.3% and 93.7% respectively).

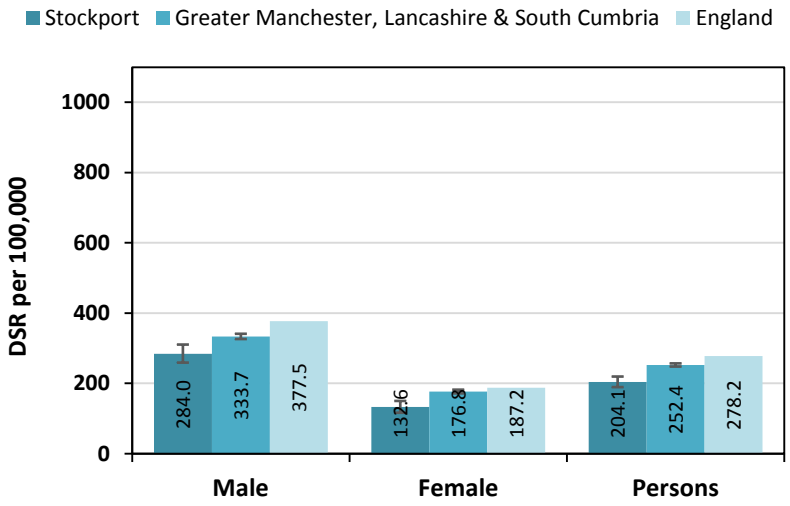
Mortality within 30 days of admission to hospital for STEMI patients, 2011/12

Source: MINAP

The 30 day mortality rate for STEMI patients admitted to hospital was recorded as 13.6% for Stockport residents during 2011/12, this is higher than Greater Manchester, Lancashire & South Cumbria and England (8% and 8.7% respectively).

Angiography procedures

Angiography procedure rates (DSRs) for all ages, 2011/12

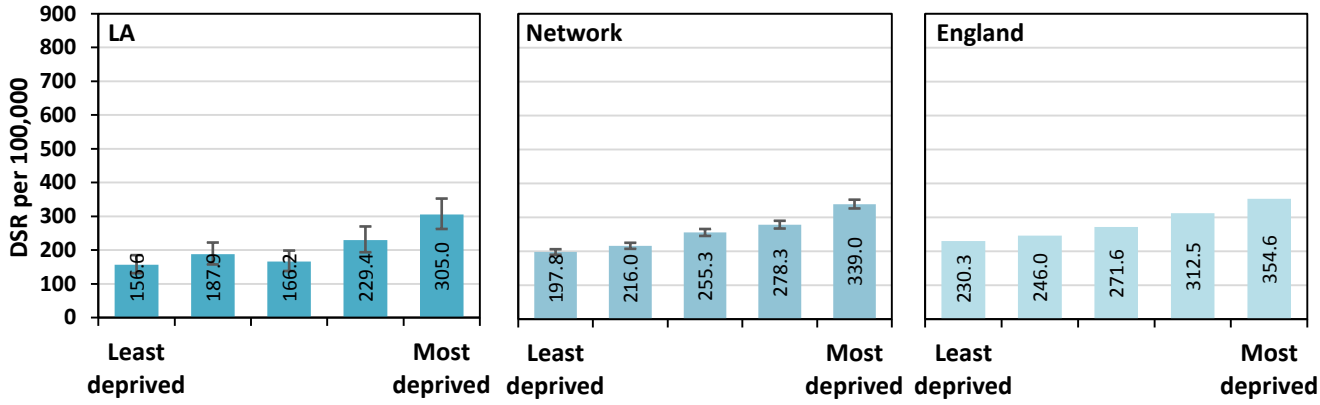


In 2011/12 the angiography procedure rate in Stockport was 204.1 per 100,000 (775 procedures). This is significantly lower than England (278.2 per 100,000) and Greater Manchester, Lancashire & South Cumbria (252.4 per 100,000).

Male angiography rates are 2.1 times greater than female angiography rates in Stockport.

Source: HES, Health and Social Care Information Centre, ONS

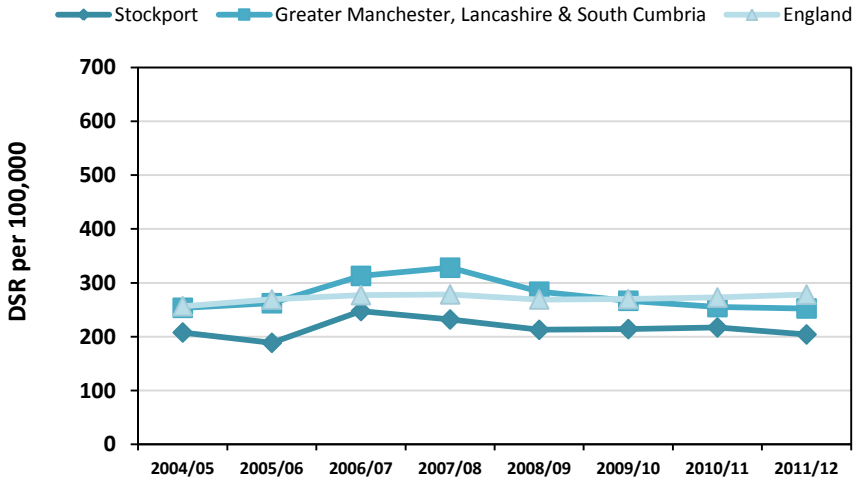
Angiography procedure rates (DSRs) for all ages, by quintile of relative deprivation, 2011/12



Source: HES, Health and Social Care Information Centre, ONS, DCLG

Angiography procedure rates for persons who live in the most deprived areas of Stockport are 1.9 times greater than those who live in the least deprived areas. In England and Greater Manchester, Lancashire & South Cumbria they are 1.5 and 1.7 times greater respectively.

Trend in angiography rates (DSRs), 2004/05 to 2011/12

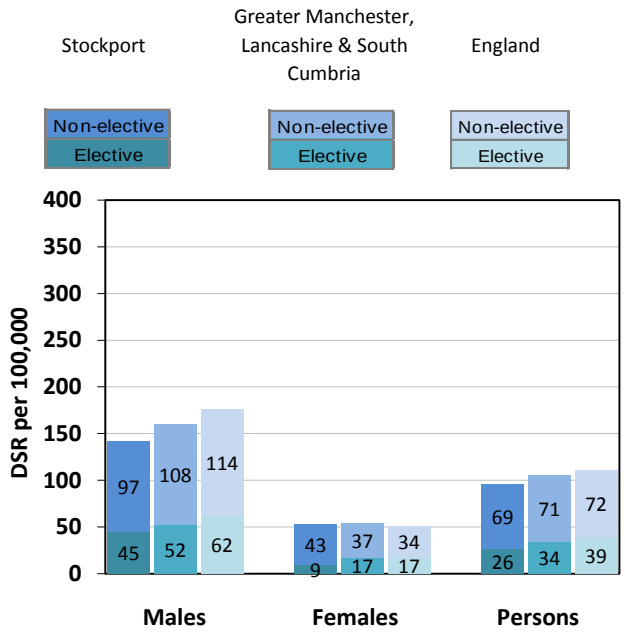


Angiography rates in Stockport have decreased by 1.8% between 2004/05 and 2011/12. In England and Greater Manchester, Lancashire & South Cumbria they have increased by 8.4% and decreased by 0.5% respectively.

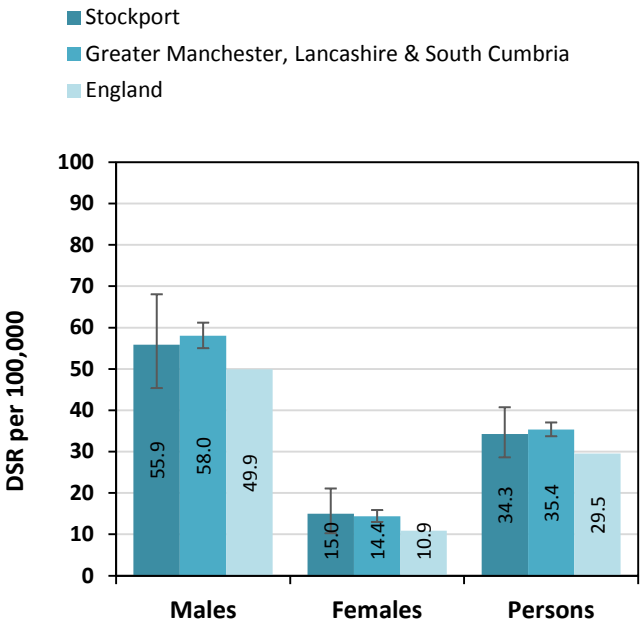
Source: HES, Health and Social Care Information Centre, ONS

Revascularisation

Elective & non-elective angioplasty procedure rates (DSRs) for all ages, 2011/12



CABG procedure rates (DSRs), for all ages, 2011/12

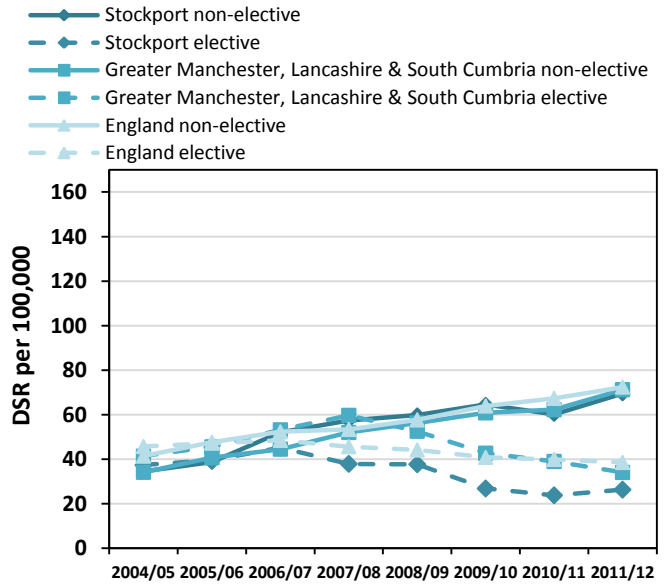


Source: HES, Health and Social Care Information Centre, ONS

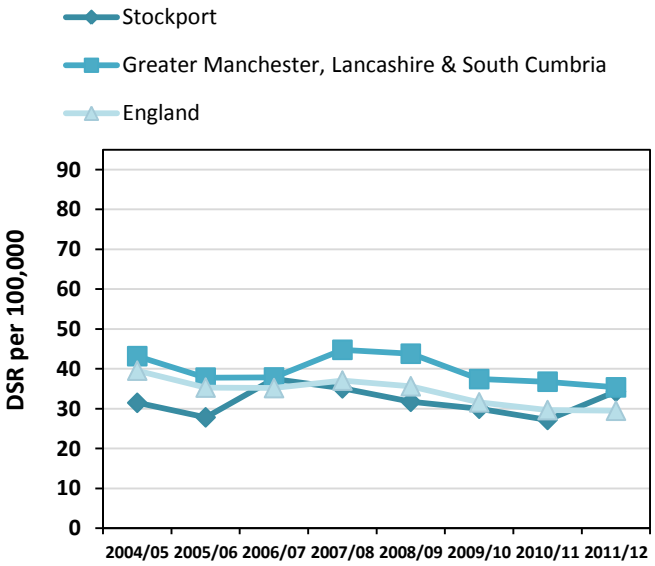
In 2011/12 the all persons angioplasty procedure rate in Stockport was 95.8 per 100,000 (348 procedures), 26.4 per 100,000 elective and 69.4 per 100,000 non-elective. This is significantly lower than England (111 per 100,000) and lower than Greater Manchester, Lancashire & South Cumbria (105.3 per 100,000).
Male angioplasty procedure rates are 2.7 times greater than female angioplasty rates in Stockport.

In 2011/12 the CABG procedure rate, all persons, in Stockport was 34.3 per 100,000 (137 procedures). This is higher than England (29.5 per 100,000) and lower than Greater Manchester, Lancashire & South Cumbria (35.4 per 100,000).

Trend in Angioplasty rates (DSRs), 2004/05 to 2011/12



Trend in CABG rates (DSRs), 2004/05 to 2011/12

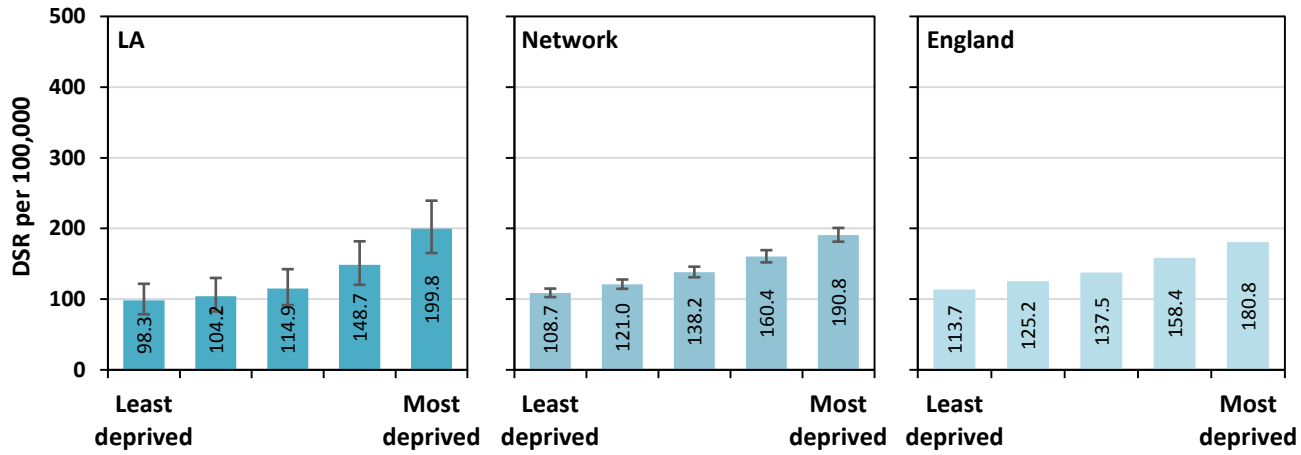


Source: HES, Health and Social Care Information Centre, ONS

Non-elective angioplasty rates in Stockport have increased by 101.3% between 2004/05 and 2011/12. Elective procedure rates have decreased by 29.5%. In England and Greater Manchester, Lancashire & South Cumbria non-elective procedure rates have increased by 74.8% and 108.6% respectively. Elective procedure rates have decreased by 15.7% and 17.7% respectively.
CABG procedure rates in Stockport have increased by 8.9% between 2004/05 and 2011/12. In England and Greater Manchester, Lancashire & South Cumbria CABG procedure rates have decreased by 25.4% and 18.1% respectively.

Revascularisation - deprivation

Revascularisation rates (DSRs) for all ages, by quintile of relative deprivation, 2011/12

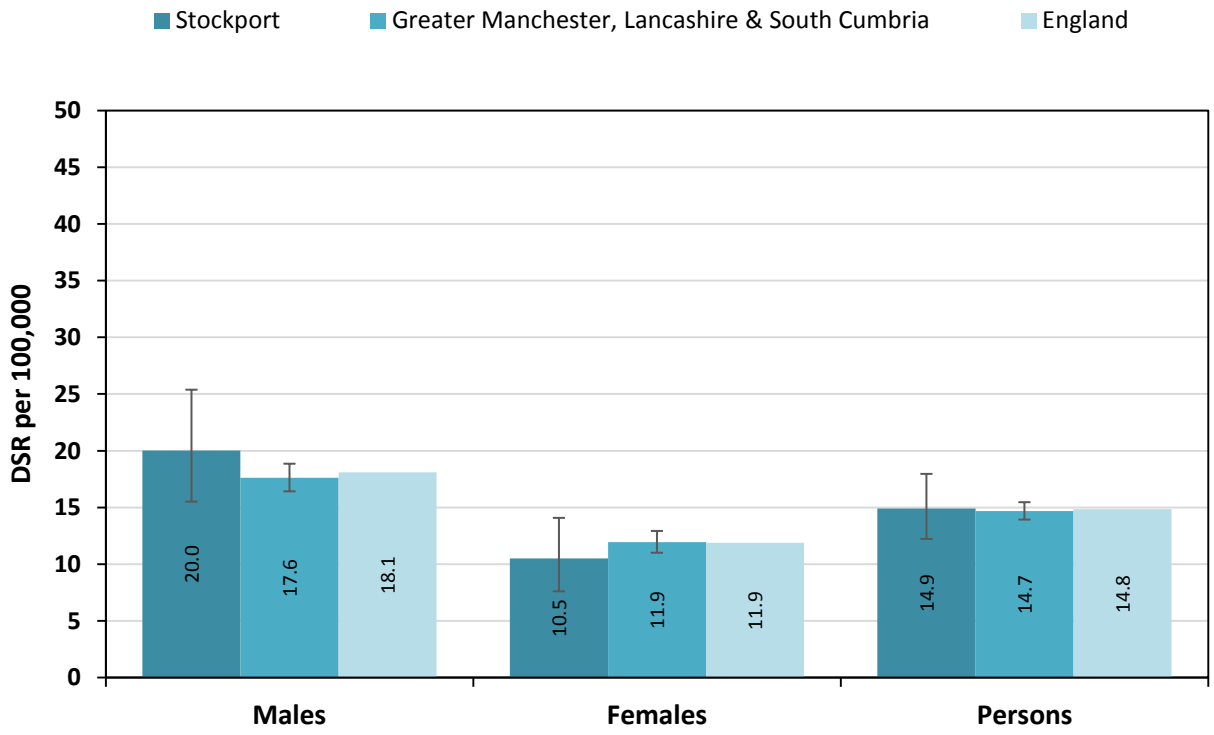


Source: HES, Health and Social Care Information Centre, ONS, DCLG

Revascularisation rates for persons who live in the most deprived areas of Stockport are 2 times greater than those who live in the least deprived areas. In England and Greater Manchester, Lancashire & South Cumbria they are 1.6 and 1.8 times greater respectively.

Cardiac procedures

Valve procedure rates (DSRs), 2010/11-2011/12



Source: HES, Health and Social Care Information Centre, ONS

Valve procedure rates in Stockport were 14.9 per 100,000 in 2010/11-2011/12, higher than the network average (14.7) and higher than England (14.8).

Cardiac procedures

Heart Transplants by SHA, 2011/12

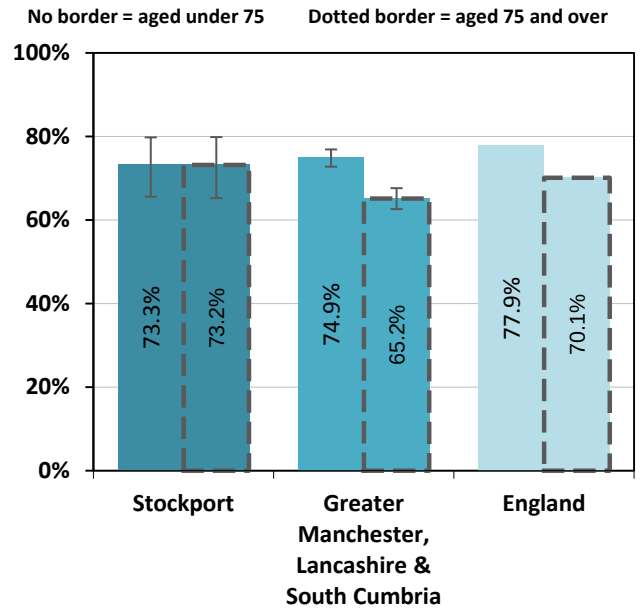
Strategic Health Authority	Rate per million population
West Midlands	3.8
North East	3.4
East Midlands	2.7
North West	2.7
East Of England	2.2
South West	1.9
South Central	1.7
South East Coast	1.6
Yorkshire and The Humber	1.1
London	1.1

The rate of heart transplantation varies from 1.1 per million in London to 3.8 per million in the West Midlands. This data is not available at a geography lower than strategic health authority.

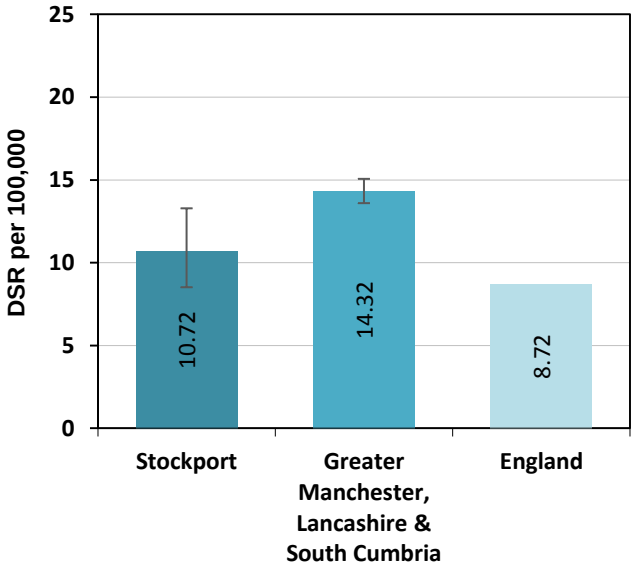
Source: UK Blood & Transplant

Stroke management

Percentage of hospital stroke patients discharged to home or usual place of residence, 2011/12



Rate of carotid endarterectomy procedures (DSR's), 2010/11-2011/12



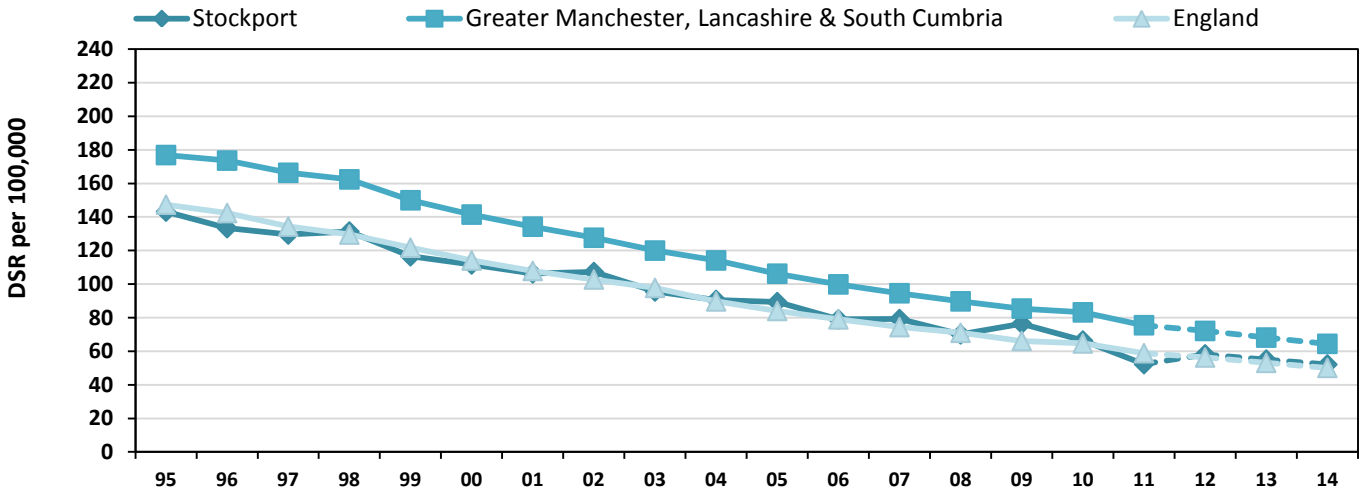
Source: HES, Health and Social Care Information Centre, ONS

The proportion of patients under the age of 75 discharged to home or usual place of residence in Stockport is 73.3%, which is lower than Greater Manchester, Lancashire & South Cumbria (74.9%) and England (77.9%). 73.2% of patients aged 75 or over are discharged to home, which is higher than Greater Manchester, Lancashire & South Cumbria (65.2%) and England (70.1%).

The rate of carotid endarterectomies performed per 100,000 for Stockport is 10.7, which is significantly lower than Greater Manchester, Lancashire & South Cumbria (14.3) and higher than England (8.7). Greater Manchester, Lancashire & South Cumbria is higher than England.

CVD early mortality trend

All CVD mortality rates (DSRs) in persons under 75 yrs: 1995 to 2011 (predicted to 2014)

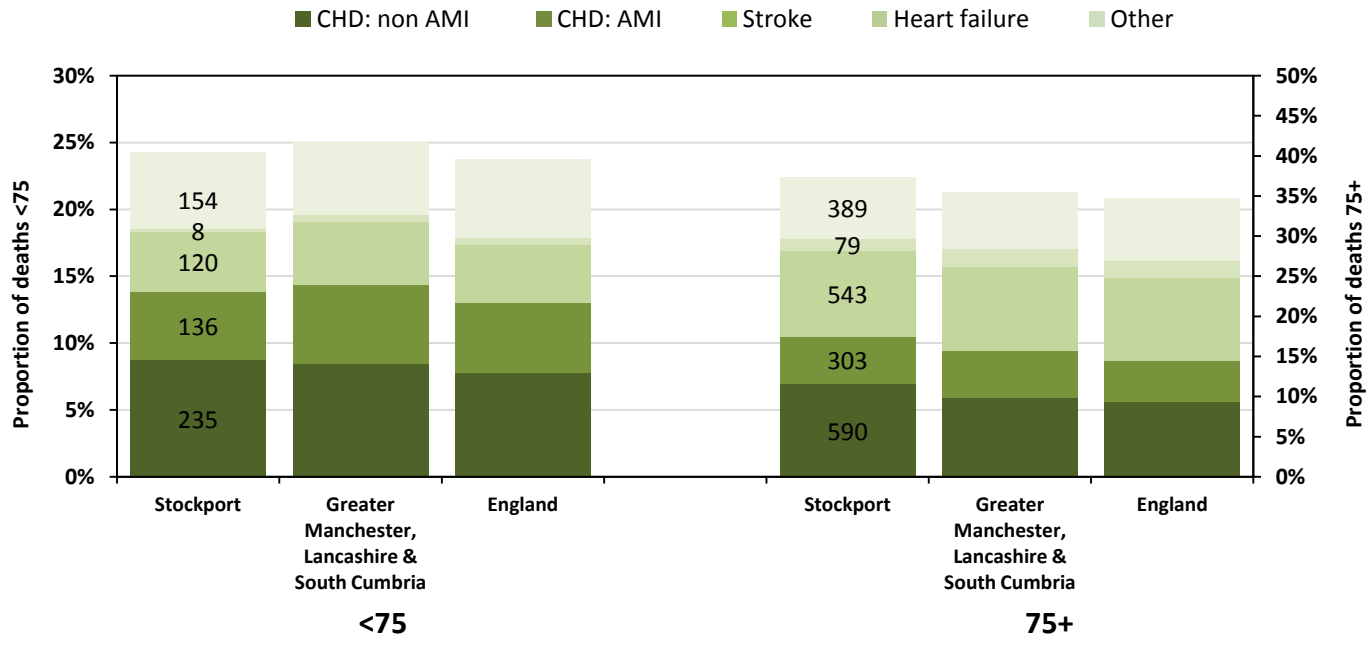


Source: Health and Social Care Information Centre, PHO annual deaths extract, ONS

The Public Health Outcomes Framework has an objective of reducing the numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities. One of the key indicators for this objective is early mortality from CVD. In 2014 the early CVD mortality rate in Stockport for persons under 75 yrs is predicted to be 52.1, which would be a 10 year decrease of 42.4% (from 2004). The early CVD mortality rate for England is predicted to be 50.1, a 10 year decrease of 44.2% and the Greater Manchester, Lancashire & South Cumbria rate is predicted to be 64.4, a 10 year decrease of 43.6%.

Contribution of CVD deaths to overall mortality

CVD deaths as a proportion of all deaths under, <75 and 75+, 2009-11



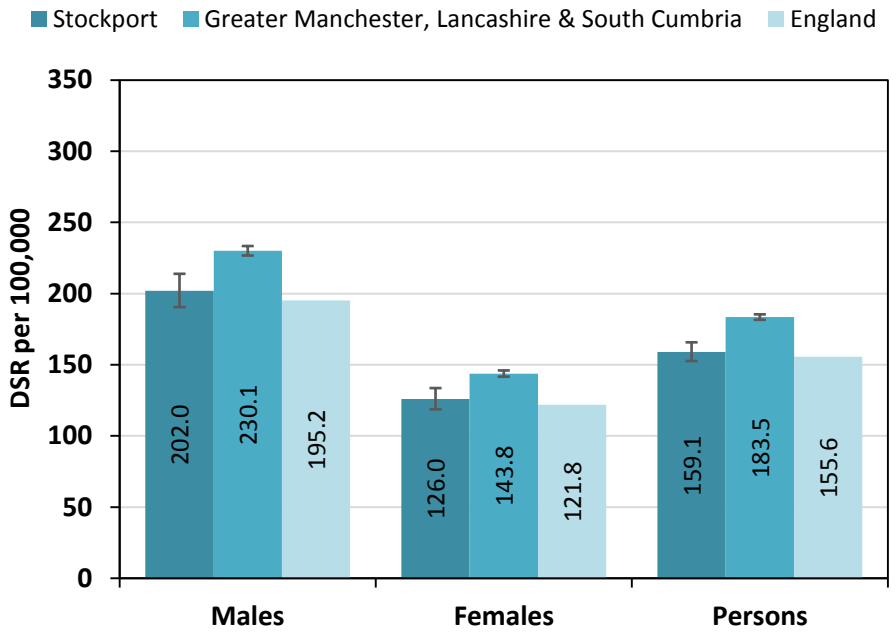
Source: Health and Social Care Information Centre, PHO annual deaths extract, ONS

In Stockport the percentage of cardiovascular deaths as a proportion of all deaths was 24.3% for people aged under 75 years and 37.3% for people aged 75 and above. This is higher than England for under 75s (23.8%) and higher than England for those aged 75 and over (34.7%).

CHD makes up the biggest proportion of total deaths (within CVD) for both males and females, 18.7% (6.7% AMI and 12% non AMI) and 14% (4.7% AMI and 9.3 % non AMI) respectively in Stockport. For males, 6.6% of deaths are due to stroke and 1% are due to heart failure. For females, 10.3% of deaths are due to stroke and 1.2% are due to heart failure.

CVD mortality rates

CVD mortality rates (DSR's) by gender for all ages, 2009-11



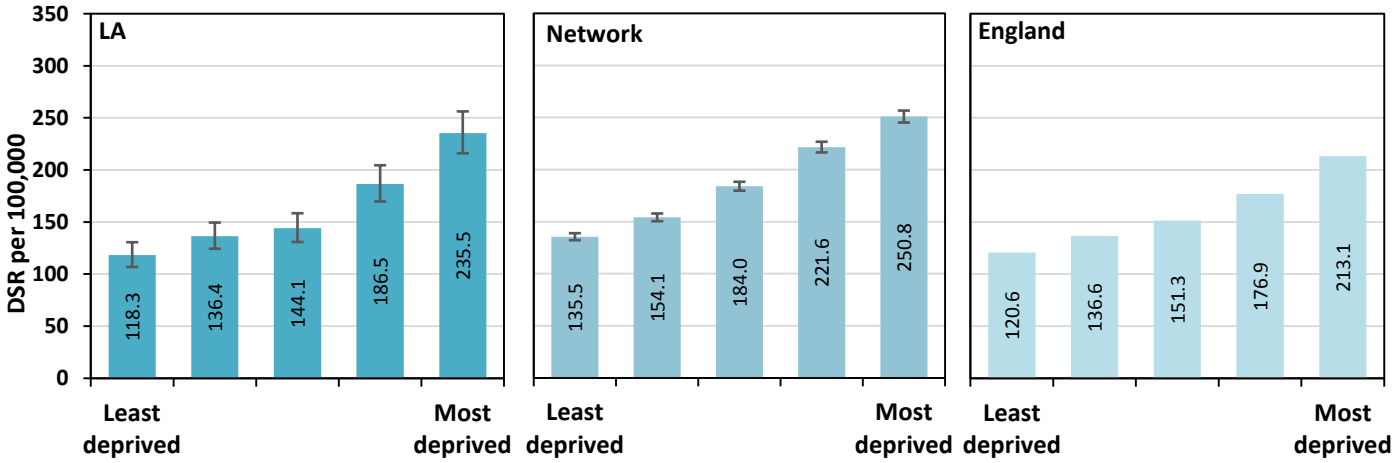
The 2009-11 CVD mortality rate in Stockport for all persons was 159.1 per 100,000. This is higher than England (155.6) and significantly lower than Greater Manchester, Lancashire & South Cumbria (183.5).

Male CVD mortality rates in Stockport are significantly higher than female CVD mortality rates (202.0 and 126.0 respectively).

Source: PHO annual deaths extract, ONS

CVD by deprivation

All CVD mortality rates (DSRs) for all persons, by quintile of relative deprivation, 2009-11



Source: PHO annual deaths extract, ONS, DCLG

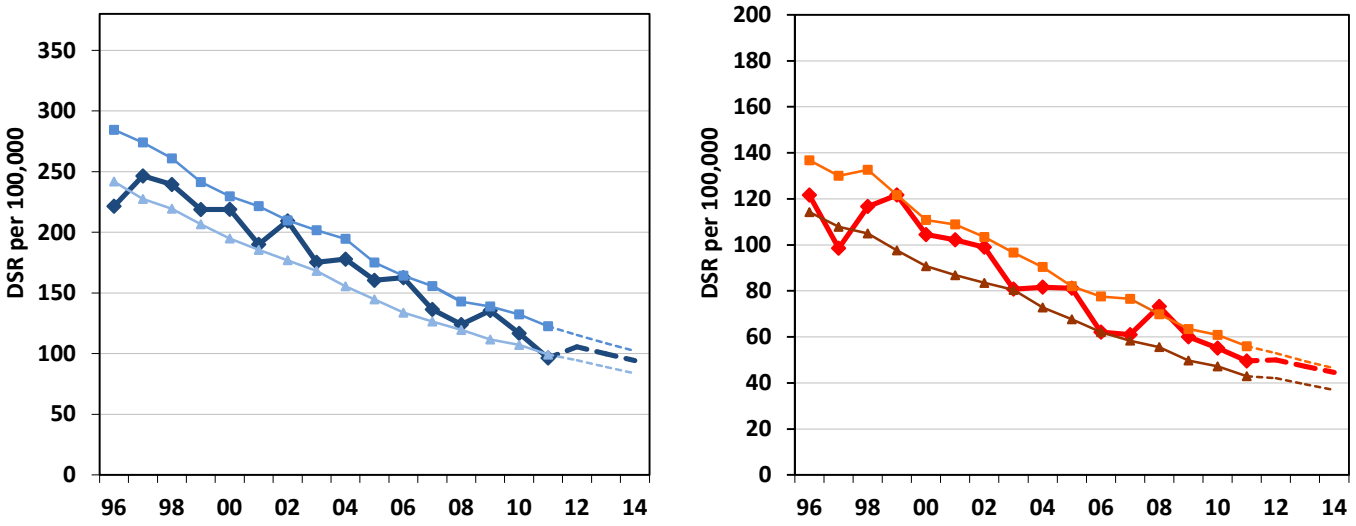
The mortality rate in 2009-11 for persons who live in the most deprived areas of Stockport was 235.5 per 100,000. This is 1.5 times greater than the overall mortality rate for Stockport and 2.0 times greater than the mortality rate for persons who live in the least deprived areas of Stockport.

In England the mortality rate for persons who live in the most deprived areas was 213.1, 1.4 times greater than the overall mortality rate for England and 1.8 times greater than the mortality rate for persons who are in the least deprived areas. In Greater Manchester, Lancashire & South Cumbria the mortality rate for persons who live in the most deprived areas was 250.8, 1.4 times greater than the overall mortality rate and 1.9 times greater than the mortality rate for persons who live in the least deprived areas.

Trends in mortality rates

Males Stockport
Males Greater Manchester, Lancashire & South Cumbria
Males England
Females Stockport
Females Greater Manchester, Lancashire & South Cumbria
Females England

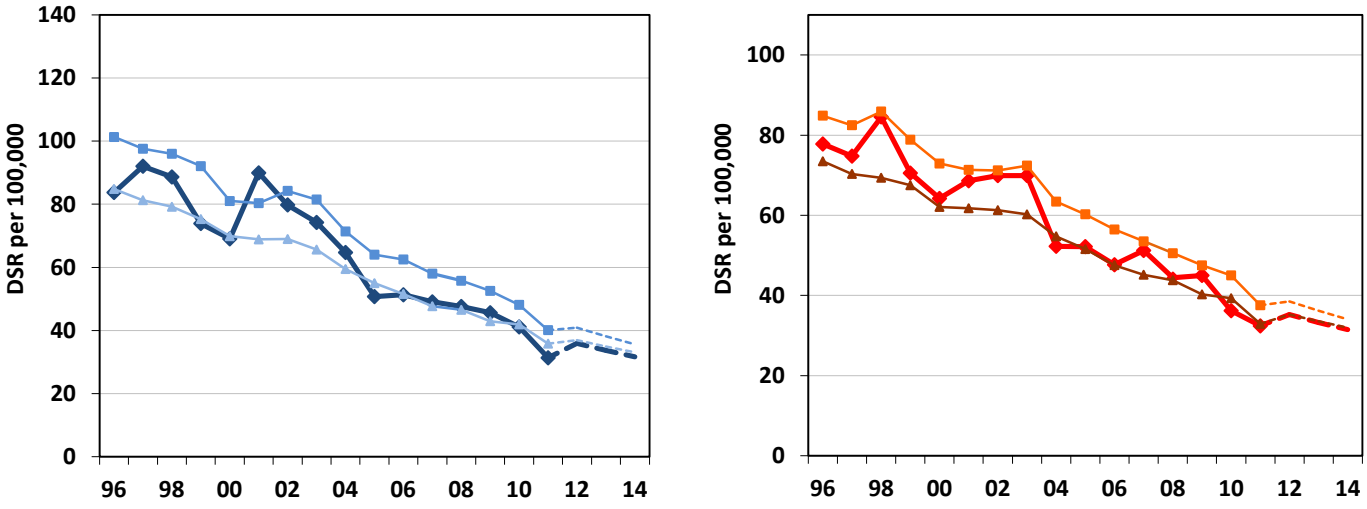
Trend in CHD mortality rates (DSRs), all ages, 1996-2011 (predicted to 2014)



Source: Health and Social Care Information Centre, PHO annual deaths extract, ONS

In 2014, the mortality rate for CHD in Stockport is predicted to be 94.3 for males and 44.5 for females, this is a 10 year decrease of 47.0% for males and 45.5% for females. In England, the mortality rate is predicted to decrease by 46.1% to 83.8 for males over the same 10 years and by 49.2% to 36.9 for females. The rates in Greater Manchester, Lancashire & South Cumbria are predicted to decrease by 47.5% for males to 102.2 and by 48.8% to 46.3. for females

Trend in cerebrovascular mortality rates (DSRs), all ages, 1996-2011 (predicted to 2014)



Source: Health and Social Care Information Centre, PHO annual deaths extract, ONS

In 2014, the mortality rate for cerebrovascular disease in Stockport is predicted to be 31.6 for males and 31.5 for females, this is a 10 year decrease of 51.1% for males and 39.8% for females. In England, the mortality rate is predicted to decrease by 44.4% to 33.1 for males over the same 10 years and by 41.7% to 31.9 for females. The rates in Greater Manchester, Lancashire & South Cumbria are predicted to decrease by 50.1% for males to 35.6 and by 46.4% to 34.0. for females.

Note that due to mortality recording changes introduced for 2011 data, there will be some decreases in CVD numbers, particularly cerebrovascular disease between 2011 and previous years that are not accounted for in population outcomes, but coding rules.

This report has been compiled by

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With acknowledgements

- Heather White
- Jamie Waterall
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- Rachel Johnson

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SEPHO will be part of Public Health England from April 2013

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