

Data supplement: Hypertension in Cambridgeshire and Peterborough CCG July 2015

Introduction

This is one in a series of Data Supplements providing intelligence to inform future health and social care planning for the population registered with Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) GP practices produced in support of *Cambridgeshire JSNA: Long Term Conditions Across the Lifecourse (2015)*.

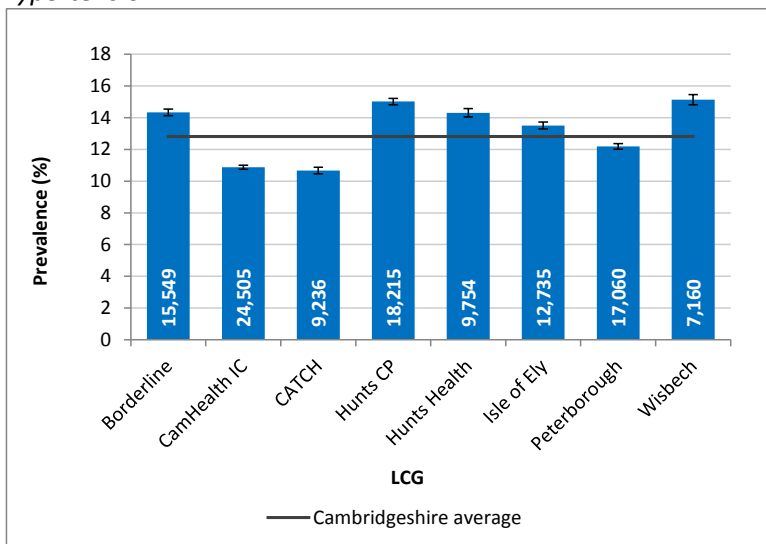
Background

Hypertension, persistently high blood pressure is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease. It can also lead to early death.¹ Known as ‘the silent killer,’ it is often preventable yet is a leading cause of cardiovascular disease, chronic kidney disease and cognitive decline.²

What is the prevalence and who is at risk?

Hypertension affects more than one in four adults, and is the second biggest risk factor for premature death and disability in England. The risk of hypertension increases with age. In England in 2011 the prevalence of hypertension was 7.4% among people aged 16 to 24 years. This rose to 44.0% among those aged 55 to 64 years and 72.6% in people aged 75 years or older. The prevalence of hypertension was higher among men than women (31.1% for men compared to 28.0% for women).³

Hypertension



Number on the register stated at the base of each bar
Error bars represent 95% confidence intervals
Source: Quality and Outcomes Framework (QOF) 2013/14

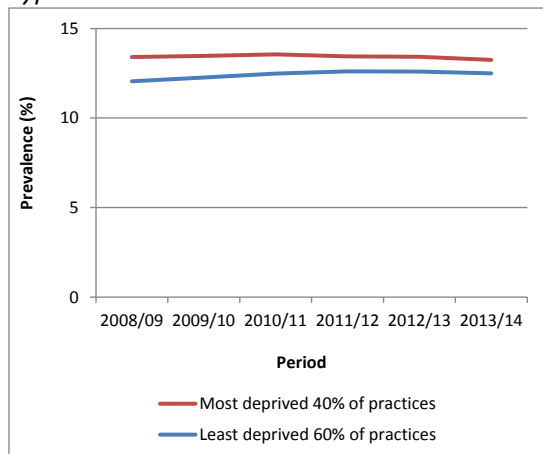
Over 114,000 people are recorded on disease registers for hypertension in general practices across Cambridgeshire and Peterborough CCG.

The prevalence of hypertension is lower in C&P CCG as a whole compared with the England average (12.8% vs 13.7%). However, in Borderline, Hunts Care Partners, Hunts Health and Wisbech LCGs prevalence is higher than both the CCG and national averages. In CamHealth and CATCH prevalence is lower than the county and national averages.

It is important to note, however, that these prevalence data are not age-standardised and so areas with a higher proportion of older people will be expected to have higher prevalence of hypertension.

Hypertension is most common among individuals from low income households and those living in deprived areas.³ In England, the proportion of people from black African and black Caribbean ethnic groups who have hypertension is higher than in the general population.⁴

Hypertension



The prevalence of recorded hypertension has increased slightly since 2008/09 in the least deprived 60% of practices in the CCG but has remained stable in the most deprived 40%.

Rates of hypertension are 6% higher in the most deprived 40% of practices compared with elsewhere.

44% of people on hypertension registers are registered with the 40% most deprived practices.

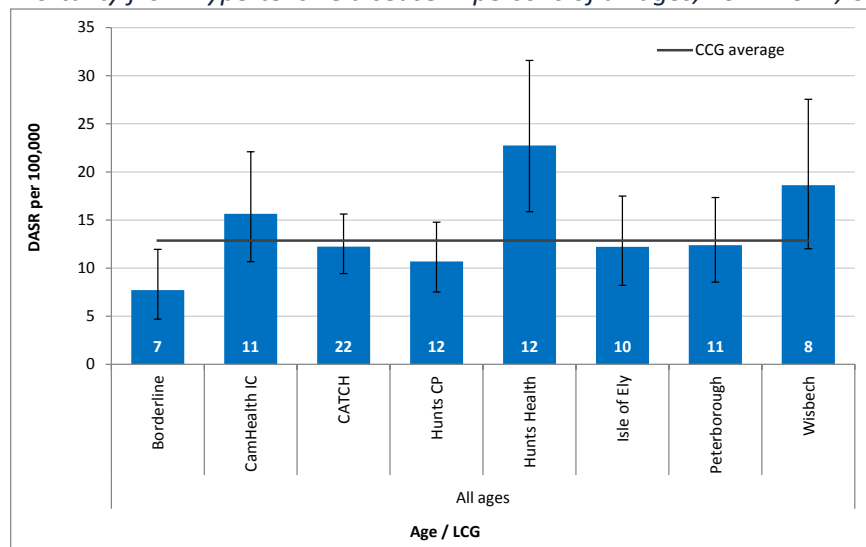
Source: Quality & Outcomes Framework (QOF) 2013/14

How many deaths are related to hypertension?

Routine mortality statistics of death from hypertension are an under-estimate of the total number of deaths as it is not routinely recorded as the underlying cause of death, rather as a contributing factor. High blood pressure is a major risk factor for other conditions such as stroke, heart attack, heart failure and chronic kidney disease, and there will be further deaths associated with hypertension not included in the figures below.⁵

Between 2012-14 there were 280 deaths (an average of around 90 deaths annually) in C&P CCG where the underlying cause of death was hypertensive disease. 28% of deaths occur in people aged under 75 and 60% of hypertensive disease deaths are in women. All-age mortality is significantly higher in Cambridgeshire and Peterborough CCG compared to the national average (although this is comparing 2012-14 data for the CCG to 2011-13 data for England (2012-14 not available)). At LCG level, rates for CamHealth, Hunts Health and Wisbech LCGs are also higher than the national average. Rates for Hunts Health LCG are also higher than the CCG average. Note that the number of deaths annually is relatively small and the confidence intervals are wide.

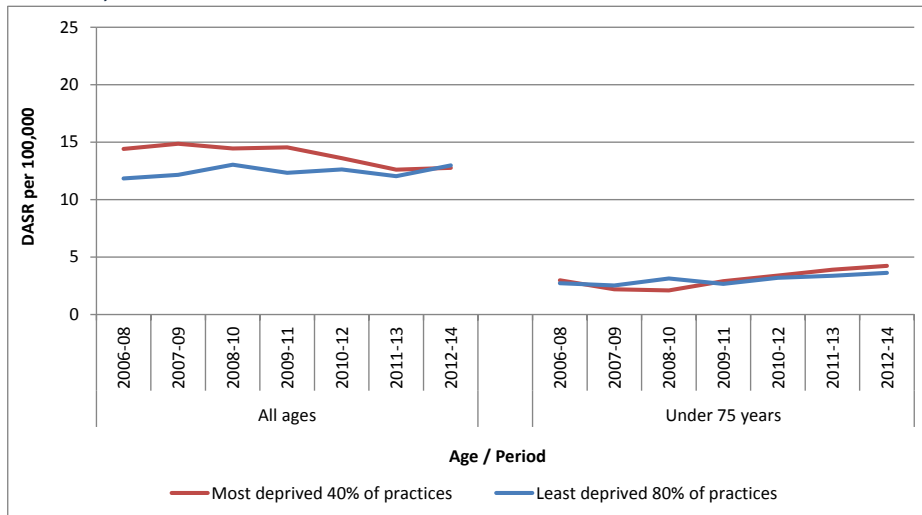
Mortality from hypertensive disease in persons of all ages, 2012-2014, C&P CCG



Error bars represent 95% confidence intervals. Average number of deaths per year is small and confidence intervals are wide. DASR - directly age-standardised rate. Hypertensive disease defined by ICD10 : I10-I15.

Current literature suggests there is a social gradient in mortality from hypertensive disease, with more deprived areas experiencing higher death rates than less deprived areas. Rates of mortality from hypertensive disease have declined in the least deprived 60% of practices but remained relatively stable in the most deprived 40%. Rates are now similar in both deprivation groups. 44% of deaths in people aged under 75 occur in people registered with the 40% most deprived practices.

Mortality from hypertensive disease in persons of all ages and aged under 75 by deprivation, 2006-08 to 2012-14, C&P CCG



Sources: Health and Social Care Information Centre Primary Care Mortality Database and Office for National Statistics mid-year population estimates. Hypertensive disease defined by ICD10: I10-I15

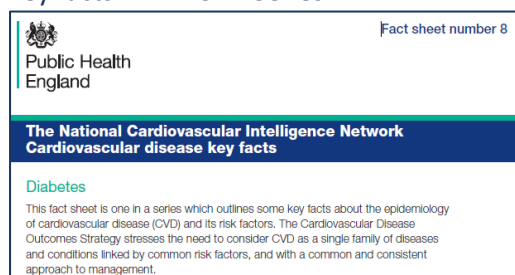
Hospital admissions and episodes of care

All people registered with C&P CCG GP Practices, 2013/14, aged 30 and above

- Coding in hospital episode data at discharge records the primary diagnosis (the underlying reason for the admission), a subsidiary diagnosis and up to 12 other contributory causes/diagnoses. Coding is known to be variable between hospital trusts.
- In 2013/14, a diagnosis of hypertension (ICD10: I10-I15) was recorded in any diagnostic code in nearly 17,000 emergency admissions which resulted in over 120,000 emergency bed days and a total cost of £43m.
- 43% of these emergency admissions were in people aged under 75 and 52% were in women.
- In emergency admissions where hypertension was recorded, 21% had a primary diagnosis of CVD, primarily stroke and coronary heart disease.
- In 2013/14, there were 170 hospital episodes in C&P CCG where essential (primary) hypertension was the primary diagnosis (ie the main reason for the hospital episode). Emergency admissions accounted for 114 (66%), 73% of which were in people aged under 75 and 57% were in women.

Further Resources

Key facts PHE – CVD Series



[http:// www.yhpho.org.uk/default.aspx?RID=185796](http://www.yhpho.org.uk/default.aspx?RID=185796)

Key Facts series produced by Public Health England (PHE) with headline epidemiological and comparator data.

Each factsheet summarises information about a cardiovascular disease (CVD) risk factor or disease area.

PHE - Healthier Lives



<http://healthierlives.phe.org.uk/topic/hypertension>

Interactive Atlas describing prevalence, expected prevalence, risk factors, treatment and care and complications

Find more detailed comparison tools, at GP practice level, on [National General Practice Profiles](#).

Faculty of Public Health Toolkit



The Faculty of Public Health's [Toolkit for developing a local strategy to deal with high blood pressure](#) is a comprehensive resource, giving local partners useful information, tools, templates and checklists to help develop effective strategies on high blood pressure prevention, detection and control.

Acknowledgement of source material

This supplement uses information from Public Health England (PHE), the Health and Social Care Information Centre (HSCIC) and other publications shown above. More detailed information is available from each of the Key Resources described above.

Where to find the data

Cambridgeshire JSNA
Cambridgeshire Insight and Atlases
Peterborough JSNA

<http://www.cambridgeshireinsight.org.uk/jsna>
www.cambridgeshireinsight.org.uk/
www.peterborough.gov.uk/health_and_social_care/joint_strategic_needs_assesmen.aspx

References

- ¹ NICE. Quality Standard 28, 2013. Available at: <http://guidance.nice.org.uk/QS28> and NICE. Clinical guideline 127: hypertension, 2011. Available at: <http://guidance.nice.org.uk/CG127/NICEGuidance/pdf>
- ² Faculty of Public Health. Easing the pressure: tackling hypertension. www.fph.org.uk/uploads/hypertension_all.pdf
- ³ Knott C, Mindell J. Hypertension. In: Craig R, Mindell, J, editors. Health survey for England 2011: volume 1: health, social care and lifestyles. Available at: <http://www.hscic.gov.uk/catalogue/PUB09300>
- ⁴ Chaudhury M, Zaninotto P. Blood pressure. In: Sproston K, Mindell J, editors. Health survey for England 2004: volume 1: the health of ethnic minority groups. Available at: <http://www.hscic.gov.uk/catalogue/PUB01209>
- ⁵ Mortality from hypertensive disease: directly standardised rate, all ages, annual trend, MFP cited in The Health and Social Care Information Centre. Indicator portal. Available at: <https://indicators.ic.nhs.uk/webview/>