



Public Health
England

Protecting and improving the nation's health

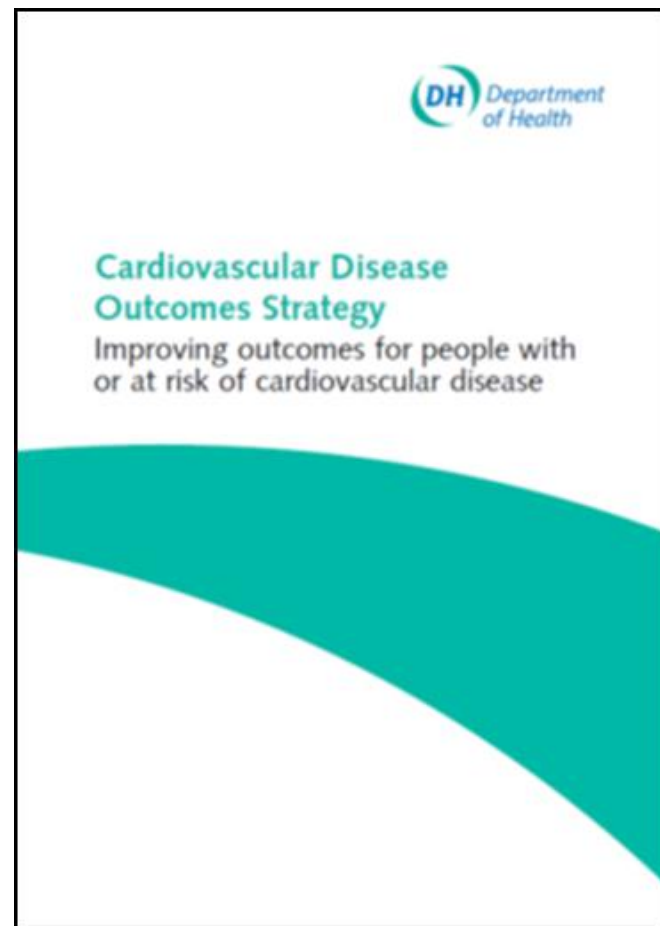
Introduction to the National Cardiovascular Intelligence Network (NCVIN)

Rachel Clark – National Lead, NCVIN

Getting Serious About Cardiovascular Disease Prevention 2018: Reducing Variation and Optimising Care conference

Cardiovascular Disease Outcomes Strategy

- Manage CVD as a single family of diseases
- Improve prevention and risk management
- Improving and enhancing case finding in primary care
- Better identification of very high risk families/individuals
- Better early management and secondary prevention in the community
- Improve acute care
- Improve care for patients living with CVD
- Improve intelligence, monitoring and research and support commissioning



“the NHS Commissioning Board and Public Health England will look to establish a cardiovascular intelligence network (CVIN) bringing together epidemiologists, analysts, clinicians and patient representatives. The CVIN, working with the HSCIC, will bring together existing CVD data and identify how to use it best”

Cardiovascular Disease Outcomes Strategy, 2013



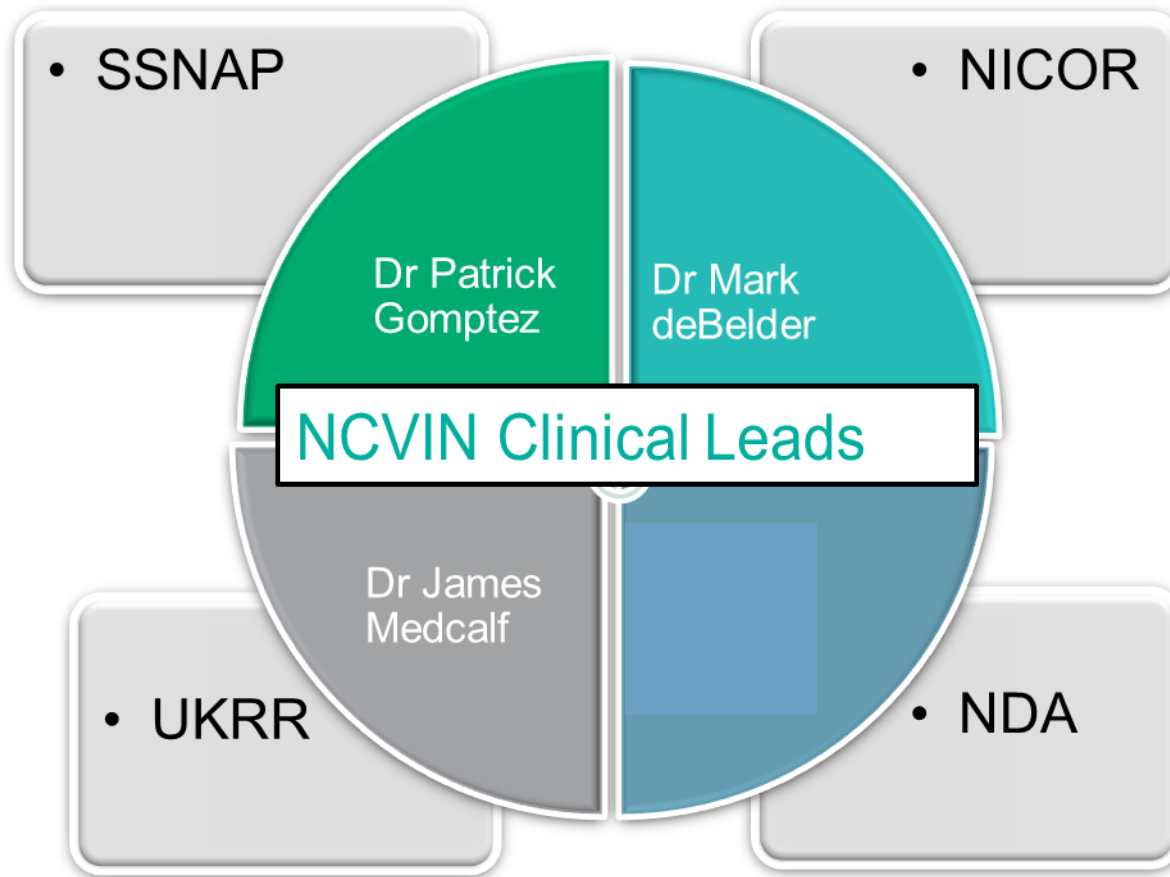
Some of our partners



Sentinel Stroke National Audit Programme (SSNAP)



Integrated partnerships with cardiovascular audits



NCVIN: Our workstreams



INTELLIGENCE INTO PRACTICE

To embed information & intelligence into local service improvement



TOOLS & RESOURCES

To develop relevant and timely tools & resources through a single portal



RESEARCH & DEVELOPMENT

To take a strategic lead on the creative & innovative development of information

Core services

- **CVD statistical and epidemiological analysis and interpretation**
 - Data analysis – surveys, audits
 - User friendly outputs – maps, charts, interactive profiles
 - Prevalence models
- **Translation of data into decision making**
 - Masterclasses
 - Workshops
 - Clinical champions
- **Networking, partnerships, supporting the system**
- **Emerging activity.....Monitoring of national programmes**

Tools and resources

Public Health England
Protecting and improving the nation's health

CVD: Primary Care Intelligence Packs

CCG: NHS Leicester City CCG

British Heart Foundation

HIGH BLOOD PRESSURE (BP) HOW CAN WE DO BETTER IN NHS DARLINGTON

Why improve our detection and treatment of high BP?

The challenges:

- 1 High BP is common, affecting around a quarter of all adults
- 2 The Global Burden of Disease Study estimated that high BP is one of the leading causes of death and disability

The opportunities:

- 1 Treatment for high BP is very effective and significantly reduces the risk of most strokes, heart failure and all cause mortality
- 2 Every 10mmHg reduction in systolic BP reduces the risk of major cardiovascular events by 50%

Effective at lowering BP

Outcomes Versus Expenditure Tool - Diabetes quadrant chart for NHS Airedale, Wharfedale and Craven

How does the total spend on diabetes prescribing compared to other CCGs with a similar CCGs based on location, population or deprivation by selecting a group from the list below.

Wharfedale and Craven the total spend on diabetes was £772.1k and the rate of people with diabetes with a HbA1c of 6.5% or less was 74.8%. In the 2014/15 QIP, the diabetes prevalence commissioning group (CCG) was 6.4%.

CCGs with similar CCGs

Wharfedale and Craven can be compared to similar CCGs based on location, population or deprivation by selecting a group from the list below.

Wharfedale and Craven is in the 6th most deprived CCG decile

Return to menu
Notes on data
Guide to tool
CCG lookup

Public Health England
Cardiovascular disease profile - Diabetes
April 2016

NHS Vale Royal 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 Cheshire & Merseyside strategic clinical network (SCN).

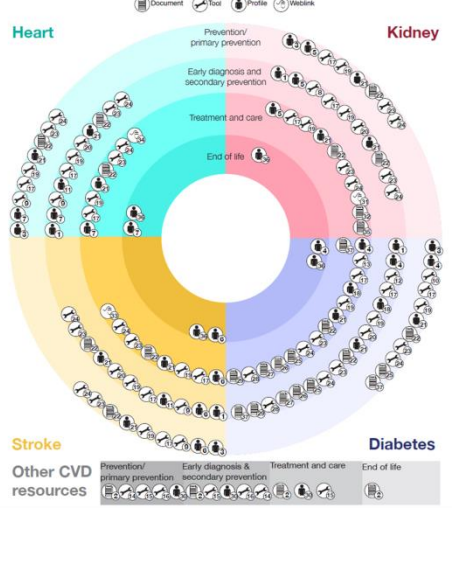
Key information
The resident population of NHS Vale Royal CCG is 102,000 and 19,300 of these people are aged 65 and over. In the CCG, 13.5% of people live in the most deprived fifth of areas in England.
In 2015 there were 5,387 people aged 17 years or older who had been diagnosed with diabetes and included in GP registers in NHS Vale Royal CCG. This equals 6.5% of this age group. In England, the diagnosed diabetes prevalence is 6.4%.
At GP practice level in NHS Vale Royal CCG, the percentage of patients receiving all eight care processes ranged from 48.2% to 58.8%. For three treatment targets, the percentage ranged from 48.6% to 51.1%.
People with diabetes are at a higher risk of having a heart attack or stroke. In this area, people with diabetes are 107.6% more likely than people without diabetes to have a heart attack. This is lower than the figure for England which is 108.8%. People with diabetes are also 99.9% more likely to have a stroke. This is higher than the figure for England where there is a 81.3% greater risk.

Key facts	Local	Similar CCGs	SCN	England
Diabetes prevalence in adults (per cent)	6.5	6.4	6.5	6.4
People with diabetes whose last HbA1c was 6.5mmol/mol or less (per cent)	82.7	86.6	84.2	80.4
People with diabetes whose last blood pressure was 140/90 or less (per cent)	77.7	71.5	74.3	71.2
People with diabetes whose last cholesterol was 5mmol/L or less (per cent)	72.7	78.9	72.4	78.8
Additional risk of mortality to people with diabetes (per cent)	43.9	-	-	39.2

Produced by the National Cardiovascular Intelligence Network (NCVIN)
PHE publications gateway
© Crown copyright 2016 version 1

NCVIN navigation tool

- 1 Hypertension Profiles
- 2 Cardiovascular Key Facts
- 3 Cardiovascular disease profiles: Cardiovascular Risk factors
- 4 Cardiovascular disease profiles: diabetes
- 5 Cardiovascular disease profiles: kidney disease
- 6 Cardiovascular disease profiles: stroke
- 7 Cardiovascular disease profiles: Heart disease
- 8 CCG prevalence model
- 9 Atrial Fibrillation prevalence model
- 10 NHS Diabetes Prevention Programme (NHS DPP) non-diabetic hypoglycaemia
- 11 Atrial Fibrillation: How can we do better?
- 12 Diabetes prevalence model for local authorities and CCGs
- 13 Diabetes outcome versus expenditure (DOVE) tool
- 14 Atlas of Variation Opportunity locator tool
- 15 NHS Atlas of Variation in Healthcare - 2015
- 16 NHS Health Check Quality returns
- 17 Cardiovascular (CVD) intelligence packs
- 18 Diabetes bottom activity profiles
- 19 Outcomes versus expenditure tool: cardiovascular
- 20 CVD prevention opportunities GP practice comparisons
- 21 Pathway on a page: Integrated Care Pathways
- 22 Commissioning for Value: Integrated Care Pathways
- 23 Commissioning for Value: Revisited 'Where to Look' packs
- 24 Commissioning for value: Focus packs
- 25 Commissioning for Value - Casebooks
- 26 National Pregnancy in Diabetes Audit Report - 2014
- 27 National Diabetes Audit - 2013-2014 and 2014-2015: Report 1, Care Processes and Treatment Targets
- 28 National Diabetes Audit - 2013-2014, and 2014-2015: Audit participation: Primary Care
- 29 National Diabetes Audit - 2012-2013, Report 2
- 30 NICE General practice profiles
- 31 UK renal registry
- 32 Kidney patient transport audit
- 33 General Stroke National Audit Programme
- 34 NICE Audit and diabetes
- 35 NHS Blood and Transplant: Organ specific reports
- 36 End of life care profiles
- 37 The Paul Adams story



AF: How can we do better?

Detection of AF in England
1.4 million people in England are estimated to have atrial fibrillation (AF), 0.4% of the adult population.

Undiagnosed AF in England
There is significant variation between practices in the proportion of their patients with AF who remain undiagnosed.

Stroke in England
AF is a major risk factor for stroke and a contributing factor to one in five strokes. Treatment with an oral anticoagulant (OAC) significantly reduces the risk of stroke in someone with AF by two thirds.

Outcome after discharge in people NOT anticoagulated before their stroke in England

Number of AF patients anticoagulated in England
Nationally 31% of eligible patients do not receive anticoagulation. This includes excluded patients, but some practices exceed for fewer than others.

Stroke

[Home](#)

Guidance

Cardiovascular disease data and analysis: a guide for health professionals

From: [Public Health England](#)
 Published: 3 May 2017
 Last updated: 4 September 2017, [see all updates](#)

Explains how commissioners and health professionals can use data and analysis for decisions about cardiovascular services and interventions.

Contents

- [CVD primary care intelligence packs](#)
- [Summary profiles of cardiovascular data](#)
- [Estimates of CVD prevalence](#)
- [Spending on care versus patient outcomes](#)
- [Other resources](#)

This guidance is for commissioners, public health directors and others involved in the local planning and provision of services and interventions that support people with cardiovascular disease (CVD) conditions.

Public Health England (PHE) collates and analyses available CVD data and produces intelligence resources to help with improving services and outcomes. This guidance supports health professionals with using these resources to make or influence decisions about local services.

Resources

- **CVD Primary care intelligence packs**
- **Summary profiles of cardiovascular data**
 - CVD, Diabetes footcare, Hypertension
- **Estimates of CVD prevalence**
 - Atrial fibrillation, Chronic kidney disease, Diabetes, Hypertension, Non-diabetic hyperglycaemia
- **Other resources**
 - Spending on care versus patient outcomes – DOVE, CVOVE
 - First incidence of stroke: estimates for England 2007 to 2016
 - Atrial fibrillation data intelligence packs
 - Blood pressure data intelligence packs

Cardiovascular Disease

Cardiovascular disease profiles

This tool presents an overview of data on cardiovascular and cardiovascular related conditions of heart disease, stroke, diabetes and kidney disease. The profiles are for commissioners and health professionals when assessing the impact of cardiovascular disease on their local population and making decisions about services. They include data on mortality, hospital admissions, procedures and disease management.

Narrative profile reports are available for each clinical commissioning group (CCG) in England. To download these for a specific CCG click on the links below:

[Heart Disease](#)

[Stroke](#)

[Kidney Disease](#)

[Diabetes](#)

Alternatively click on the Start button to go to the data directly.

The profiles are created and maintained by the National Cardiovascular Intelligence Network (NCVIN).

Other CVD data and intelligence resources

NCVIN collates and produces other intelligence resources to help health professionals to make or influence decisions about local services. Guidance on these resources can be found [here](#).

START
Go to the data

Recent updates

February 2018

Admissions, mortality, treatment care and services provision data updated for heart disease, stroke, kidney and diabetes online

Narrative reports updated for heart disease, stroke, kidney and diabetes

December 2017

CCG and GP indicators from the Quality and Outcomes Framework (2016/17) updated in online data

CCG and GP indicators from the National Diabetes Audit (Report 1 Care Processes and Treatment Targets 2016-17) updated in online data

Cardiovascular Disease

Indicator keywords

Risk Factors Diabetes **Heart** Kidney Stroke

Overview Trends Compare areas Area profiles Reports Definitions Download

Area type: CCGs (pre 4/2017) Areas grouped by: Sub-region Benchmark: England

Area: NHS Newcastle And Gateshead Sub-region: Cumbria and North East

10 most similar CCGs to Newcastle And Gateshead

Compared with benchmark: Similar Worse Lower Similar Higher Not compared

Data quality: Significant increase Some concern Robust

Export table as image

Indicator	Period	England	Cumbria and North East NHS region	NHS Cumbria CCG	NHS Darlington CCG	NHS Durham Dales, Easington And S...	NHS Hartlepool And Stockton-On-Tee...	NHS Newcastle And Gateshead CCG	NHS North Durham CCG	NHS North Tyneside CCG	NHS Northumberland CCG	NHS South Tynes CCG	NHS South Tyneside CCG	NHS Sunderland CCG
CHD: QOF prevalence (all ages)	2016/17	3.2	4.3	4.6*	3.9	5.1	4.0	3.3	4.2	4.2	4.7	4.1	4.5	4.7
Heart Failure: GOF prevalence (all ages)	2016/17	0.8	1.1	1.2*	1.5	1.3	1.0	0.8	0.9	1.3	1.2	0.8	1.2	1.0
CHD002: Last BP reading in last 12mths is <=150/90 (den.incl.exc.)	2016/17	88.7	89.6	-	90.4	89.9	90.1	89.8	89.9	88.3	88.8	88.0	89.6	89.1
CHD005: Record that aspirin, APT or ACT is taken (den. incl. exc.)	2016/17	91.9	92.7	-	93.0	92.1	92.5	94.1	93.0	91.9	92.3	92.4	93.5	93.4
CHD006: History of MI treated with ACE-I (den. incl. exc.) - retired	2014/15	69.1	72.2*	66.0	79.7	74.1	75.6	76.1	73.6	71.1	71.2	72.3	70.4	75.5
HF002: Diagnosis conf. by ECG/specialist assessm. (den. incl. exc.)	2016/17	91.1	91.8	-	94.2	91.8	93.2	91.4	92.1	93.8	91.1	90.8	92.4	88.3
HF003: Heart failure w/ LVD: treated with ACE-I or ARB (den. incl. exc.)	2016/17	83.9	85.5	-	83.7	84.7	89.4	86.5	87.7	86.6	84.6	85.7	82.5	84.5
CHD admissions (all ages)	2016/17	515.8	-	-	403.6	509.7	595.1	498.5	539.5	578.1	600.0	443.8	748.2	735.8
Heart failure admissions (all ages)	2016/17	156.9	-	-	98.4	158.3	162.8	163.0	133.7	177.7	163.6	141.5	188.2	159.0
Proportion of deaths at home (or usual place of residence) from heart failure	2015-16	58.6	-	-	30.1	47.7	37.1	35.2	39.1	71.5	46.3	93.4	85.5	86.5
Coronary heart disease mortality rates, under 75 years	2014-16	39.4	-	-	48.2	43.9	46.1	52.2	35.2	46.7	41.8	59.3	41.4	48.8

CVD Profiles - Heart disease February 2018

NHS Newcastle And Gateshead 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 Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Partnership (STP).

Key Information

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

The CCG mortality rate has decreased by 36.5% since 2004-2006.

In the three year period 2014-2016, the early mortality rate for CHD in NHS Newcastle And Gateshead CCG was 52.2 per 100,000 people.

In 2016/17 the admission rate for CHD in NHS Newcastle And Gateshead CCG was 498.5 for every 100,000 people in the population (2,113 admissions). This is not significantly different from the England rate (516 per 100,000).

Key Facts	CCG	Similar CCGs	STP	England
Coronary heart disease prevalence (per cent)	3.3	3.7	4.2	3.2
Heart failure prevalence (per cent)	0.8	0.9	1.0	0.8
CHD admissions (rate per 100,000)	498.5	-	598.2	515.8
Heart failure admissions (rate per 100,000)	163.0	-	162.3	156.9
CHD early mortality (rate per 100,000)	52.2	-	44.9	39.4

Getting treatment quickly is important for serious heart attack, where the coronary artery is blocked. In 2016/17, the North East Ambulance Service Trust recorded 92.8% 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.



NCVIN update

National Cardiovascular Intelligence Network (NCVIN)

Issue 3, September 2017

Dear colleague

We've recently completed updates for some of our most well-established and used outputs: CVD primary care intelligence packs and Diabetes foot care profiles. We hope that you find the new data in these resources useful and would be keen to hear from you about how you might have put what you've found out from looking at them into practice on the ground. Do let us know how you've used these and if you have any thoughts for how they might be improved by emailing ncvin@phe.gov.uk

Like many of you, we're also beginning to look ahead to what our work programme might include in 2018/19. It still seems some time off but we know that we'll be trying to make detailed plans before long. If you have any suggestions for how our work programme can best meet your needs next year, please let us know by emailing ncvin@phe.gov.uk

Rachel Clark
National Lead, National Cardiovascular Intelligence Network
Public Health England

New and updated

For more information on using our data and to access our products, visit [Cardiovascular disease data and analysis: a guide for health professionals](#)

Diabetes foot care profiles update

subscribe for future emails [here](#) selecting 'NCVIN update'.