Directly age-standardised mortality from coronary heart disease (CHD) per 100,000 population aged under 75 yrs

2004-06 to 2012-14 (3-year pooled data)

England, South East Region, Oxfordshire and districts within Oxfordshire

Definition

Directly age-standardised mortality rate from coronary heart disease (CHD) (ICD-10 I20-I25) per 100,000 population aged under 75 years.

Source

Health & Social Care Information Centre Indicator Portal

Denominator

Number of deaths from coronary heart disease (CHD) in people under 75 years of age.

2001 Census-based mid-year population estimates of people under 75 years for the respective calendar years.

Strengths & Limitations

1. 3-year rolling data are used to create a smoother line which is easier to interpret and less susceptible to annual fluctuation.
2. Rates for local authorities are calculated from relatively small numbers and should be treated with a degree of caution.
3. ONS uses the underlying cause of death on the medical certificate of cause of death (MCDD). Coding for cause of death are carried out according to Tenth Revision of International Classification of Disease and Related Health Problems (ICD-10) and internationally agreed rules. If more than one cause is noted on MCDD but no apparent sequence one or more selection rules are applied based on the ICD. This means that COPD may be noted as a secondary cause of death but not necessarily the underlying cause.
4. The European Standard Population (ESP) is an artificial population structure which is used in the weighting of mortality or incidence data to produce Directly Standardised Rates (DSRs), also known as age-standardised rates (ASRs). The ESP is divided into quinary age bands, which correspond to the age bands used by the observations and population figures. Each age band is assigned a value which is used to standardise the rate obtained from the observations and population figures. This affects three year pooled data for 2010-12 onwards.

Time Trend

1. Generally speaking, all geographic areas show a decline in the mortality rate from CHD in people under 75 years of age. The revised European Standard Population makes it more difficult to see if these trends are continuing but, with the exception of West Oxfordshire all areas have decreased over last three data points.
2. Oxford City’s higher mortality rate may reflect the areas of social deprivation, less healthy lifestyles and less prompt use of NHS services than elsewhere.
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4. Eurostat, the statistical institute of the European Union, decided at the end of 2012 to bring this population structure up to date. Up to 2014, indicators were directly standardised against ESP released in 1976. For both sexes, mortality rates for all causes of death registered in 2012 were significantly higher when calculated using the 2013 ESP compared with the 1976 ESP. This is to be expected as deaths predominantly occur at older ages and the larger number of older people in the 2013 ESP exerts more influence on these summary figures. This affects three year pooled data for 2010-12 onwards.

Expert interpretation and conclusions with additional information

1. The falling death rate from CHD reflects lower levels of smoking, improved dietary awareness, better early detection of CHD and improved treatment. The decrease is a triumph for early detection of disease and disease prevention.
2. Oxford City’s higher mortality rate may reflect the areas of social deprivation, less healthy lifestyles and less prompt use of NHS services than elsewhere.
3. Immediate public health action to reduce morbidity and mortality from CHD should include: - continuing roll out of NHS Health Checks; - support for giving up smoking; - offering support for weight management.
4. RAG rating is green.