

Life Expectancy in Ilfracombe Health Equity Profile

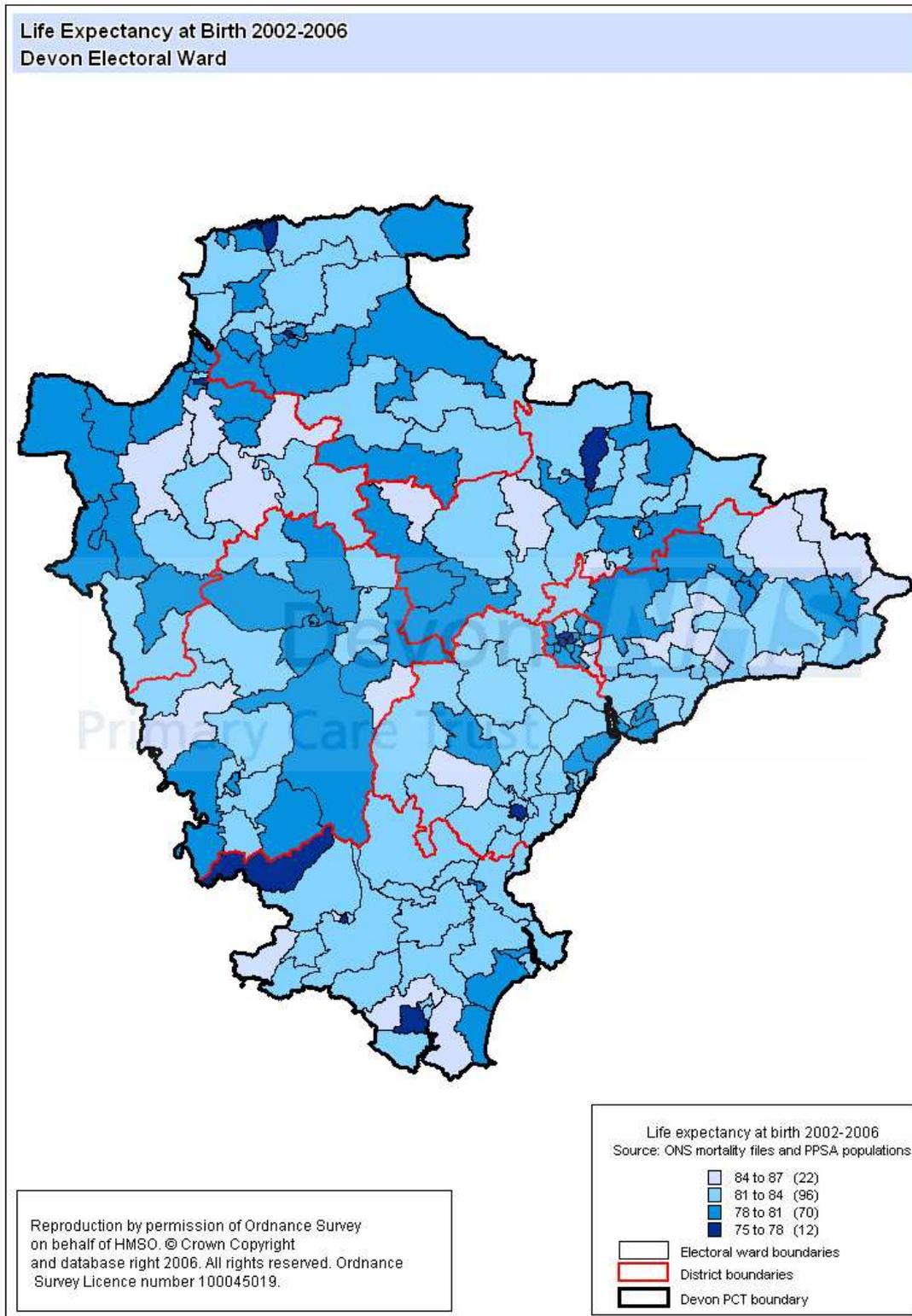
1. Background

- 1.1 Life expectancy at birth is a means of measuring mortality for a geographical area. It is calculated for an area in a given period of time as an estimate of the number of years a new-born baby would survive, were he or she to experience the particular area's age specific mortality rates for that time period throughout his or her life. Life expectancy at birth is used as an indicator of geographic inequalities in health. Differences in life expectancy exist between different geographic areas, gender, social classes and ethnic groups. As a result of this, the Department of Health set a target nationally, by 2010 to reduce, by at least 10%, the gap in life expectancy between the fifth of areas with the lowest life expectancy at birth and the population as a whole.
- 1.2 Across Devon local authorities in 2004-2006 there was an inequality of 2.5 years for males and 1.2 years for females. Data was calculated by the Office of National Statistics for electoral wards across the country and this showed a much greater inequality across Devon of nearly fourteen years (18 years if confidence intervals are taken in to consideration). To enable this to be investigated in greater detail and over a longer time period, life expectancy at birth figures have been calculated locally for electoral ward and local authority areas. To ensure robustness of the figures produced, life expectancy was calculated over five-year periods from 1997 through to 2006, using the Chiang methodology.

2. Life Expectancy across Devon

- 2.1 Using locally calculated life expectancy at birth data for 2002-2006, there is an inequality of 11.5 years across Devon (nearly 18 years if confidence intervals are taken into consideration). The highest life expectancy at birth for this time period was 86.7 in Taw Vale, Mid Devon and the lowest was 75.2 in Ilfracombe Central, North Devon. Life expectancy by ward for 2002-2006 is shown below in Figure 1.

Figure 1 – Map of life expectancy at birth 2002-2006 by electoral ward



2.3 Over the 10-year period analysed, the life expectancy gap across Devon reduced from 14.2 years to 11.5 years. This is positive evidence of a reduction in geographic inequalities across Devon. There was a reduction of 0.7 years in the highest life expectancy compared with an increase of 1.9 years in the lowest area. Figures 2 and 3 below show highest life expectancy compared with the lowest for each time period and the gradual reduction in the gap.

Figure 2 – Graph showing highest and lowest life expectancy at birth between 1997 and 2006.

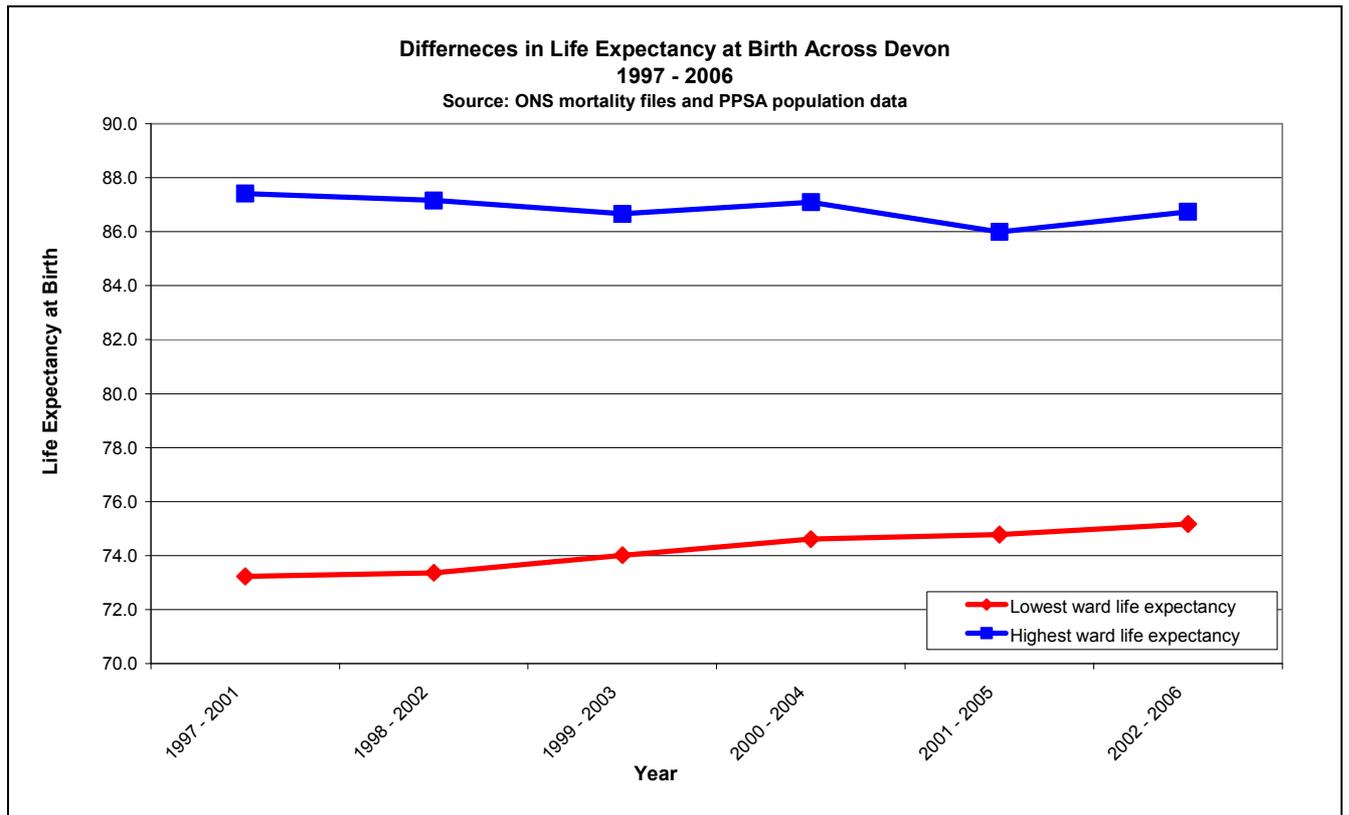


Figure 3 – Table showing highest and lowest life expectancy at birth between 1997 and 2006 and the reduction in the gap

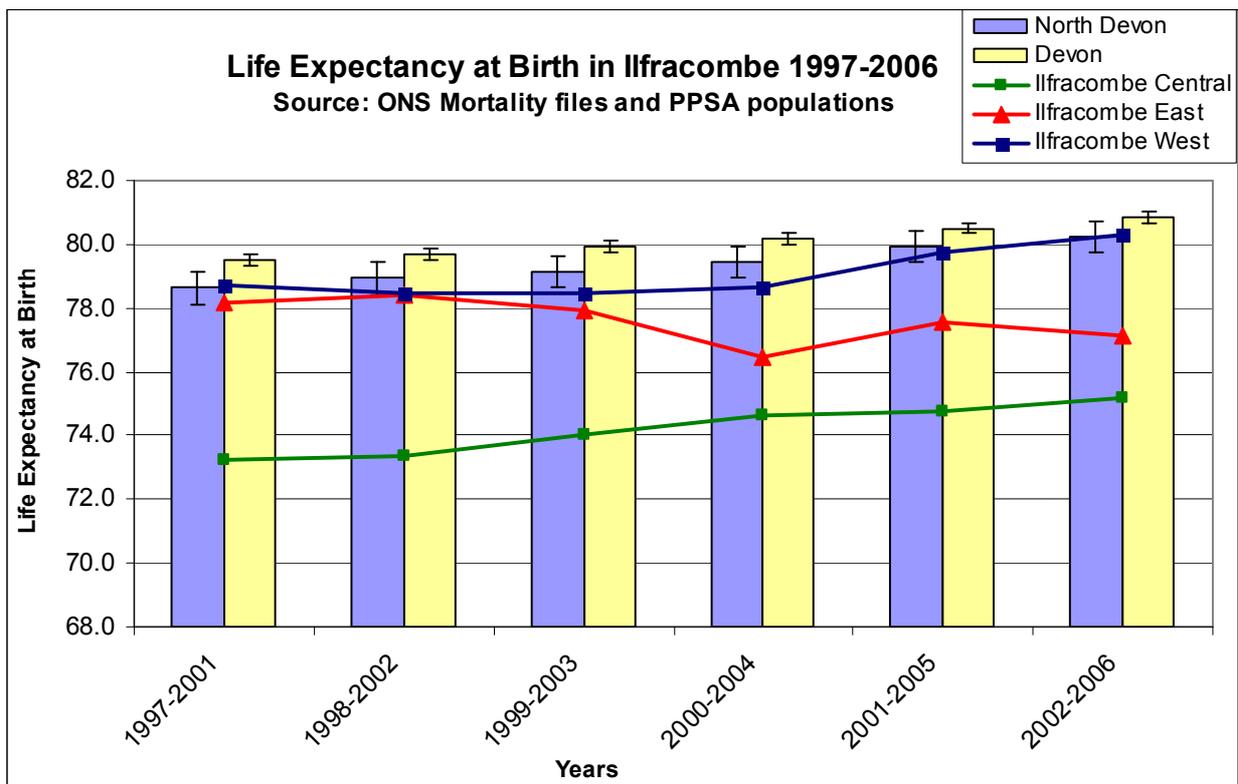
	1997 - 2001	1998 - 2002	1999 - 2003	2000 - 2004	2001 - 2005	2002 - 2006	Change between 1997 and 2006
Lowest ward life expectancy	73.2	73.4	74.0	74.6	74.8	75.2	1.9
Highest ward life expectancy	87.4	87.2	86.7	87.1	86.0	86.7	-0.7
Gap in life expectancy	14.2	13.8	12.6	12.5	11.2	11.6	

2.4 Over the 10 years analysed, the area with the highest life expectancy has varied across East Devon, South Hams and Mid Devon. However, the area with the lowest life expectancy has consistently remained Ilfracombe Central in North Devon throughout the 10 years. Life expectancy in other areas has tended to fluctuate throughout the years. As a result of this, further analysis has been carried out for Ilfracombe to try and establish why this is occurring.

3. Life Expectancy in Ilfracombe

3.1 Figure 4 below shows the trends in life expectancy in the three Ilfracombe wards of Ilfracombe Central, Ilfracombe East and Ilfracombe West, North Devon local authority and Devon Primary Care Trust as a whole. The graph shows the life expectancy in Ilfracombe Central is considerably lower than both North Devon and Devon overall, but it is increasing in all areas shown apart from Ilfracombe East where there has been a slight decline.

Figure 4 – Graph showing life expectancy at birth in Ilfracombe



3.2 Figure 5 below shows the percentage increase in life expectancy for the three wards in Ilfracombe and for North Devon and Devon overall. All areas except Ilfracombe East showed a small percentage increase over the 10 years analysed. It also shows that although overall life expectancy is lower in Ilfracombe Central than Devon as a whole, there has been a slightly higher percentage increase over the 10 years.

Figure 5 – Percentage increase in Life Expectancy at birth in Ilfracombe 1997-2006

	1997-2001 to 1998-2002	1998-2002 to 1999-2003	1999-2003 to 2000-2004	2000-2004 to 2001-2005	2001-2005 to 2002-2006	1997-2001 to 2002-2006
Ilfracombe Central	0.19	0.89	0.80	0.23	0.53	2.65
Ilfracombe East	0.27	-0.60	-1.84	1.39	-0.56	-1.37
Ilfracombe West	-0.26	-0.03	0.21	1.38	0.68	2.00
North Devon	0.37	0.28	0.38	0.62	0.35	2.03
Devon	0.20	0.32	0.32	0.40	0.43	1.68

3.3 Although the life expectancy in Ilfracombe is increasing, it is still statistically significantly below both Devon and North Devon. Further data is presented below for Ilfracombe to try to establish what factors are contributing to the low estimates of life expectancy at birth.

4. Population Structure

4.1 Figure 6 below shows the registered mid 2007 population for Ilfracombe, North Devon and Devon and Figure 7 shows the proportions of the total population within each age group. Ilfracombe East has a considerably smaller population than both Ilfracombe Central and Ilfracombe West.

Figure 6 – Resident populations mid 2007 for Ilfracombe wards

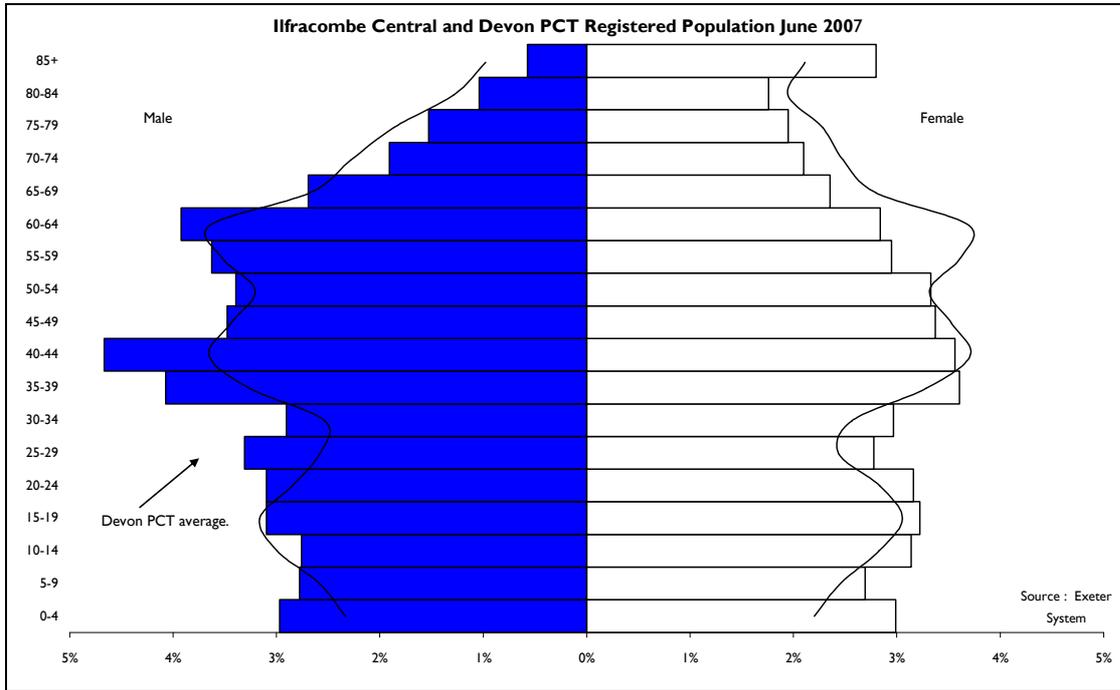
Electoral Ward	00 - 04	05 - 09	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	Over 85	Total
Ilfracombe Central	281	258	278	298	295	287	277	362	388	323	317	310	319	238	189	164	132	159	4875
Ilfracombe East	126	117	153	165	112	116	148	185	202	201	165	186	212	147	117	70	76	51	2549
Ilfracombe West	249	275	360	364	238	255	269	338	374	343	376	425	394	241	194	175	129	124	5123
North Devon	4,618	5,059	5,978	6,114	4,805	4,856	4,993	6,518	7,176	6,815	6,282	6,907	7,269	5,261	4,556	3,822	2,858	2,754	96,641
Devon	34,432	38,228	44,216	47,197	43,152	38,067	38,698	49,773	55,884	52,909	49,529	54,254	55,730	41,541	36,162	31,468	24,543	23,459	759,242

Figure 7 – Percentages of resident population mid 2007 for Ilfracombe wards

Electoral Ward	00 - 04	05 - 09	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	Over 85	Total
Ilfracombe Central	5.8	5.3	5.7	6.1	6.1	5.9	5.7	7.4	8.0	6.6	6.5	6.4	6.5	4.9	3.9	3.4	2.7	3.3	100.0
Ilfracombe East	4.9	4.6	6.0	6.5	4.4	4.6	5.8	7.3	7.9	7.9	6.5	7.3	8.3	5.8	4.6	2.7	3.0	2.0	100.0
Ilfracombe West	4.9	5.4	7.0	7.1	4.6	5.0	5.3	6.6	7.3	6.7	7.3	8.3	7.7	4.7	3.8	3.4	2.5	2.4	100.0
North Devon	4.8	5.2	6.2	6.3	5.0	5.0	5.2	6.7	7.4	7.1	6.5	7.1	7.5	5.4	4.7	4.0	3.0	2.8	100.0
Devon	4.5	5.0	5.8	6.2	5.7	5.0	5.1	6.6	7.4	7.0	6.5	7.1	7.3	5.5	4.8	4.1	3.2	3.1	100.0

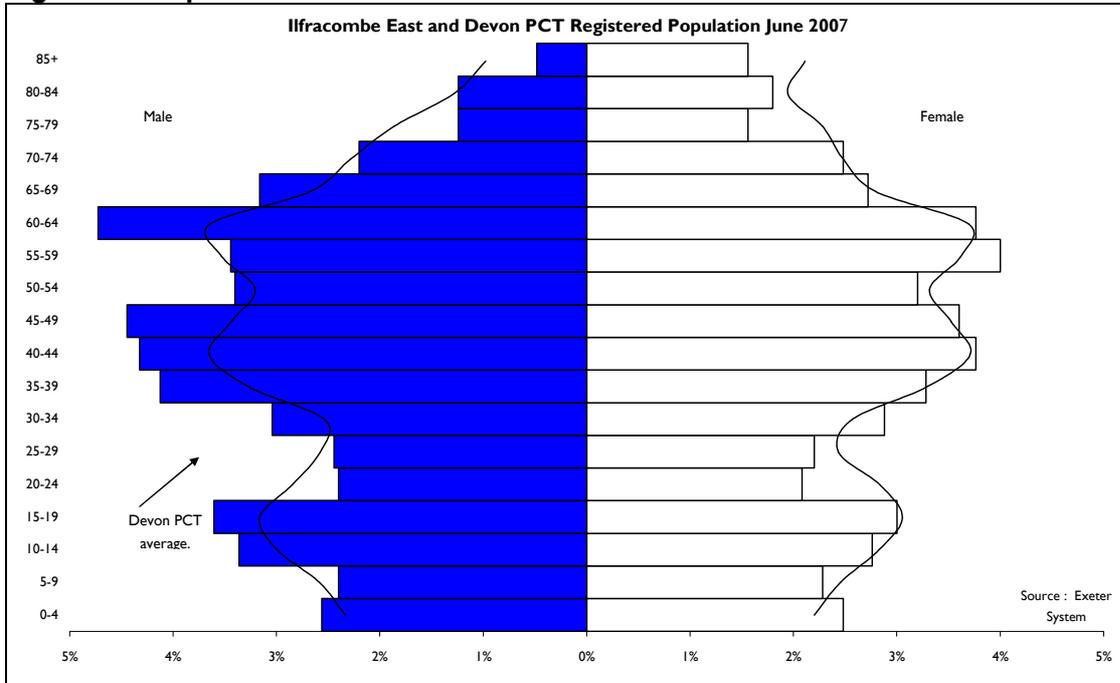
4.2 The following three graphs show population pyramids of the Ilfracombe ward populations compared with the Devon average. Figure 8 below shows the population structure in Ilfracombe Central compared with the Devon Primary Care Trust average. Ilfracombe Central has a greater proportion of very young children and also younger adults between 20 and 34. There are higher proportions of men aged 35 to 44 and 55 to 64. There are lower than average females aged 55-84. There are lower than average males aged 85 and above and higher than average females.

Figure 8 – Population structure of Ilfracombe Central ward



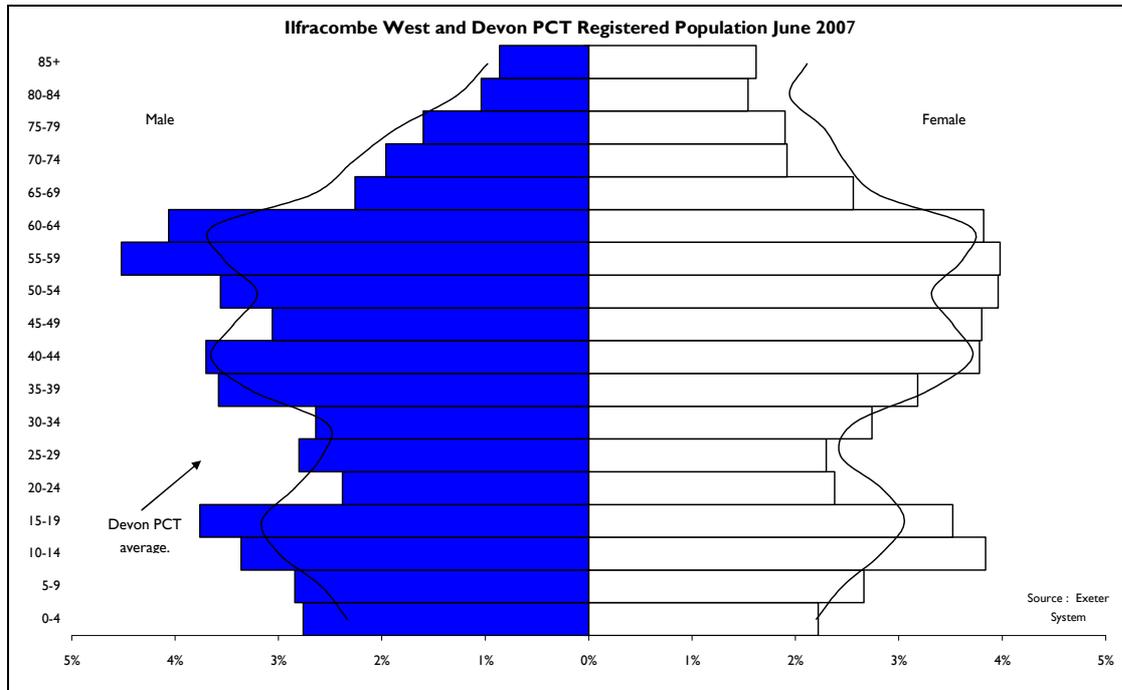
4.3 Figure 9 below shows the population structure in Ilfracombe East compared with the Devon Primary Care Trust average. Ilfracombe East has higher than average proportions of males compared with the Devon average aged 10-19, 30-49 and 60-69. There are similar proportions of females compared to the Devon average, apart from ages 20-29 and 75 and above where there are lower than average proportions.

Figure 9 – Population structure of Ilfracombe East ward



4.4 Figure 10 below shows the population structure in Ilfracombe West compared with the Devon Primary Care Trust average. The graph below shows Ilfracombe West has higher proportions of younger people up to age 19. It also has slightly higher proportions of people aged 50-64 but lower proportions of people aged 65 and above.

Figure 10 – Population structure of Ilfracombe West ward



5. Mortality in Ilfracombe

5.1 The tables below show a breakdown of mortality by cause. Within Ilfracombe the greatest causes of death are diseases of the circulatory system, cancers and diseases of the respiratory system. This is similar to Devon as a whole, although in Ilfracombe there are lower proportions of deaths from circulatory disease and cancers and greater numbers from respiratory disease. In Ilfracombe, the greatest proportion of deaths from Cancer is from cancer of the lung. Within circulatory disease, there are a high proportion of deaths from chronic ischaemic heart disease, stroke and acute myocardial infarction. Within respiratory disease the highest cause of death is from pneumonia. Ilfracombe has similar proportions of deaths in most categories to Devon. There are however lower proportions of deaths from circulatory disease and higher proportions of deaths from mental and behavioural disorders. Ilfracombe has higher proportions of deaths from external causes than Devon overall. Of these deaths, 37% are falls, 23% are some form of road traffic accident and 11% are from accidental and intentional poisonings. Although the numbers of deaths are relatively small, this may have an impact on overall life expectancy figures.

Figure 11 – Mortality in Ilfracombe by ICD 10 Chapter (2002-2006)

ICD 10 Chapter	Ilfracombe wards		Devon	
	Number of deaths	% of deaths	Number of deaths	% of deaths
A00 - B99 : Infectious and Parasitic Diseases	11	1.3	348	0.8
C00 - D48 : Neoplasms	181	21.7	9557	23.0
D50 - D89 : Blood and blood forming organs	<5	-	72	0.2
E00 - E90 : Endocrine Nutritional and Metabolic	10	1.2	520	1.3
F00 - F99 : Mental and Behavioural Disorders	21	2.5	543	1.3
G00 - G99 : Nervous System	20	2.4	861	2.1
I00 - I99 : Circulatory System	243	29.2	14053	33.8
J00 - J99 : Respiratory System	117	14.0	4849	11.7
K00 - K93 : Digestive System	36	4.3	1722	4.1
L00 - L99 : Skin and Subcutaneous Tissue	<5	-	86	0.2
M00 - M99 : Musculoskeletal System and Connective Tissue	<5	-	320	0.8
N00 - N99 : Genitourinary System	11	1.3	568	1.4
O00 - O99 : Pregnancy Childbirth and Puerperium	<5	-	<5	-
P00 - P96 : Conditions Originating in the Perinatal Period	<5	-	<5	-
Q00 - Q99 : Congenital Malformations Deformations and Chromosomal Abnormalities	<5	-	68	0.2
R00 - R99 : Symptoms Signs and Abnormal Findings NEC	8	1.0	375	0.9
V01 - Y98 : External Causes of Morbidity and Mortality	34	4.1	1219	2.9
Not coded	132	15.8	6418	15.4
Total Deaths	833	100.0	41584	100.0

Figure 12 – Mortality in Ilfracombe – proportions within the largest causes of death (2002-2006)

Cause of Death	Number of Deaths	% of total
Malignant neoplasm of oesophagus unspecified	11	4.4
Malignant neoplasm of stomach	11	4.4
Malignant neoplasm of colon	15	6.0
Malignant neoplasm of pancreas	16	6.3
Malignant neoplasm of bronchus and lung	54	21.4
Malignant neoplasm of breast, unspecified	21	8.3
Malignant neoplasm of prostate	11	4.4
Other Neoplasms	113	44.8
All Neoplasms	257	100.0
Unspecified dementia	53	89.8
Other Mental and behavioural disorders	6	10.2
All Mental and behavioural disorders	59	100.0
Acute myocardial infarction	53	14.6
Chronic ischaemic heart disease	121	33.4
Heart failure	13	3.6
Stroke, not specified as haemorrhage or infarction	80	22.1
Aortic aneurysm and dissection	15	4.1
Peripheral vascular disease, unspecified	10	2.8
Phlebitis/thrombophlebitis oth deep vessels low extremities	11	3.0
Other Diseases of the circulatory system	59	16.3
All diseases of the circulatory system	362	100.0
Pneumonia	78	55.3
Chronic obstructive pulmonary disease, unspecified	35	24.8
Other Diseases of the respiratory system	28	19.9
All Diseases of the respiratory system	141	100.0

5.2 Figure 13 below shows the number and proportions of deaths in the three Ilfracombe wards compared to Devon overall. In many of the age groups there are few or no deaths over the five-year period - where this is the case figures have been restricted. In Ilfracombe Central there were higher proportions of deaths in ages 40-69 and 85+. In Ilfracombe East there were higher proportions in the age groups 25-59 and 70-74. In Ilfracombe West there were higher proportions in ages 15-24, 30-34, 45-54 and 65-74.

Figure 13 - Numbers and percentages of deaths by age group (2002-2006)

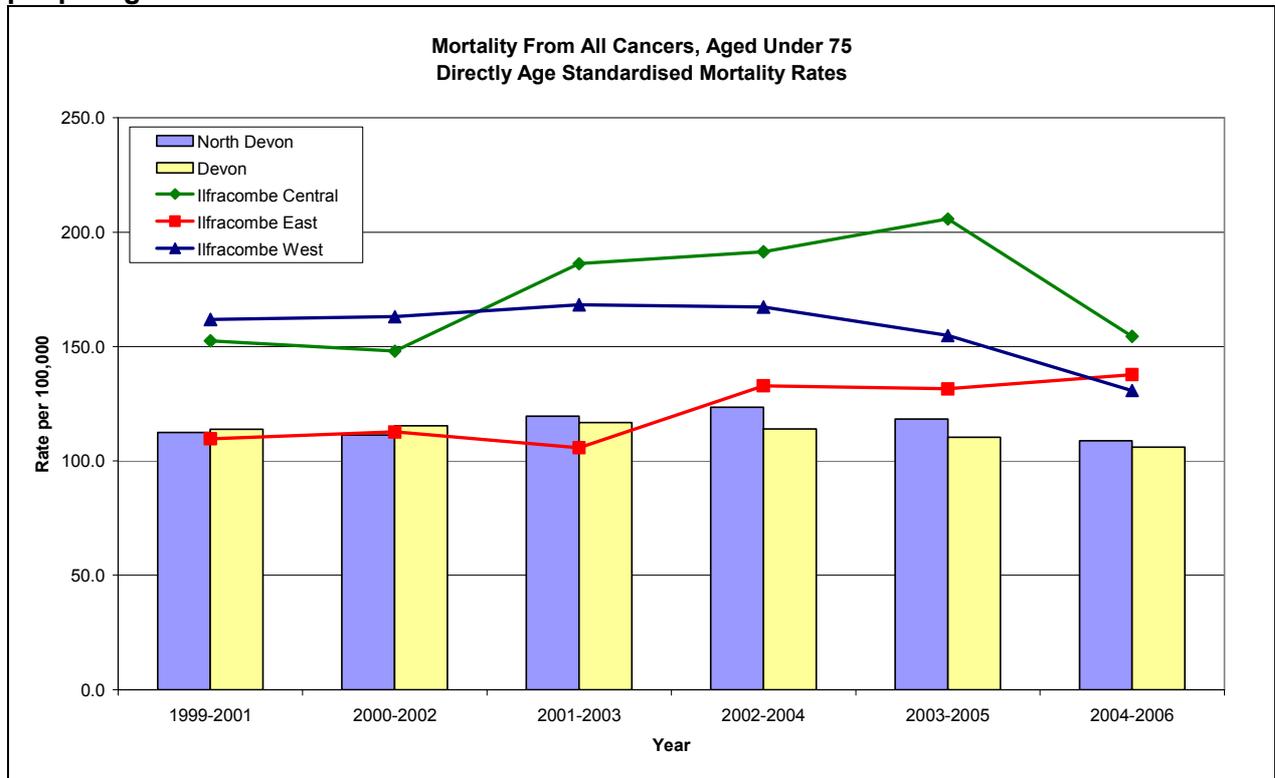
Age Group	Devon		Ilfracombe Central		Ilfracombe East		Ilfracombe West	
	Number	%	Number	%	Number	%	Number	%
< 1	35	0.1	<5	-	<5	-	<5	-
1 - 4	101	0.2	<5	-	<5	-	<5	-
5 - 9	33	0.1	<5	-	<5	-	<5	-
10 - 14	19	0.0	<5	-	<5	-	<5	-
15 - 19	85	0.2	<5	-	<5	-	<5	-
20 - 24	88	0.2	<5	-	<5	-	<5	-
25 - 29	98	0.2	<5	-	<5	-	<5	-
30 - 34	159	0.4	<5	-	<5	-	<5	-
35 - 39	220	0.5	<5	-	<5	-	<5	-
40 - 44	318	0.8	8	1.9	<5	-	<5	-
45 - 49	486	1.2	6	1.4	<5	-	5	2.1
50 - 54	786	1.9	16	3.7	6	4.3	10	4.3
55 - 59	1296	3.1	15	3.5	7	5.1	5	2.1
60 - 64	1683	4.0	20	4.6	<5	-	8	3.4
65 - 69	2425	5.8	27	6.3	7	5.1	19	8.1
70 - 74	3856	9.2	33	7.6	25	18.1	23	9.8
75 - 79	5730	13.7	52	12.0	18	13.0	30	12.8
80 - 84	7937	19.0	70	16.2	26	18.8	43	18.3
85+	16418	39.3	185	42.8	49	35.5	92	39.1
Total	41773	100.0	432	100.0	138	100.0	235	100.0

5.3 Figures 14 and 15 below show mortality rates from cancer for people aged under 75 for Ilfracombe, North Devon and Devon from 1999 to 2006. Ilfracombe Central has a higher mortality rate from cancer in people aged under 75 than North Devon and Devon. It is statistically significantly high for 2002-04 and 2003-05. Ilfracombe West is showing a decline in mortality rate from cancers in people aged under 75, whereas Ilfracombe East is showing an increase.

Figure 14 – Directly age standardised mortality rates from all cancers, people aged under 75.

	1999-01			2000-02			2001-03			2002-04			2003-05			2004-06		
	Rate/ 100,000	Lower CI	Upper CI															
Ilfracombe Central	152.5	92.1	212.8	148.0	88.2	207.8	186.2	119.2	253.2	191.4	123.6	259.3	205.8	135.1	276.4	154.4	93.5	215.4
Ilfracombe East	109.7	41.0	178.4	112.7	45.3	180.1	105.8	38.9	172.7	132.9	60.0	205.8	131.5	56.1	206.9	137.7	62.2	213.2
Ilfracombe West	161.9	98.4	225.3	163.1	99.4	226.7	168.2	105.3	231.2	167.2	104.6	229.9	154.8	94.8	214.8	130.7	75.7	185.8
North Devon	112.4	100.9	123.9	111.3	99.9	122.7	119.6	107.8	131.3	123.5	111.6	135.3	118.3	106.7	129.8	108.9	97.9	119.8
Devon	113.8	109.7	118.0	115.3	111.2	119.5	116.8	112.6	121.0	113.9	109.8	118.0	110.4	106.4	114.4	106.0	102.2	109.9

Figure 15 – Graph showing directly age standardised mortality rates from all cancers, people aged under 75.

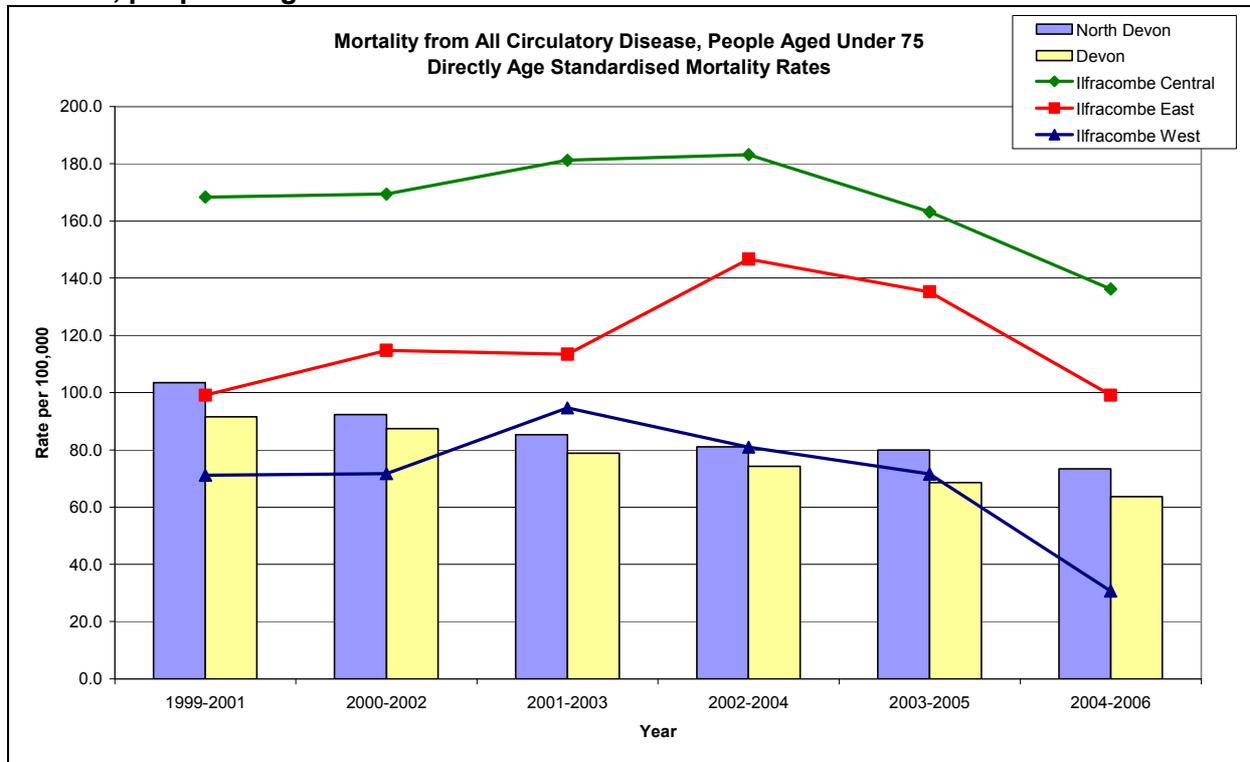


5.4 Figures 16 and 17 below show mortality rates from circulatory disease for people aged under 75 for Ilfracombe, North Devon and Devon from 1999 to 2006. Mortality from circulatory disease in people aged under 75 in Ilfracombe Central is consistently statistically significantly higher than Devon. It is statistically significantly higher than North Devon in 2000-02, 2001-03, 2002-04 and 2003-05. Mortality rates are generally falling over the eight years in Ilfracombe Central, Ilfracombe West, North Devon and Devon.

Figure 16 – Directly age standardised mortality rates from all circulatory disease, people aged under 75.

	1999-01			2000-02			2001-03			2002-04			2003-05			2004-06		
	Rate/ 100,000	Lower CI	Upper CI															
Ilfracombe Central	168.3	103.0	233.7	169.4	104.6	234.2	181.2	114.6	247.8	183.2	116.9	249.5	163.2	100.0	226.3	136.2	78.9	193.6
Ilfracombe East	99.1	34.0	164.3	114.8	42.6	186.9	113.4	42.1	184.8	146.6	65.6	227.7	135.2	57.7	212.7	99.2	33.5	164.9
Ilfracombe West	71.1	31.8	110.5	71.7	32.2	111.2	94.7	49.2	140.1	81.0	38.2	123.7	71.6	30.9	112.2	30.7	3.5	57.8
North Devon	103.5	92.6	114.4	92.3	82.1	102.5	85.3	75.6	95.1	81.1	71.6	90.5	79.9	70.5	89.3	73.4	64.4	82.4
Devon	91.5	87.9	95.2	87.4	83.9	91.0	78.8	75.5	82.2	74.3	71.1	77.5	68.6	65.5	71.7	63.7	60.8	66.7

Figure 17 – Graph showing directly age standardised mortality rates from all circulatory disease, people of aged under 75.



6. Morbidity in Ilfracombe – Disease Prevalence

- 6.1 Figure 18 below shows the prevalence of stroke, coronary heart disease, hypertension, heart failure and cancer for Ilfracombe as a whole, Waterside and Warwick practices, North Devon and Devon overall as at June 2007. This data is based on GP practice registers and therefore only records people who have been diagnosed, and is also not age adjusted.
- 6.2 The patterns shown by these prevalence figures are not as may be expected given the other sources of information that are presented. Given the level of mortality and hospital activity, a higher than average prevalence of the diagnosed conditions would be expected in Ilfracombe. However, for stroke, coronary heart disease and heart failure, although North Devon has a higher prevalence than Devon overall, Ilfracombe has a lower prevalence than both North Devon and Devon. The prevalence of hypertension is lower in North Devon than in Devon and lower still in Ilfracombe. North Devon has a similar prevalence of cancer as Devon, although Ilfracombe has a lower prevalence.

Figure 18 – QOF prevalence data

	Stroke		CHD		Hypertension		Heart Failure		Cancer	
	Registered population	Prevalence	Registered population	Prevalence	Registered population	Prevalence	Registered population	Prevalence	Registered population	Prevalence
Ilfracombe	423	2.2%	788	4.1%	2661	13.8%	194	1.0%	236	1.2%
The Warwick Practice	221	2.4%	345	3.7%	1324	14.2%	75	0.8%	85	0.9%
The Waterside Practice	208	2.1%	436	4.4%	1302	13.1%	118	1.2%	117	1.2%
North Devon	2262	2.7%	4378	5.1%	14134	16.6%	1116	1.3%	1314	1.5%
Devon PCT	16090	2.6%	29611	4.8%	105375	17.0%	7260	1.2%	9165	1.5%

6.3 NHS comparators delivered by the NHS Information Centre and NHS Connecting for Health have published ratios showing the difference between the recorded QOF prevalence by practice and the expected prevalence. A ratio has been calculated to show whether the recorded prevalence is higher or lower than expected. A ratio of less than 1.0 means the recorded prevalence is lower than would be expected and a ratio of over 1.0 means the recorded prevalence is higher than would be expected. Overall, a majority of the ratios show the recorded prevalence to be lower than expected, although there are some exceptions to this.

6.4 You can see from Figure 19 below that nationally all of the ratios show the recorded prevalence to be lower than the expected prevalence. The ratios for Warwick and Waterside practices suggest there are many people in Ilfracombe who may have undiagnosed coronary heart disease, hypertension, diabetes, chronic obstructive pulmonary disease and asthma. The ratio for cancer prevalence is low in Ilfracombe but is similar to regionally and nationally. Similarly, the ratio for hypertension is low, suggesting a large proportion of people may have undiagnosed hypertension. The ratios suggest this is also the case regionally and nationally. The ratio for stroke and transient ischaemic attack prevalence suggests that Waterside practice has a higher prevalence of stroke and transient ischaemic attack than would be expected for the population. Warwick practice has a slightly lower than expected prevalence.

Figure 19 - Ratios of reported and expected prevalence, published by NHS Comparators.

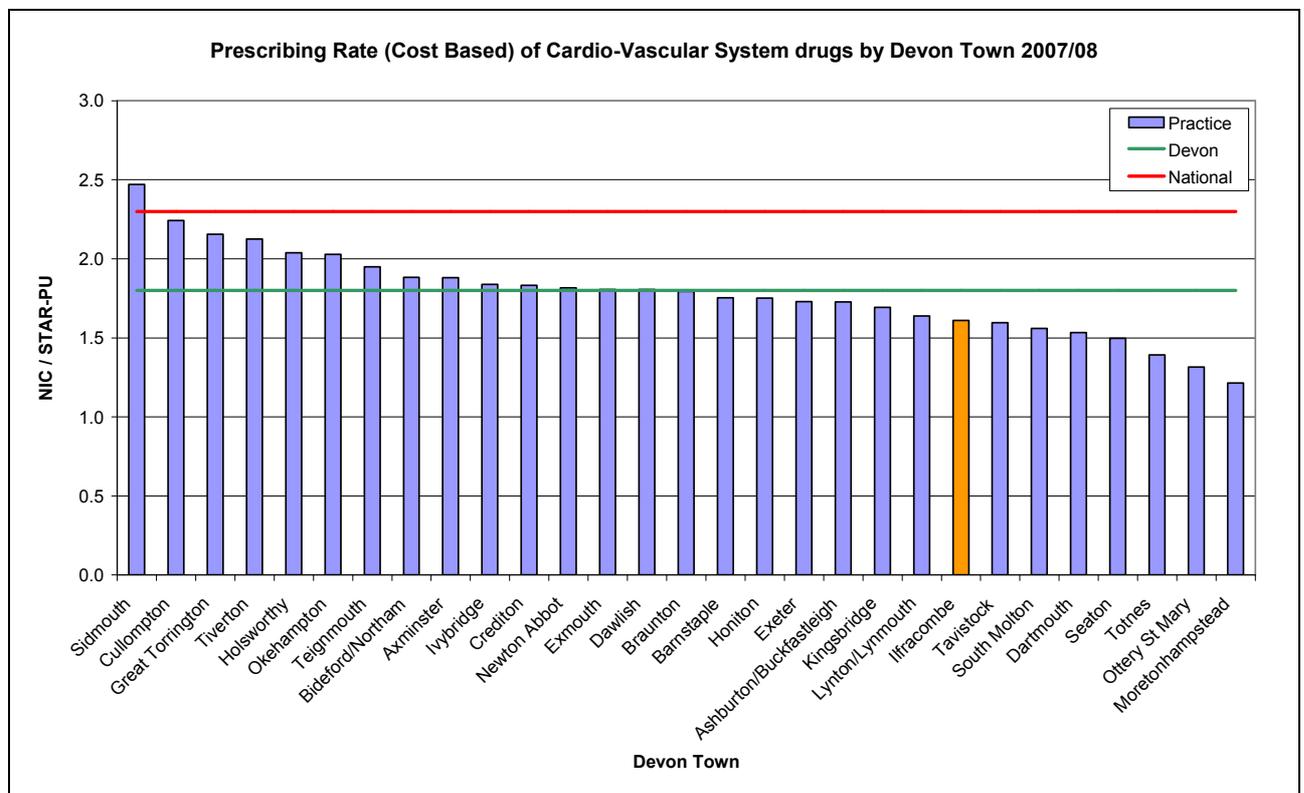
	CHD Ratio	Stroke and TIA Ratio	Hypertension Ratio	Diabetes Ratio	COPD Ratio	Cancer Ratio	Asthma Ratio
Warwick practice	0.72	0.94	0.47	0.79	0.68	0.52	0.82
Waterside practice	0.82	1.11	0.52	0.71	0.79	0.41	0.61
Devon PCT	0.71	0.9	0.49	0.66	0.72	0.48	0.67
SW SHA	0.75	0.89	0.52	0.72	0.81	0.52	0.68
National	0.83	0.88	0.53	0.82	0.9	0.48	0.63

6.5 Given the mortality and other data presented, it would be expected to see Ilfracombe having a higher prevalence of these conditions than Devon and possibly North Devon overall. The NHS comparator ratios comparing the recorded prevalence with expected prevalence suggests the recorded prevalence in Ilfracombe is generally lower than would be expected for the population. This may suggest people are not accessing their GPs appropriately and therefore not being diagnosed and treated in primary care.

7. Morbidity in Ilfracombe – Prescribing

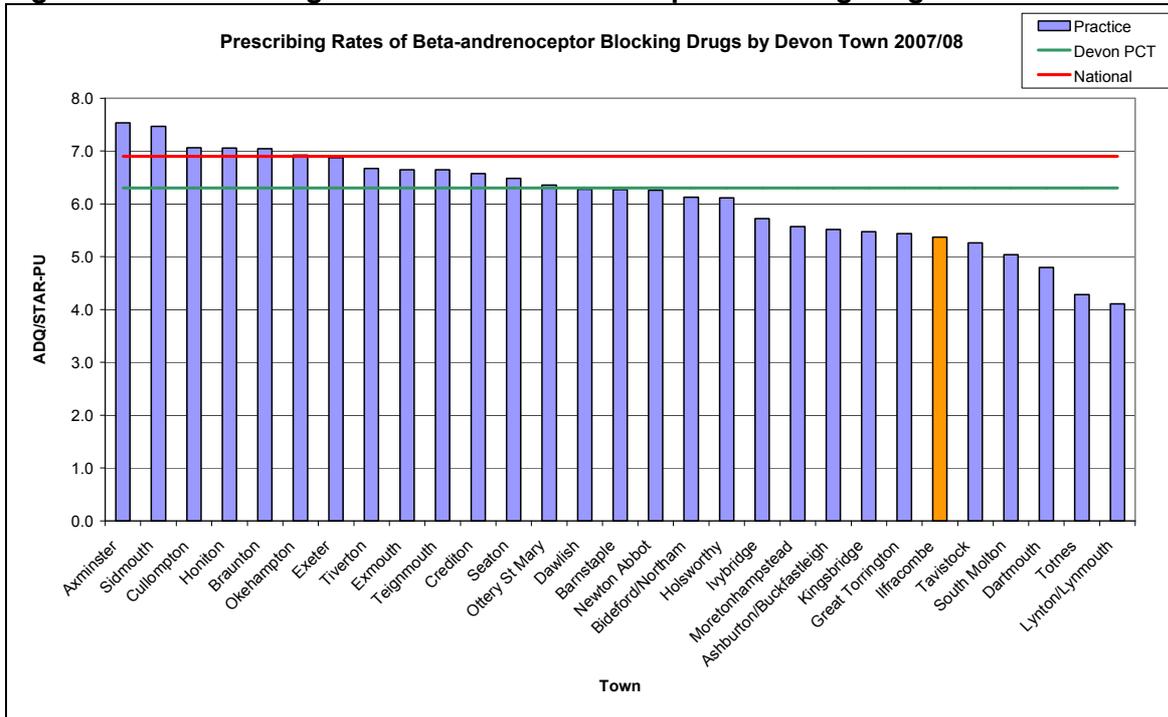
- 7.1 Prescribing data below has been taken from the national Prescribing Toolkits system to enable local prescribing data to be presented by Devon towns with a Primary Care Trust and national comparator. Figures 20 to 23 show prescribing rates for some specific types of drugs affecting the cardiovascular system and looks at all prescribing for the cardiovascular system overall.
- 7.2 Figure 20 below shows the rate of prescribing, by cost, for all drugs prescribed for the cardio-vascular disease. The graph shows Devon has a lower prescribing rate than nationally, with only Sidmouth having a higher rate of prescribing than nationally. Ilfracombe has a lower rate of prescribing based on cost than Devon Primary Care Trust overall and is the 8th lowest town across Devon.

Figure 20 – Cost based prescribing rates for all drugs affecting the Cardiovascular system



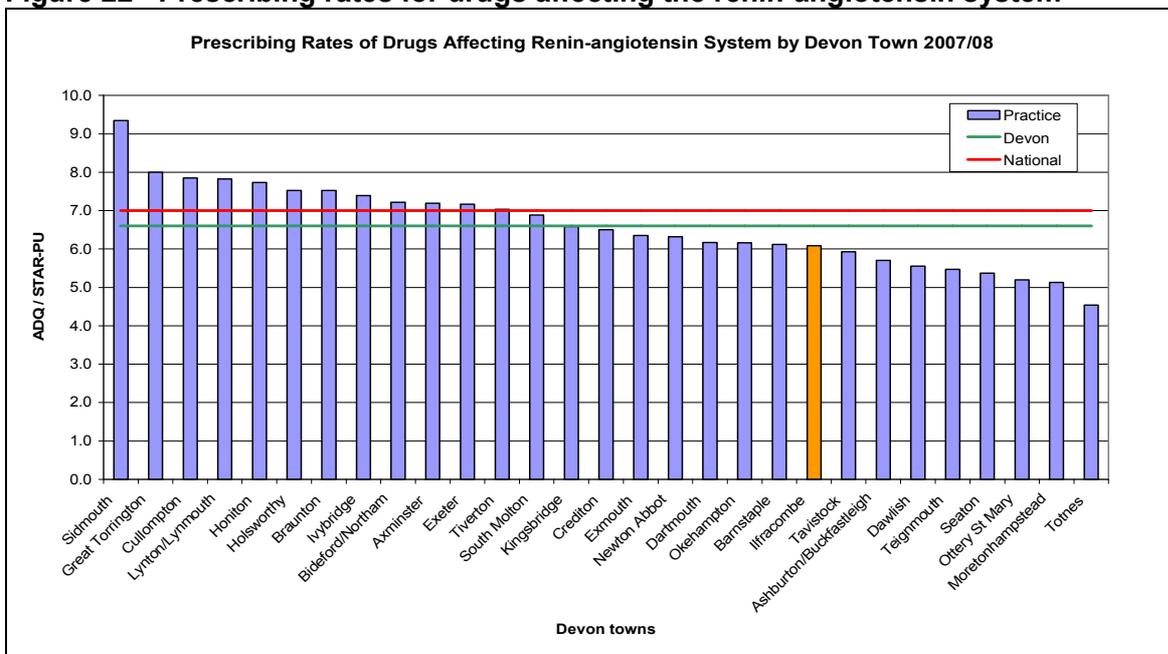
- 7.3 Figure 21 below shows the prescribing rates for beta blockers across Devon towns. Again, Devon Primary Care Trust's average is lower than the national rate. However, Axminster, Sidmouth, Cullompton, Honiton, Braunton and Okehampton have higher rates than nationally. Ilfracombe has a lower prescribing rate than Devon Primary Care Trust overall and has the sixth lowest rate across all 29 Devon towns.

Figure 21 – Prescribing rates for Beta-renoceptor blocking drugs



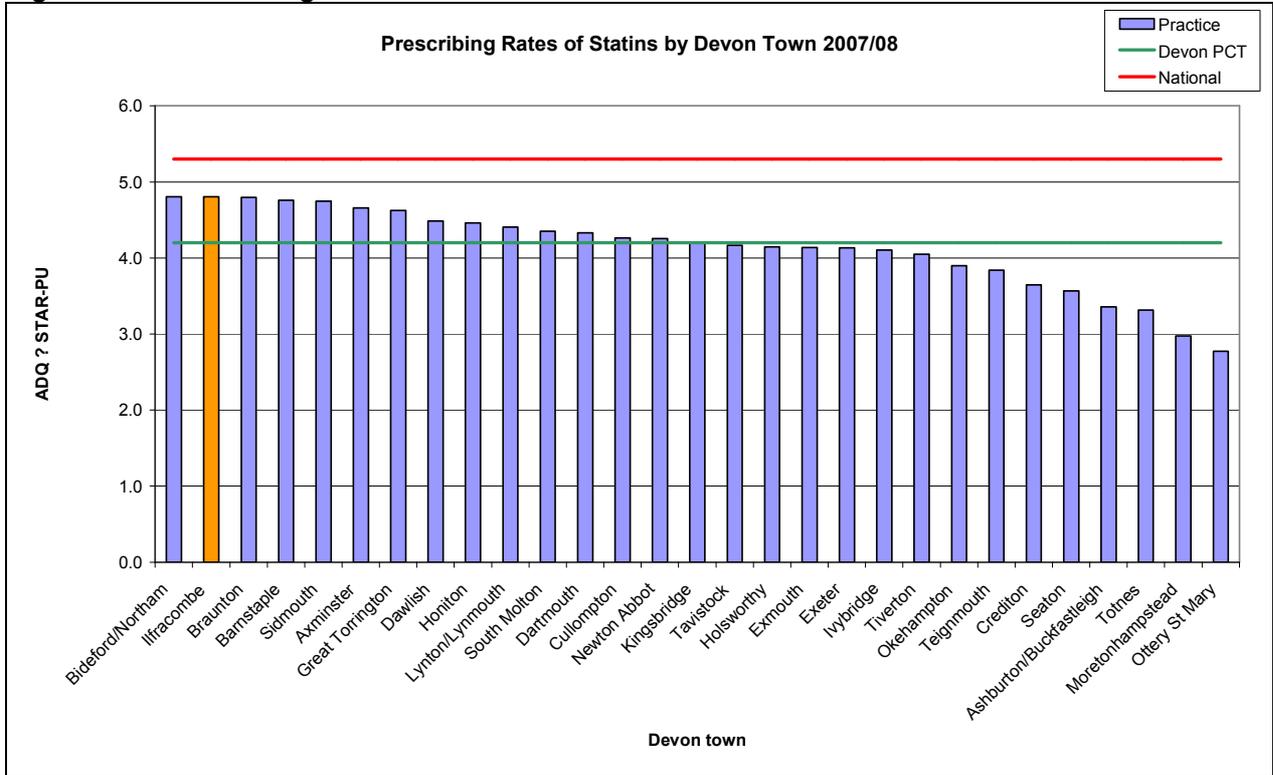
7.4 Figure 22 below shows the prescribing rates for drugs affecting the renin-angiotensin system, mainly ACE inhibitors. Devon Primary Care Trust has a slightly lower rate than nationally with nearly half of towns in Devon having a higher rate than nationally. Ifracombe has a lower prescribing rate than nationally and Devon Primary Care Trust and is the ninth lowest town across Devon.

Figure 22 - Prescribing rates for drugs affecting the renin-angiotensin system



7.5 Figure 23 below shows prescribing rates of statins. Devon has a lower rate of statin prescribing than nationally with no towns reaching the national rate of statin prescribing. Ilfracombe has the second highest prescribing rate of statins across the 29 Devon towns.

Figure 23 - Prescribing rates for Statins



7.6 For most drugs looked at, prescribing in Ilfracombe is low compared to other towns and Devon overall. Statin prescribing is, however, high in Ilfracombe compared to the rest of Devon. Given the rates of mortality and admissions in Ilfracombe, this pattern of prescribing and the practice prevalence data presented in Section 6 may suggest people in Ilfracombe are not accessing primary care effectively for diagnosis and treatment of cardiovascular disease.

8. Morbidity in Ilfracombe – Hospital Admissions

8.1 Figures 24-31 below show directly age standardised rates of non-elective hospital admissions for cancer and circulatory disease in Ilfracombe, North Devon and Devon as a whole. Data is shown for 2004-2007.

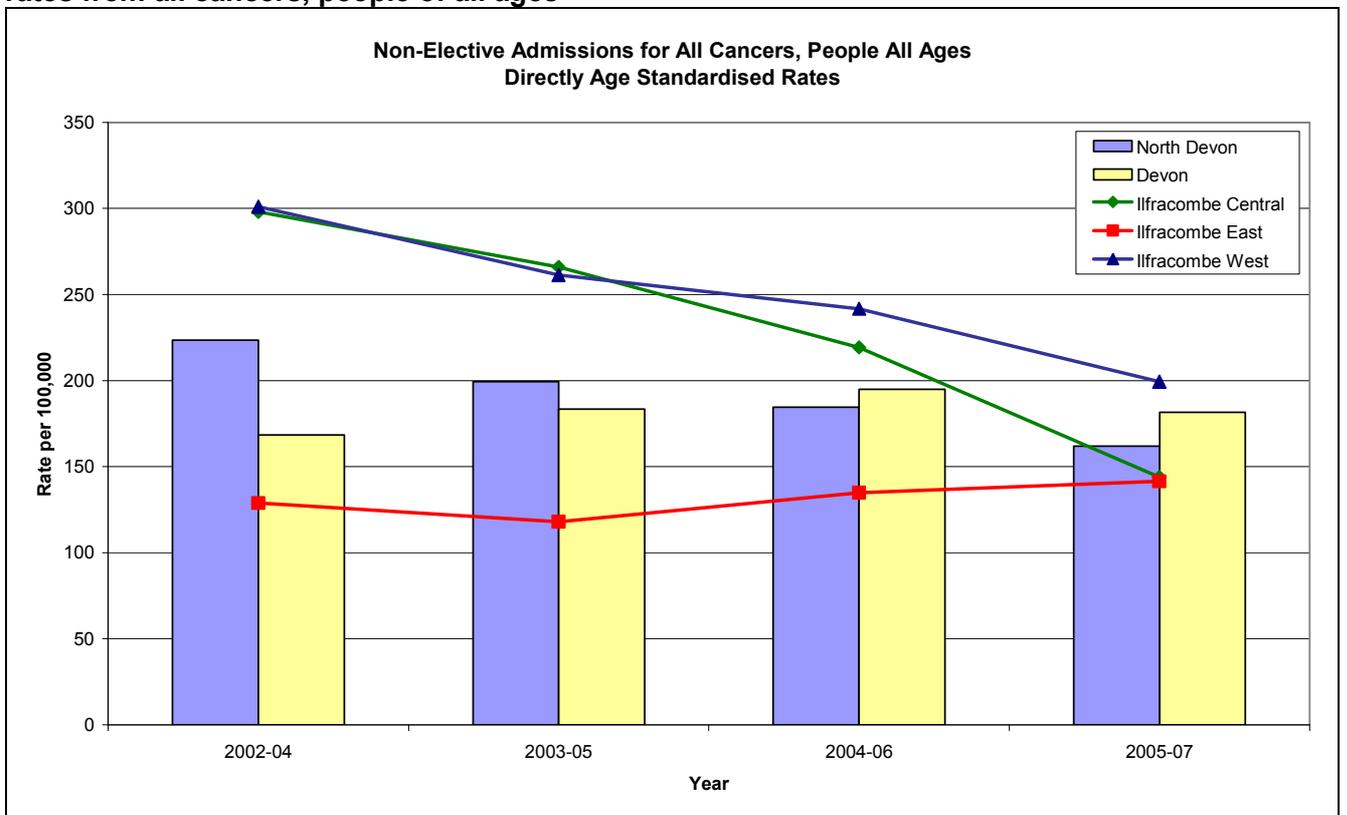
8.2 Figures 24 and 25 below show age standardised rates of non-elective hospital admissions for cancers for people of all ages. Rates of non-elective hospital admissions for cancers in Ilfracombe Central were statistically significantly higher than the Devon rates for 2002-04 and 2003-05. The rates were still above the Devon average in 2004-06, but not statistically significantly higher, and then fell below the Devon average for 2005-07. Non-elective admission rates in Ilfracombe East remained below the Devon average throughout the six years and Ilfracombe West remained above the Devon

average. Rates in Ilfracombe Central, Ilfracombe West and North Devon are decreasing, where as rates in Ilfracombe East have remained fairly static and rates in Devon overall have increased.

Figure 24 – Directly age standardised non-elective hospital admission rates from all cancers, people of all ages

	2002-04			2003-05			2004-06			2005-07		
	Rate/100000 All ages	Lower CI	Upper CI	Rate/100000 All ages	Lower CI	Upper CI	Rate/100000 All ages	Lower CI	Upper CI	Rate/100000 All ages	Lower CI	Upper CI
Ilfracombe Central	298	215	381	266	190	342	219	151	288	144	90	198
Ilfracombe East	129	66	192	118	56	180	135	67	203	141	72	211
Ilfracombe West	301	220	382	261	186	336	242	167	316	199	132	267
North Devon	223	208	239	199	185	214	185	171	198	162	149	175
Devon	168	164	173	183	179	188	195	190	200	182	177	187

Figure 25 – Graph showing directly age standardised non-elective hospital admission rates from all cancers, people of all ages

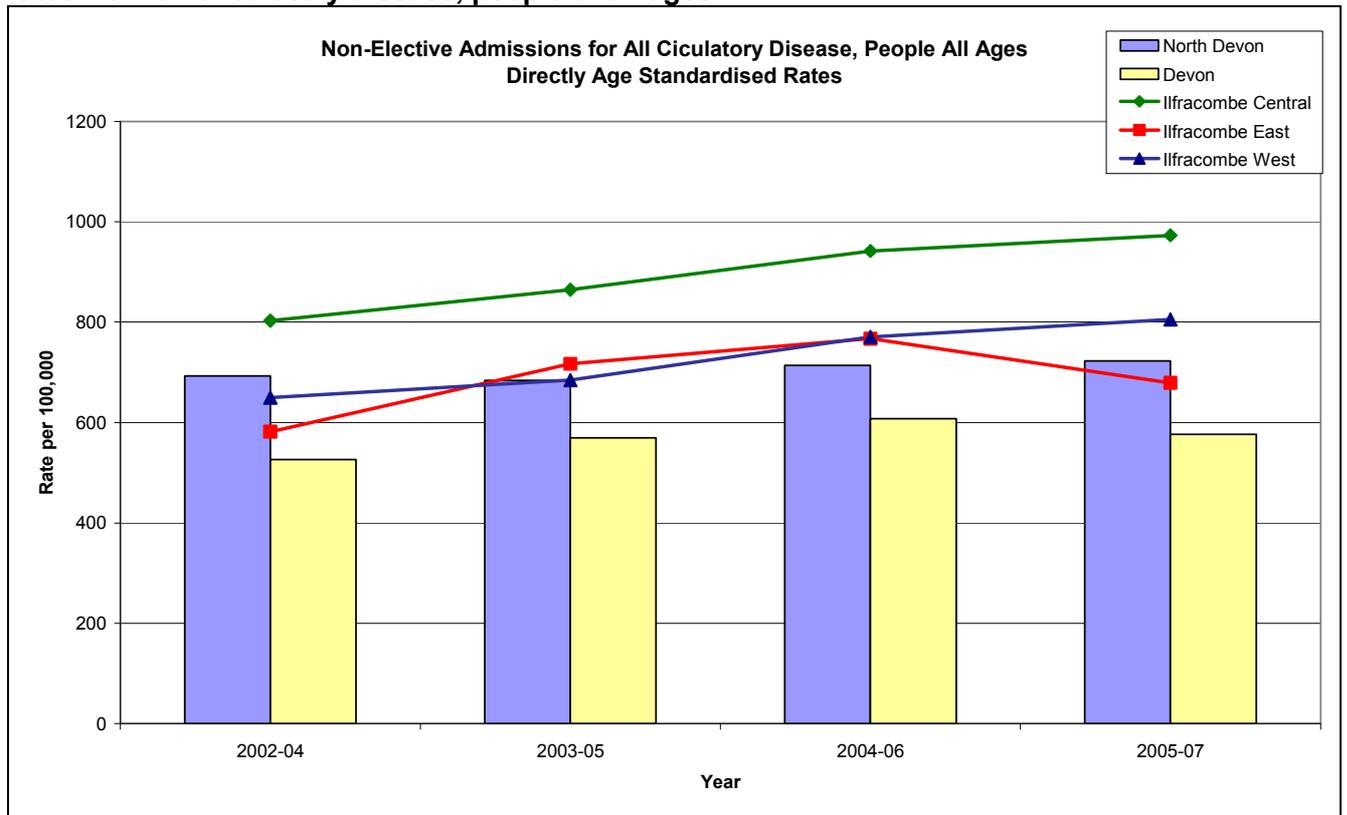


8.3 Figures 26 and 27 below show age standardised rates of non-elective hospital admissions for circulatory disease for people of all ages. Non-elective admissions for circulatory disease were statistically significantly higher in Ilfracombe Central over the six years compared to the Devon average. Rates were also higher in Ilfracombe East and West, although not always statistically significantly higher. Rates have also increased across North Devon and Devon as a whole, with North Devon remaining statistically significantly higher than Devon. Overall, rates in all areas are increasing. Within circulatory disease, 16% of non-elective admissions were for angina, 15% for acute myocardial infarction, 14% for stroke and 12% for atrial fibrillation and flutter. There were no other causes which accounted for over 10% of non elective admissions.

Figure 26 – Directly age standardised non-elective hospital admission rates from all circulatory disease, people of all ages

	2002-04			2003-05			2004-06			2005-07		
	All ages	Lower CI	Upper CI	All ages	Lower CI	Upper CI	All ages	Lower CI	Upper CI	All ages	Lower CI	Upper CI
Ilfracombe Central	803	673	933	865	730	999	942	804	1079	973	832	1113
Ilfracombe East	582	429	735	717	540	894	767	586	947	679	515	842
Ilfracombe West	650	537	762	684	568	801	770	648	893	805	682	929
North Devon	693	667	719	684	658	710	714	688	740	723	696	749
Devon	526	518	534	569	561	578	607	599	616	576	568	585

Figure 27 – Graph showing directly age standardised non-elective hospital admission rates from all circulatory disease, people of all ages

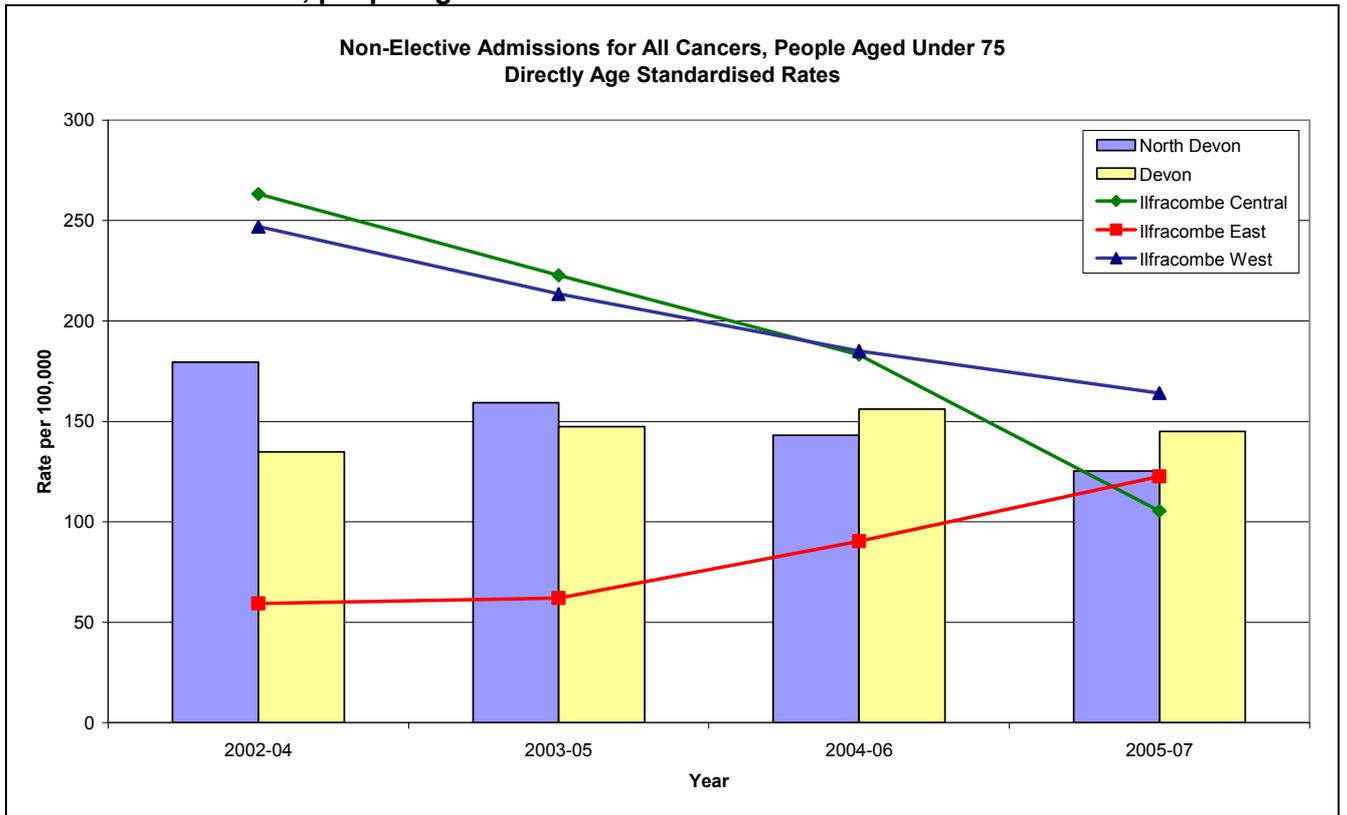


8.4 Figures 28 and 29 below show age standardised rates of non-elective hospital admissions for cancers for people aged under 75. Non-elective admissions of people aged under 75 with cancer are high in Ilfracombe Central, Ilfracombe West, and North Devon; however, not always statistically significantly high. Rates of admissions are low in Ilfracombe East compared to Devon. Rates of admissions from circulatory disease in people aged under 75 are falling in Ilfracombe Central, Ilfracombe West, and North Devon, whereas rates in Ilfracombe East and Devon have increased.

Figure 28 – Directly age standardised non-elective hospital admission rates from all cancers, people aged under 75

	2002-04			2003-05			2004-06			2005-07		
	Rate/100000 Under 75s	Lower CI	Upper CI	Rate/100000 Under 75s	Lower CI	Upper CI	Rate/100000 Under 75s	Lower CI	Upper CI	Rate/100000 Under 75s	Lower CI	Upper CI
Ilfracombe Central	263	180	346	223	148	297	183	116	250	105	55	156
Ilfracombe East	59	12	107	62	12	112	90	31	150	123	56	190
Ilfracombe West	247	167	327	213	140	287	185	113	257	164	98	230
North Devon	180	164	195	159	145	173	143	130	156	125	113	138
Devon	135	130	139	147	142	152	156	151	161	145	140	150

Figure 29 – Graph showing directly age standardised non-elective hospital admission rates from all cancers, people aged under 75

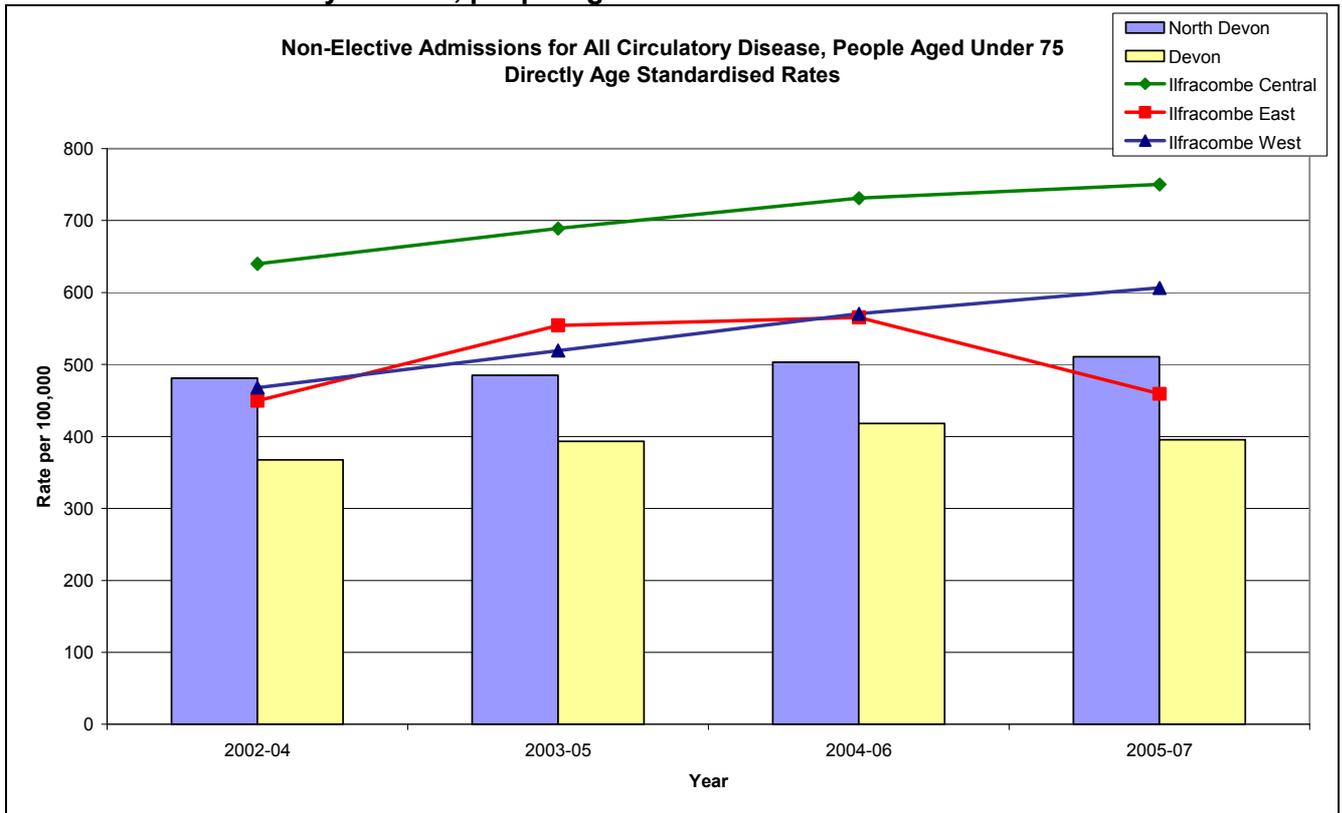


8.5 Figures 30 and 31 below show age standardised rates of non-elective hospital admissions for circulatory disease for people aged under 75. Non-elective admissions for circulatory disease in people aged under 75 are statistically significantly high in both Ilfracombe Central and North Devon overall. Rates are high in both Ilfracombe East and Ilfracombe West; however not always statistically significantly higher. Rates of non-elective admissions for circulatory disease in people aged under 75 are increasing in Ilfracombe Central, Ilfracombe West, North Devon and Devon, whereas rates have remained relatively static in Ilfracombe East.

Figure 30 – Directly age standardised non-elective hospital admission rates from all circulatory disease, people aged under 75

	2002-04			2003-05			2004-06			2005-07		
	Rate/100000 Under 75s	Lower CI	Upper CI	Rate/100000 Under 75s	Lower CI	Upper CI	Rate/100000 Under 75s	Lower CI	Upper CI	Rate/100000 Under 75s	Lower CI	Upper CI
Ilfracombe Central	640	514	765	689	559	819	731	598	864	750	615	885
Ilfracombe East	450	304	595	554	384	725	565	394	736	459	310	609
Ilfracombe West	468	362	574	519	407	631	571	454	687	606	489	724
North Devon	481	457	505	485	461	509	503	478	527	511	486	535
Devon	367	360	375	393	386	401	418	410	426	395	387	403

Figure 31 – Graph showing directly age standardised non-elective hospital admission rates from all circulatory disease, people aged under 75



9. Morbidity in Ilfracombe – Hospital Procedures

9.1 Figures 32 and 33 below show directly age standardised rates of angiography and revascularisation. For angiography, people of all ages and under 75s in Ilfracombe Central and Ilfracombe West both have higher rates than Devon overall, although not statistically significantly higher. Ilfracombe East has lower rates of angiography in both all ages and under 75s. Ilfracombe Central and Ilfracombe West both also have higher rates of revascularisation than Devon overall, although again these rates are not statistically significantly high. Ilfracombe East has statistically significantly lower rates of revascularisation than both North Devon and Devon. Although the data presented is for three years, the numbers are still relatively low and therefore the confidence intervals are wide. Numbers of people being thrombolysed following stroke have been looked at. At present the numbers being thrombolysed are too low to calculate valid rates.

Figure 32 – Directly age standardised rates of angiography, 2005-2007

	Angiography (OPCS codes K63)					
	Rate/100000	Lower CI Upper CI		Rate/100000	Lower CI Upper CI	
	Under 75s			All ages		
Ilfracombe Central	250	172	327	261	184	337
Ilfracombe East	153	75	232	161	83	238
Ilfracombe West	205	139	272	222	155	288
North Devon	188	174	203	205	191	220
Devon	178	173	183	201	196	206

Figure 33 – Directly age standardised rates of revascularisation, 2005-2007

	Revascularisation (OPCS codes K40-46 and K49-50)					
	Rate/100000	Lower CI Upper CI		Rate/100000	Lower CI Upper CI	
	Under 75s			All ages		
Ilfracombe Central	86	41	131	96	50	141
Ilfracombe East	20	-8	48	29	-1	58
Ilfracombe West	76	36	116	90	48	131
North Devon	63	55	71	71	63	79
Devon	61	58	64	71	68	74

10. Smoking Cessation

- 10.1 At present there is no recorded prevalence of smoking being collected. However, the Office of National Statistics calculates an estimate of smoking prevalence based on a range of indicators. The estimates have been calculated at middle super output area geography and there are two of these that cover Ilfracombe and some of the surrounding area. According to these estimates, given the characteristics of the local population, we would expect a prevalence of approximately 29.5% in part of the Ilfracombe area and 25.3% in the other part. These estimates are both slightly higher than the North Devon estimate of 23.9% and also higher than the prevalence for England of 24%, calculated through the Health Survey for England.
- 10.2 The NHS offers a smoking cessation service through GPs and pharmacies and the number of people quitting for four weeks is recorded and closely monitored. In 2006-07, 192 people were recorded as having quit smoking for four weeks within the two GP practices in Ilfracombe. In 2007-08, 94 people were recorded as having quit smoking for four weeks. However, these figures only take into account people who have been seen within the service or prescribed nicotine replacement therapy through their GP; it does not include anyone who has quit without support.

11. Mosaic – Basic overview of Ilfracombe

- 11.1 Figure 34 below shows the breakdown of Ilfracombe postcodes by mosaic public sector types. In Ilfracombe Central a majority of postcodes fall into type D25. Type D25 is described as young unattached people who live in small flats above shops or in the less prestigious side streets bordering the centres of small market towns and declining seaside resorts. The other type mainly found in Ilfracombe Central is J56. Type J56 is

described as people living in seaside resorts and small inland towns who cater for the needs of day trippers and summer holiday makers. These two groups are quite different. People in type D25 tend to lead less active lives, choosing sedentary hobbies rather than the more active hobbies of people in type J56. People in type J56 tend to have a good diet but tend to have age related health issues. People in type D25 tend to have a fairly average diet but smoking and drinking are a part of the lives of many people. There are wide-ranging health issues within the group, often relating to drug abuse and mental health issues.

- 11.2 Ilfracombe East has people in a greater range of types. The highest proportion is in type J55. Type J55 contains mixed populations of lower income pensioners and middle income workers who live in second tier seaside resorts and in small, semi rural communities. This type tends to have 'average' health. They have a reasonable diet and admissions to hospital are average taking into consideration the age profile of the group. They tend to take exercise as part of an active lifestyle rather than with the sole intention of getting fit. The other type found in Ilfracombe East is K59 is a more rural type, taking in some of the rural areas on the edge of Ilfracombe town. Type K59 is found in lowland Britain, in communities that have been relatively unaffected by the attentions of urban commuters, wealthy pensioners, weekenders or summer holidaymakers. This type tends to be healthier than average, taking advantage of good local produce and the lack of fast food alternatives as well as using the surrounding countryside for exercise.
- 11.3 Ilfracombe West has people in a range of different types. The greatest proportion of people fall within type J55, which is the same as Ilfracombe East. The next two largest types in Ilfracombe West are C17 and K60. Type C17 lives in quiet small estates, mostly built since 1945 in market towns that have some industrial employment. These estates will typically be home to local professionals and small business proprietors. Generally, this group leads a healthy life, although does tend to give in to temptation more than they should. They generally have a healthy diet and lead an active life. Their alcohol consumption is average but they are more likely to be heavy smokers than other types in group C. They are generally approaching an age where they are becoming more reliant on the NHS for a number of conditions, but adjusting for age they still have below average hospital admissions. Type K60 contains populations of scattered farmers, most of whom are owner managers of medium sized operations with a bias towards dairying rather than cereals or intensive agribusiness. This group generally has a relatively healthy lifestyle. They have a healthy diet and a naturally active lifestyle. Their alcohol consumption is average and smoking prevalence low.
- 11.4 Both Ilfracombe East and West have more rural types whereas Ilfracombe Central covers the town centre and has types with poorer health. This matches many of the other areas of health data considered in this report.

Figure 34 – Mosaic types of Ilfracombe postcodes

Mosaic Public Sector Type - Labels	Ilfracombe Central	Ilfracombe East	Ilfracombe West
B08: Families and singles living in developments built since 2001	3		1
B13: First generation owner occupiers, many with large amounts of consumer debt	1		
C16: Low density private estates, now with self reliant couples approaching retirement			5
C17: Small business proprietors living in low density estates in smaller communities		13	13
D22: Comfortably off manual workers living in spacious but inexpensive private houses		10	6
D23: Owners of affordable terraces built to house 19th century heavy industrial workers	2	11	8
D24: Low income families living in cramped Victorian terraced housing in inner city locations	1		6
D25: Town Centres of small market towns and resorts containing many hostels and refuges	92	7	3
G41: Families, many single parent, in deprived social housing on the edge of regional centres			2
G42: Families with school age children, living in very large social housing estates on the outskirts of provincial cities			3
H44: Manual workers, many close to retirement, in low rise houses in ex-manufacturing towns	2		
H45: Older couples, mostly in small towns, who now own houses once rented from the council	1		1
H46: Residents in 1930s and 1950s council estates, typically in London, now mostly owner occupiers	2		2
H47: Social housing, typically in 'new towns', with good job opportunities for the poorly qualified	2		2
I49: Low income older couples renting low rise social housing in industrial regions			6
I50: Older people receiving care in homes or sheltered accommodation	2		2
J53: Financially secure and physically active older people, many retired to semi rural locations		1	
J54: Older couples, independent but on limited incomes, living in bungalows by the sea		1	
J55: Older people preferring to live in familiar surroundings in small market towns	3	18	28
J56: Neighbourhoods with retired people and transient singles working in the holiday industry	26		
K57: Communities of retired people and second homers in areas of high environmental quality		1	
K59: Country people living in still agriculturally active villages, mostly in lowland locations		16	1
K60: Smallholders and self employed farmers, living beyond the reach of urban commuters			11
U99: Unclassified	26	4	6

12. Conclusion

- 12.1 Overall the pattern of life expectancy is positive for Devon, with life expectancy increasing and the gap between the lowest and highest life expectancy reducing. However, the area with the lowest life expectancy, Ilfracombe Central, has been consistently low over the 10-year period studied. This area has been analysed in more detail by looking at other data around prevalence, prescribing, hospital activity and mortality. This data has shown a varied picture.
- 12.2 Ilfracombe Central has high levels of mortality from the major killers of cancer and circulatory disease, and rates of mortality from circulatory disease are statistically significantly high compared to the rest of Devon.
- 12.3 Non-elective hospital admissions for circulatory disease are statistically significantly higher in Ilfracombe compared to Devon Primary Care Trust and non-elective admissions for cancers were also high, but not always statistically significantly high.
- 12.4 Although rates of both mortality and hospital activity are high in Ilfracombe, this pattern is not reflected in prescribing and prevalence data. Prevalence data for Ilfracombe shows lower prevalence of stroke, coronary heart disease, hypertension, heart failure and cancer than would be expected for the population. The levels of prescribing of circulatory disease related drugs are predominantly lower than the Devon average.

- 12.5 Angiography and revascularisation rates for Ilfracombe Central and West are higher than the North Devon and Devon rates, but Ilfracombe East rates are much lower. As numbers of procedures are small and the confidence intervals therefore wide, these differences are not statistically significant.
- 12.6 The data suggest that the population may not be accessing primary care effectively and not being diagnosed and treated effectively in primary care.

13. Recommendations

- 13.1 Differences in life expectancy across Devon should be routinely monitored to ensure that the trend towards a reduction in the gap between highest and lowest continues.
- 13.2 Primary care in Ilfracombe should ensure that:
- all patients with chronic conditions, particularly ischaemic heart disease, stroke, hypertension, chronic obstructive pulmonary disease and cancer are identified and recorded as having the condition
 - all patients with ischaemic heart disease, stroke, hypertension and cancer are receiving appropriate secondary prevention treatment and referred for further investigation and treatment as indicated by current guidance
- 13.3 Stop smoking services should continue to make North Devon, and Ilfracombe in particular, a high priority for resources, targeting services using the information from Mosaic profiling.
- 13.4 A health equity audit for cancer should be conducted across Devon, particularly for lung, GI and breast cancers, to explore the high death and admission rates in Ilfracombe with more detailed information on the care pathways involved, including referral patterns, screening and treatment uptake.
- 13.5 Referrals for angiography and revascularisation from Ilfracombe should be reviewed to understand the low intervention rate for Ilfracombe East and ensure referrals are made appropriately.
- 13.6 Encourage voluntary and statutory agencies working face to face with individuals and groups to review their signposting information and techniques to help people to increase their knowledge and confidence in accessing health care.

Kirsty Priestley
PUBLIC HEALTH INFORMATION ANALYST

Appendix 1 – Sources of data

Figure 1	ONS annual mortality files and PPSA populations
Figure 2	ONS annual mortality files and PPSA populations
Figure 3	ONS annual mortality files and PPSA populations
Figure 4	ONS annual mortality files and PPSA populations
Figure 5	ONS annual mortality files and PPSA populations
Figure 6	PPSA populations
Figure 7	PPSA populations
Figure 8	PPSA populations
Figure 9	PPSA populations
Figure 10	PPSA populations
Figure 11	ONS annual mortality files
Figure 12	ONS annual mortality files
Figure 13	ONS annual mortality files
Figure 14	ONS annual mortality files and PPSA populations
Figure 15	ONS annual mortality files and PPSA populations
Figure 16	ONS annual mortality files and PPSA populations
Figure 17	ONS annual mortality files and PPSA populations
Figure 18	NHS Information Centre
Figure 19	NHS Comparators
Figure 20	NHS Prescribing Toolkits
Figure 21	NHS Prescribing Toolkits
Figure 22	NHS Prescribing Toolkits
Figure 23	NHS Prescribing Toolkits
Figure 24	SUS Inpatient data and PPSA populations
Figure 25	SUS Inpatient data and PPSA populations
Figure 26	SUS Inpatient data and PPSA populations
Figure 27	SUS Inpatient data and PPSA populations
Figure 28	SUS Inpatient data and PPSA populations
Figure 29	SUS Inpatient data and PPSA populations
Figure 30	SUS Inpatient data and PPSA populations
Figure 31	SUS Inpatient data and PPSA populations
Figure 32	SUS Inpatient data and PPSA populations
Figure 33	SUS Inpatient data and PPSA populations
Figure 34	Experian Mosaic data