

## Statins Health Equity Profile 2009-10

### 1. Background

- 1.1 A Health Equity Profile was produced in July 2010 using 2008-09 data looking at primary care prescribing of statins relative to deprivation. This highlighted that statin prescribing was broadly consistent with need.
- 1.2 To enable ongoing monitoring of statin use relative to need, a new reporting system has been devised to analyse annual data. This also includes broader measures on the quality of cholesterol control measures and related health outcomes.

### 2. Methodology

- 2.1 Table 1 outlines the data items collected in the new reporting system, which captures data at GP practice level and also collates these results by practice deprivation quintile, GP consortium and NHS locality.

**Table 1: Data Items Used in Local Statins Reporting System**

Data Item	Description	Source	Data Timeliness	
			Current	Next due
Statins ADQ	Average Daily Quantity (ADQ) standardised measure used to measure prescribing levels	e-PACT	2009-10	Jun-11
Circulatory System STAR-PU*	Patient denominator used for standardised prescribing rates specific to circulatory disorders	e-PACT	2009-10	Jun-11
Reported CHD List Size (QOF)	Total number of patients on practice Coronary Heart Disease (CHD) register	QOF	2009-10	Sep-11
Expected CHD Prevalence	Expected prevalence of CHD in practice population	APHO / Local**	2009-10	Sep-11
CHD Emergency Admissions	Total number of emergency admissions	NHSC** /Local	2009-10	Jun-11
CHD Patients with Cholesterol < 5	QOF CHD08 indicator used as for quality of cholesterol control	QOF	2009-10	Sep-11
CHD Patients with Cholesterol recorded	QOF CHD07 indicator used to determine coverage of testing	QOF	2009-10	Sep-11

\* STAR-PU stands for Specific Therapeutic group Age-sex Related Prescribing Units \*\* APHO = Association of Public Health Observatories. NHSC = NHS Comparators, as both agencies have failed to provide updates for 2009/10 this has switched to local analysis.

- 2.2 Table 2 outlines the performance measures constructed from the above data items, with measures looking at the level of statin prescribing, the quality of primary care CHD and cholesterol control, and levels of emergency admissions relative to need.

**Table 2: Performance Measures Used in Local Statins Reporting System**

Data Item	Description
<b>Statins Prescribing Measures</b>	
Statins Prescribing Rate (ADQ per STAR-PU)	National prescribing measure used to compare statins prescribing
Statins Prescribing (ADQ) per QOF Reported CHD Prevalence	Alternative prescribing measure based on persons known to have CHD
Statins Prescribing (ADQ) per Expected CHD Prevalence	Alternative prescribing measure based on persons expected to have CHD
<b>CHD and Cholesterol Quality Measures</b>	
Ratio of QOF Reported to Expected CHD Prevalence	Measures the extent to which QOF register capture all those expected to have CHD
Percentage of Patients with Cholesterol Levels Less than five	For CHD registered patients, the percentage tested with a level indicating good control
Percentage of Patients with Cholesterol level recorded in last 15 months	For CHD registered patients, this indicates the level of Cholesterol testing in primary care
<b>CHD Outcomes Measures</b>	
Emergency Admissions for CHD Per 100 Patients on QOF Disease Register	Emergency admissions presented as a rate of those known to have the condition
Emergency Admissions for CHD Per 100 Patients Expected to Have Condition	Emergency admissions presented as a rate of those expected to have the condition

### 3. Findings

- 3.1 Appendix 1 contains the analysis charts for this report. There are four separate charts for each of the eight indicators listed above, with three charts showing change by deprivation quintile, consortium and locality over time, and a scatter plot of practice indicator scores against deprivation.
- 3.2 Statin use is increasing over time relative to all available measures of need, with a higher proportion of appropriate patients receiving statins in 2009-10 compared with previous years.
- 3.3 This analysis does not suggest a relationship between practice deprivation scores and levels of statin prescribing relative to need. Some differences can be observed between different areas of Devon, with a slower increase in statin use in North Devon. North Devon has the lowest level of statin relative to the QOF registered population, with the highest levels and largest increases seen in Exeter, Mid Devon, and South Devon. (Figures 1 to 12)

- 3.4 The QOF registered population with CHD is 73% of the expected prevalence for the condition, which aligns with national evidence suggesting a small but significant proportion of sufferers are not known to primary care services. Whilst the ratio is highest in North Devon, this has fallen over recent years contributing to the subtle changes observed by deprivation quintile. (Figures 13 to 16)
- 3.5 QOF measures of cholesterol testing and cholesterol levels do not suggest a relationship between the quality of primary care services and need, with broadly consistent patterns between areas and by practice deprivation. This is highlighted in figures 20 and 24 which suggest consistency between most practices with a small number of single practice outliers with widely varying levels of deprivation. (Figures 17 to 24)
- 3.6 The rate of emergency admissions for persons with CHD relative to list size and expected prevalence has decreased in recent years, with a particularly sharp fall between 2007-08 and 2008-09. The largest falls were seen in more deprived areas, with a particularly marked drop in North Devon. (Figures 25 to 32)

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#### **4. Conclusion and next steps**

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- 4.1 These findings should be shared with localities and consortia for information and further action where necessary.
- 4.2 The monitoring system should be maintained and updated on an annual basis to track trends and identify any emerging problems, including a full 2009-10 update once national systems are updated.

**Simon Chant**  
**HEAD OF PUBLIC HEALTH INTELLIGENCE**



# Statins Health Equity Profile Update 2009-10

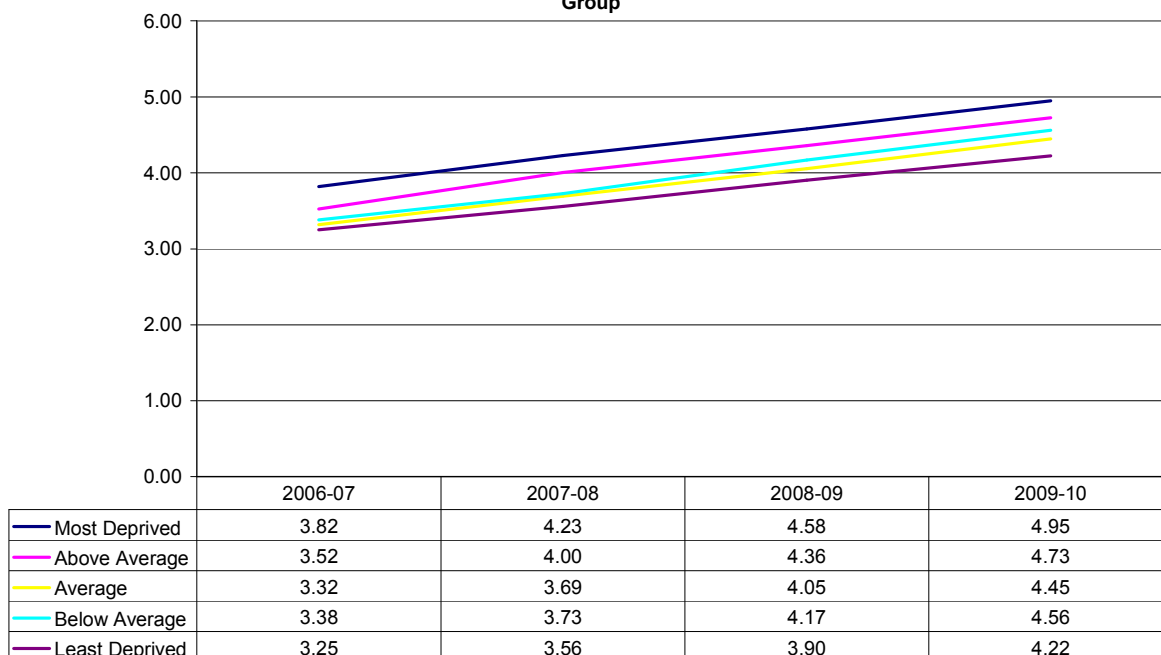
## Appendix 1: Analysis Charts

### MEASURE – STATINS PRESCRIBING RATE (ADQ PER STAR-PU)

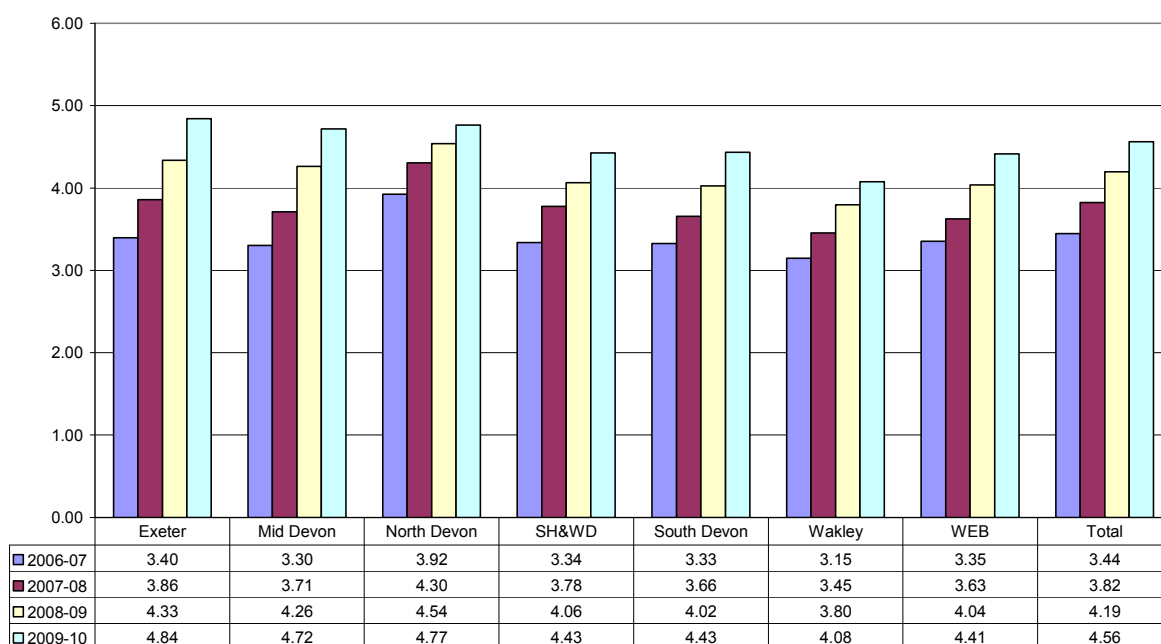
Statin prescribing rates have increased over recent years across

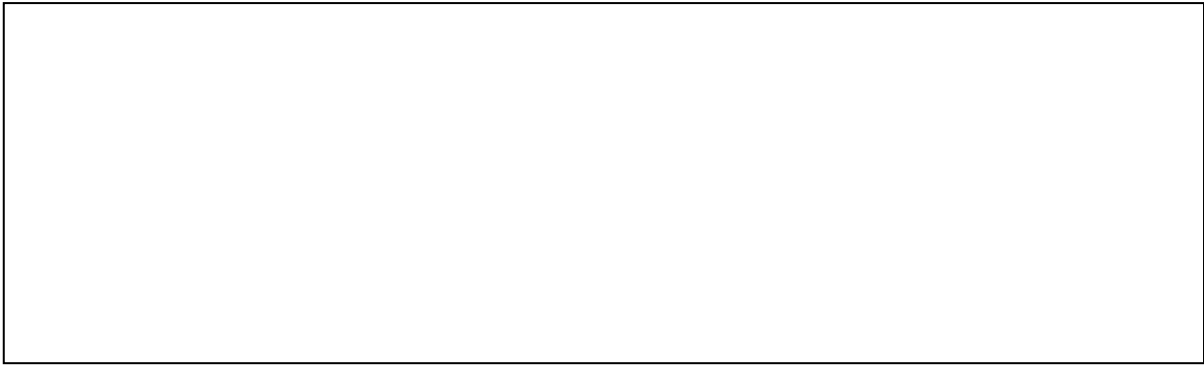
On a GP consortium basis,

**Figure 1: Statins Prescribing Rate (ADQ per STAR-PU) by Index of Multiple Deprivation Quintile Group**

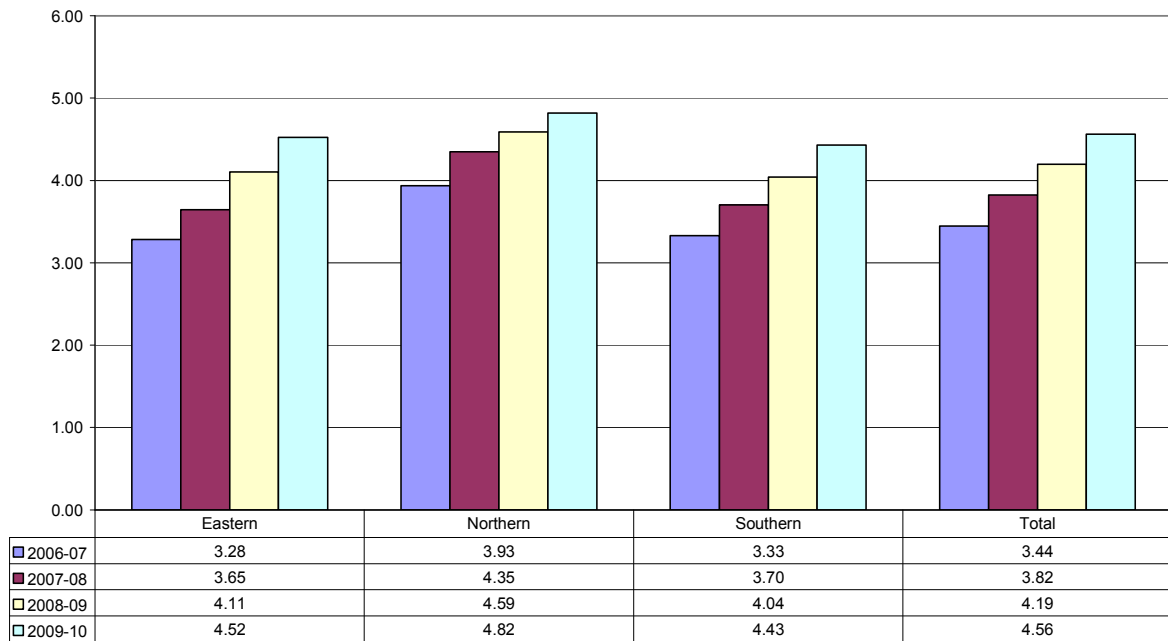


**Figure 2: Statins Prescribing Rate (ADQ per STAR-PU) by Devon Consortium**

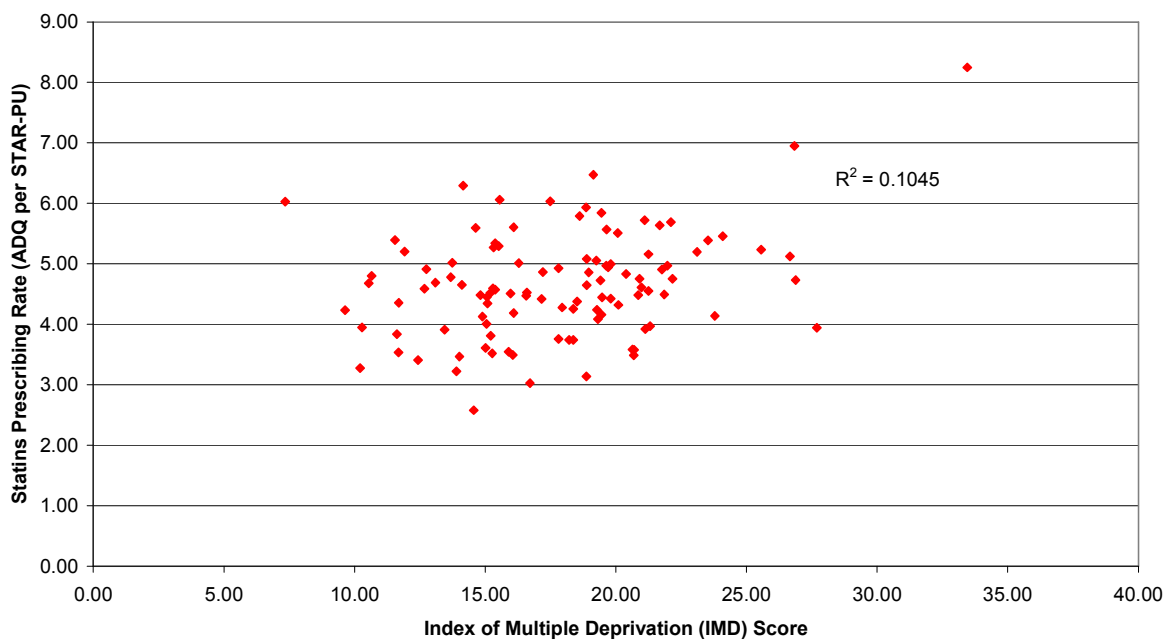




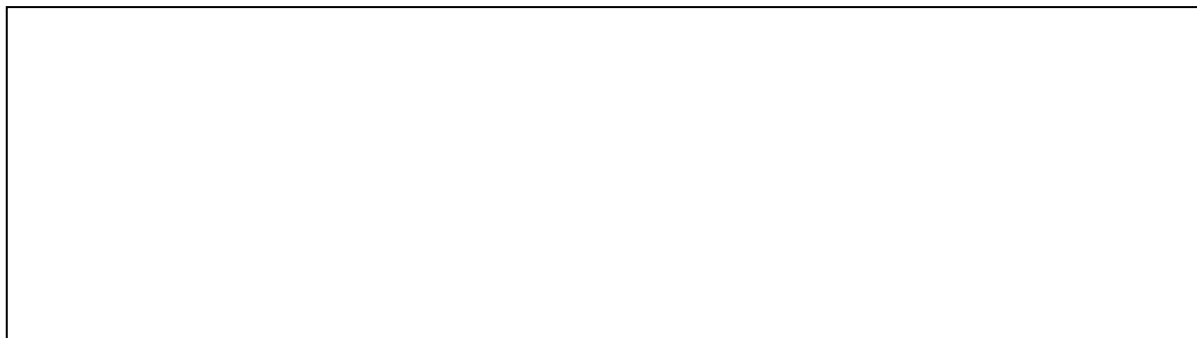
**Figure 3: Statins Prescribing Rate (ADQ per STAR-PU) by Devon Consortium**



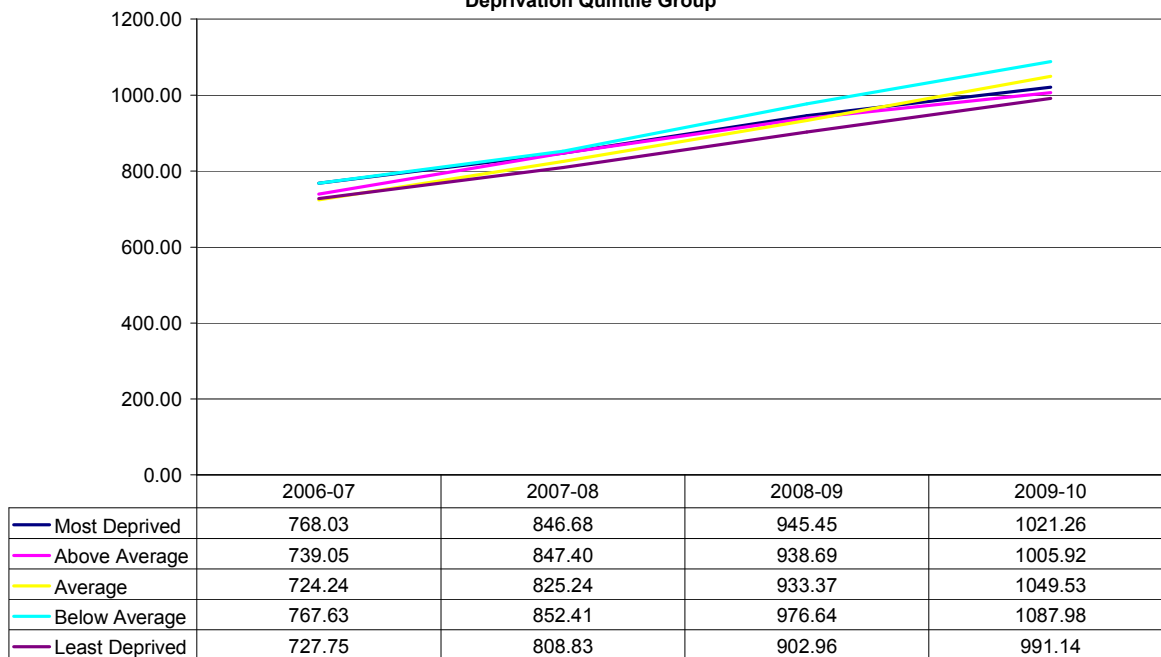
**Figure 4: Devon GP Practices, Statins Prescribing Rate (ADQ per STAR-PU) by IMD Score, 2009/10**



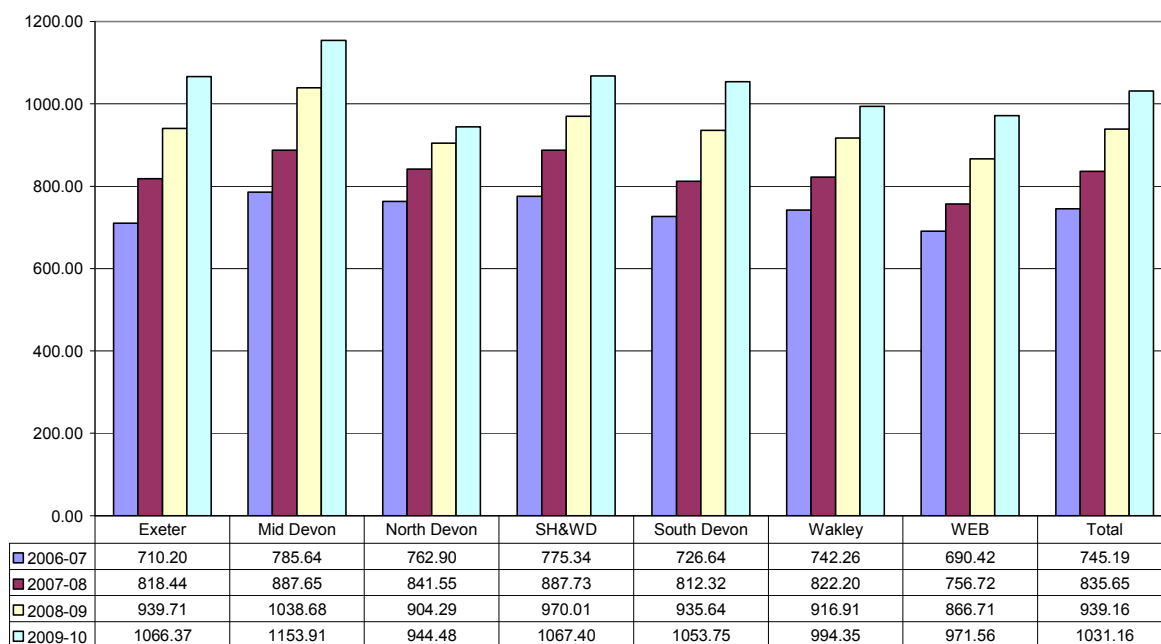
## MEASURE – STATINS PRESCRIBING (ADQ) PER QOF REPORTED CHD PREVALENCE

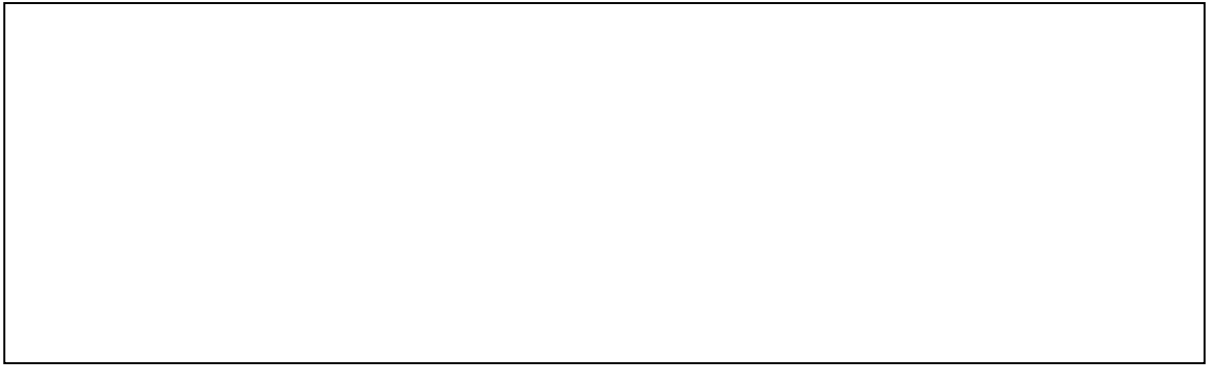


**Figure 5: Statins Prescribing (ADQ) per QOF Reported CHD Prevalence by Index of Multiple Deprivation Quintile Group**

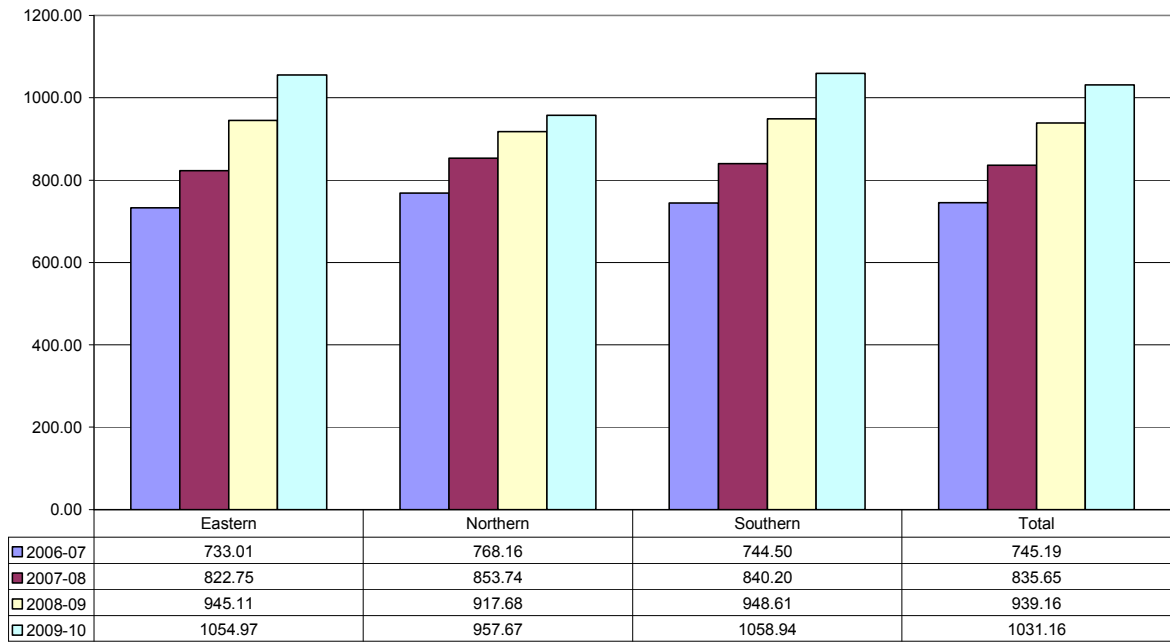


**Figure 6: Statins Prescribing (ADQ) per QOF Reported CHD Prevalence by Devon Consortium**

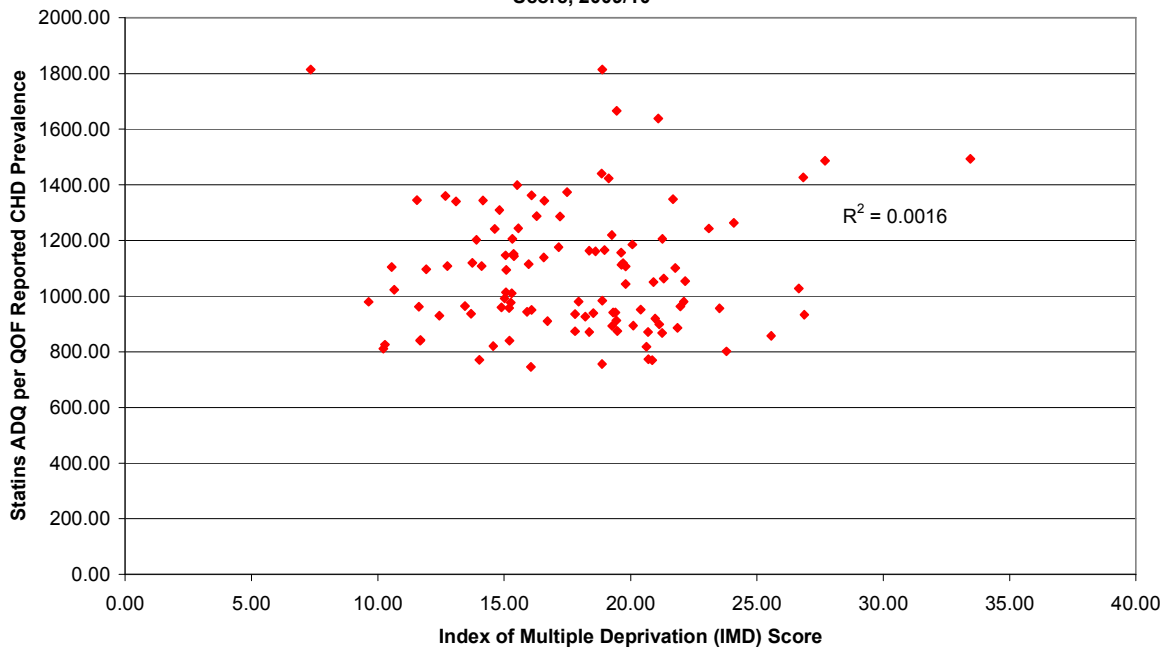




**Figure 7: Statins Prescribing (ADQ) per QOF Reported CHD Prevalence by Devon Locality**

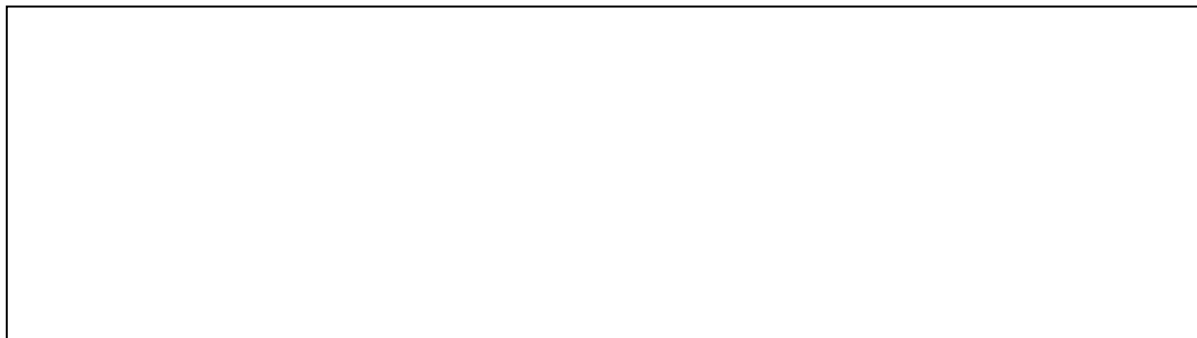


**Figure 8: Devon GP Practices, Statins Prescribing (ADQ) per QOF Reported CHD Prevalence by IMD Score, 2009/10**

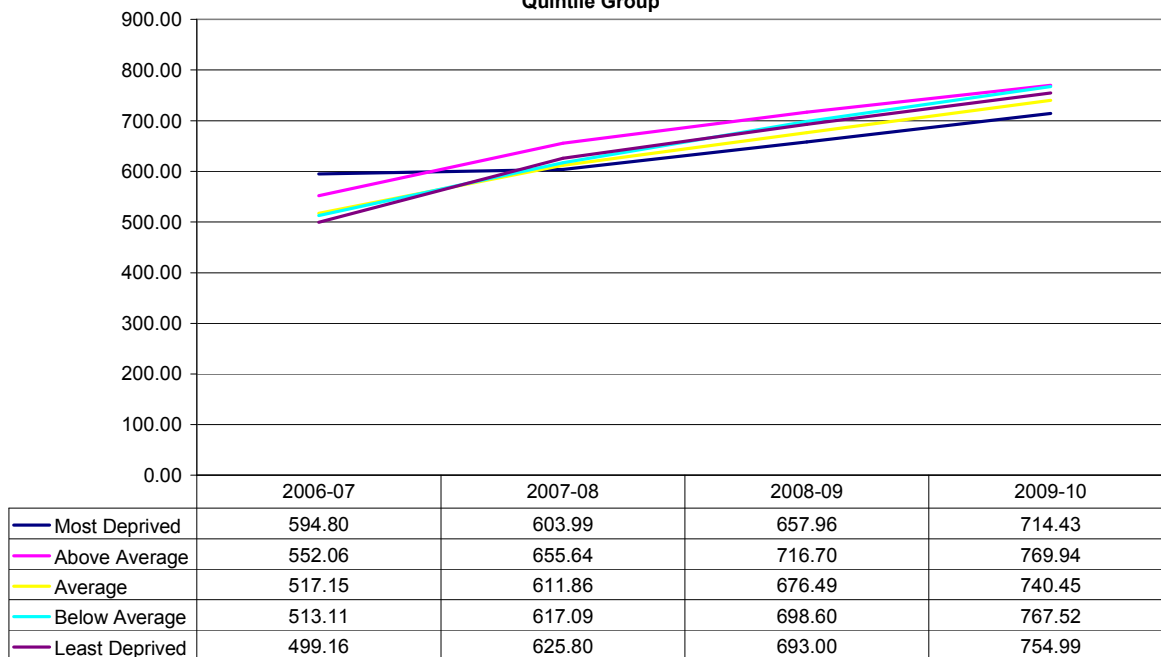




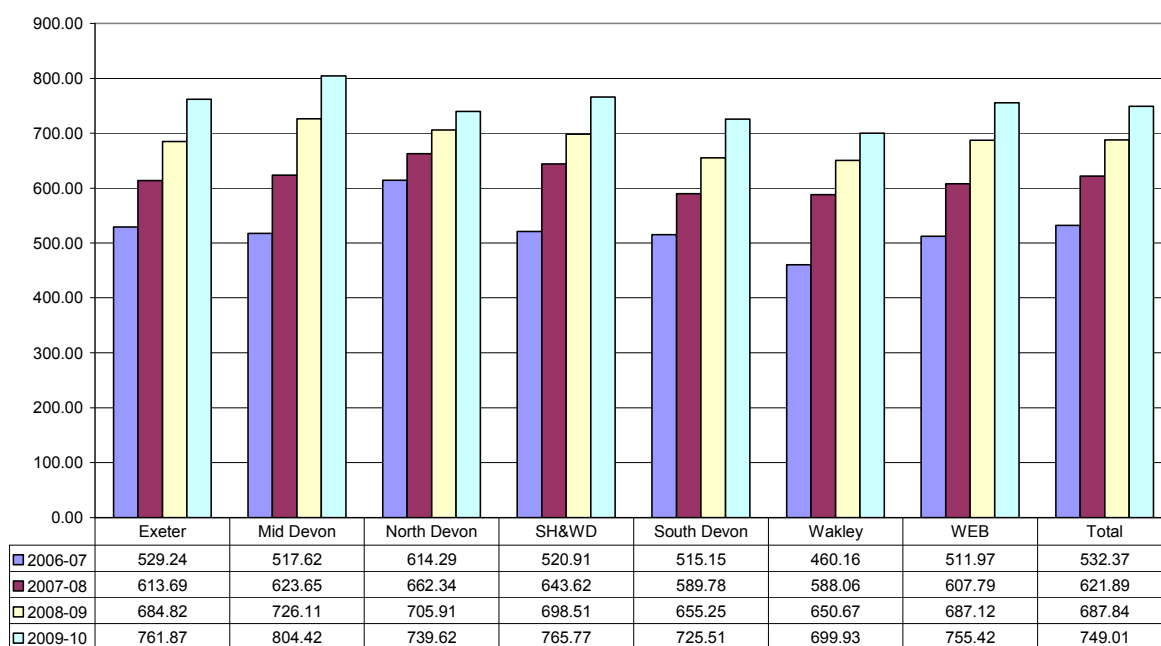
## MEASURE – STATINS PRESCRIBING (ADQ) PER EXPECTED CHD PREVALENCE

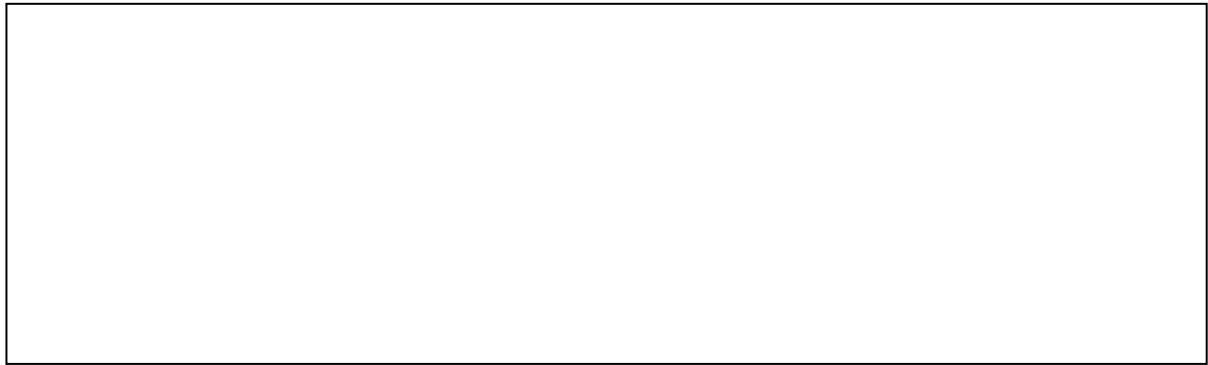


**Figure 9: Statins Prescribing (ADQ) per Expected CHD Prevalence by Index of Multiple Deprivation Quintile Group**

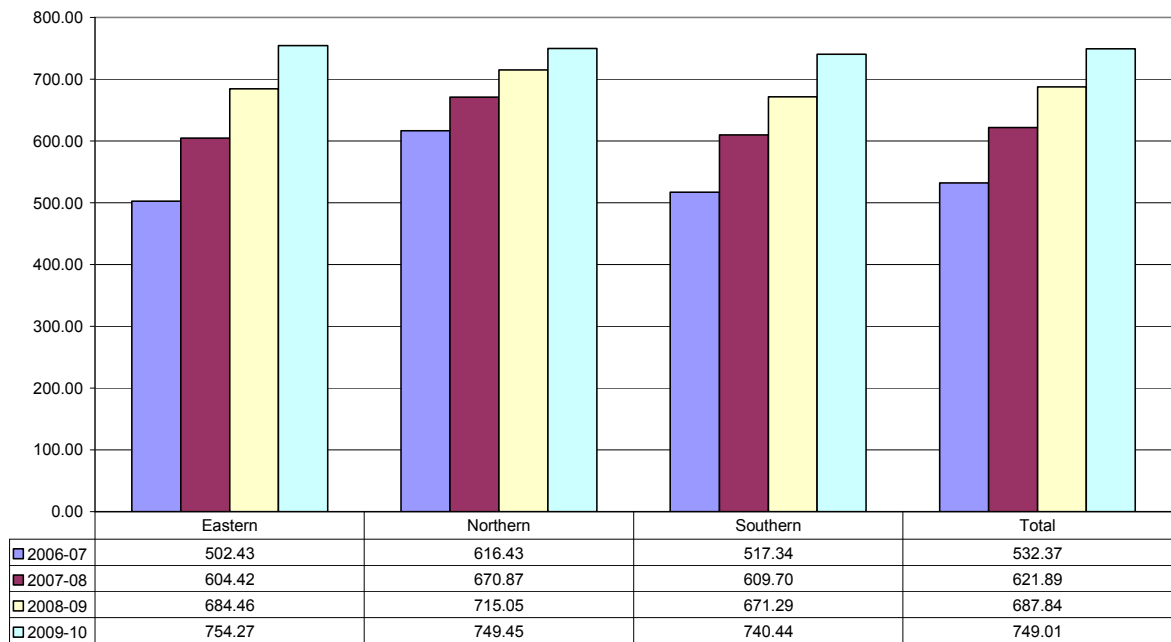


**Figure 10: Statins Prescribing (ADQ) per Expected CHD Prevalence by Devon Consortium**

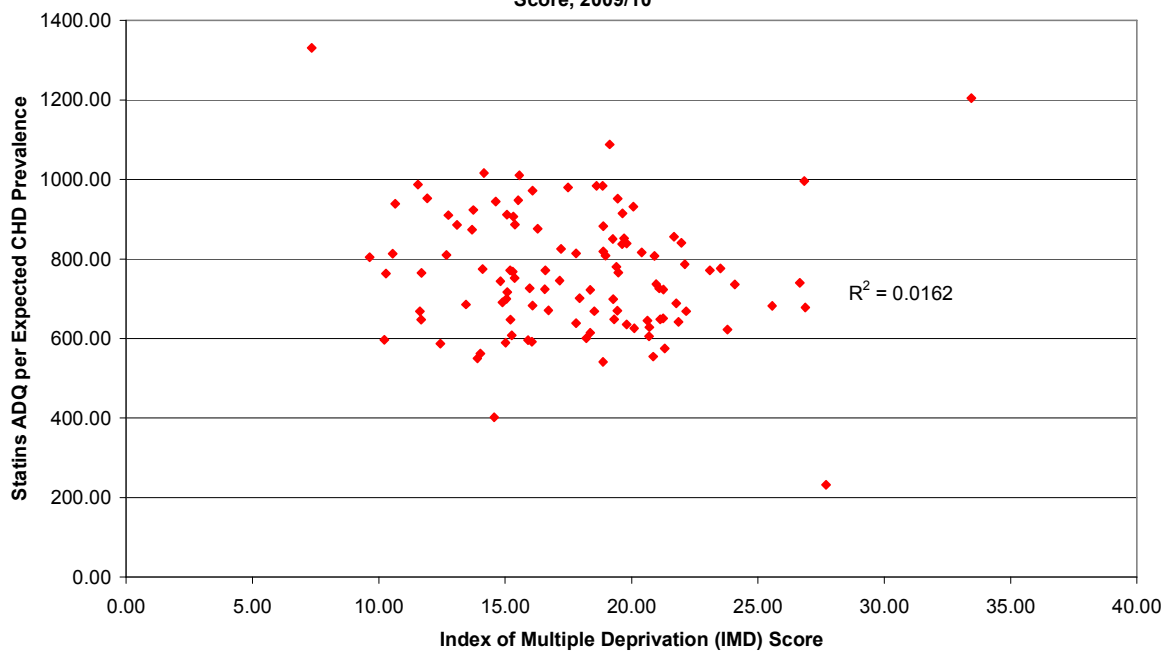




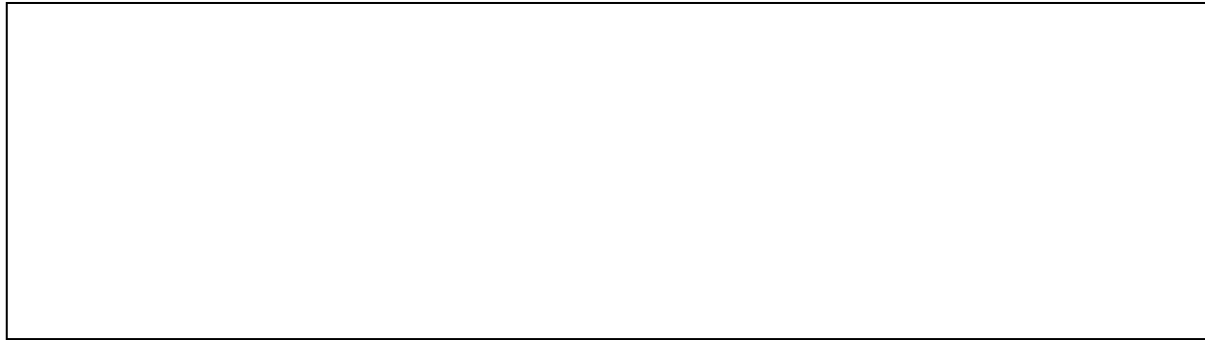
**Figure 11: Statins Prescribing (ADQ) per Expected CHD Prevalence by Devon Locality**



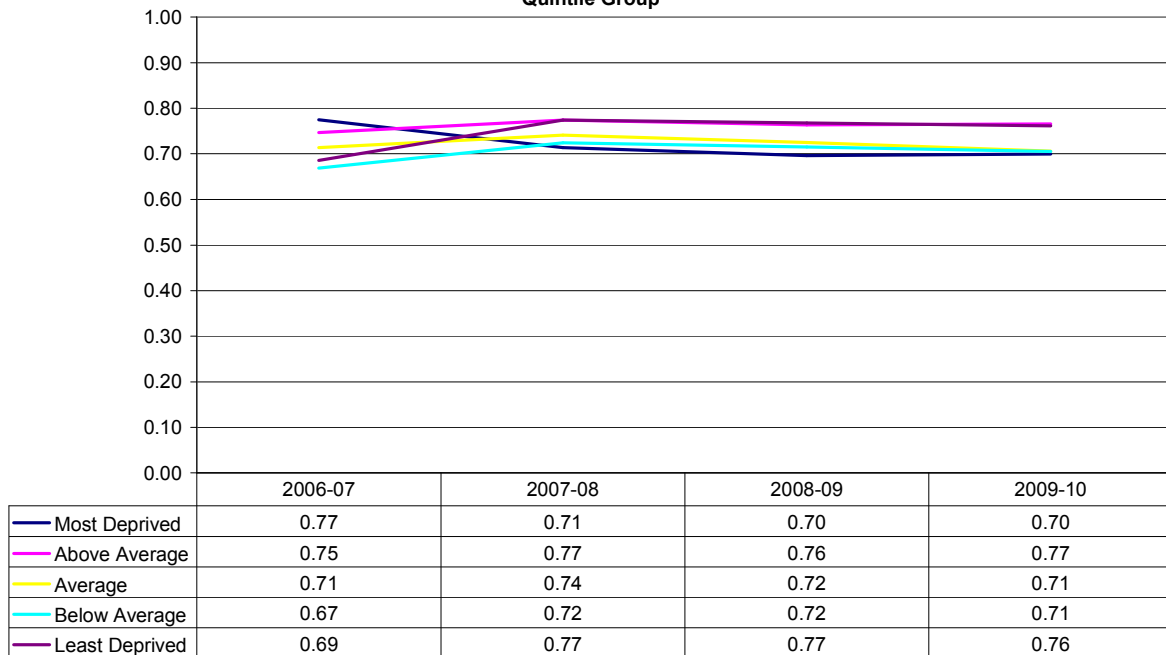
**Figure 12: Devon GP Practices, Statins Prescribing (ADQ) per Expected CHD Prevalence by IMD Score, 2009/10**



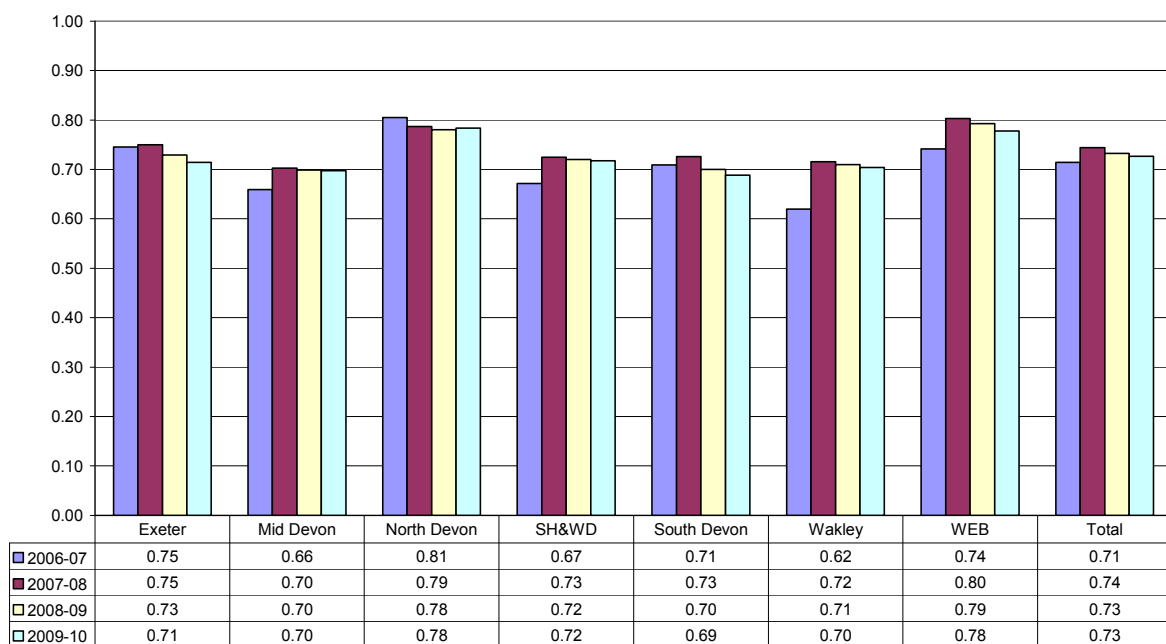
## MEASURE – RATIO OF QOF REPORTED TO EXPECTED CHD PREVALENCE



**Figure 13: Ratio of QOF Reported to Expected CHD Prevalence by Index of Multiple Deprivation Quintile Group**



**Figure 14: Ratio of QOF Reported to Expected CHD Prevalence by Devon Consortium**



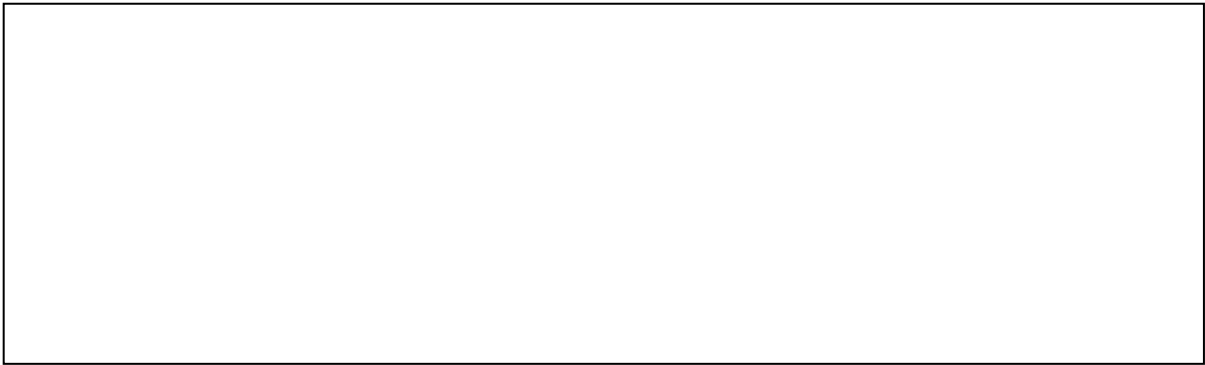


Figure 15: Ratio of QOF Reported to Expected CHD Prevalence by Devon Locality

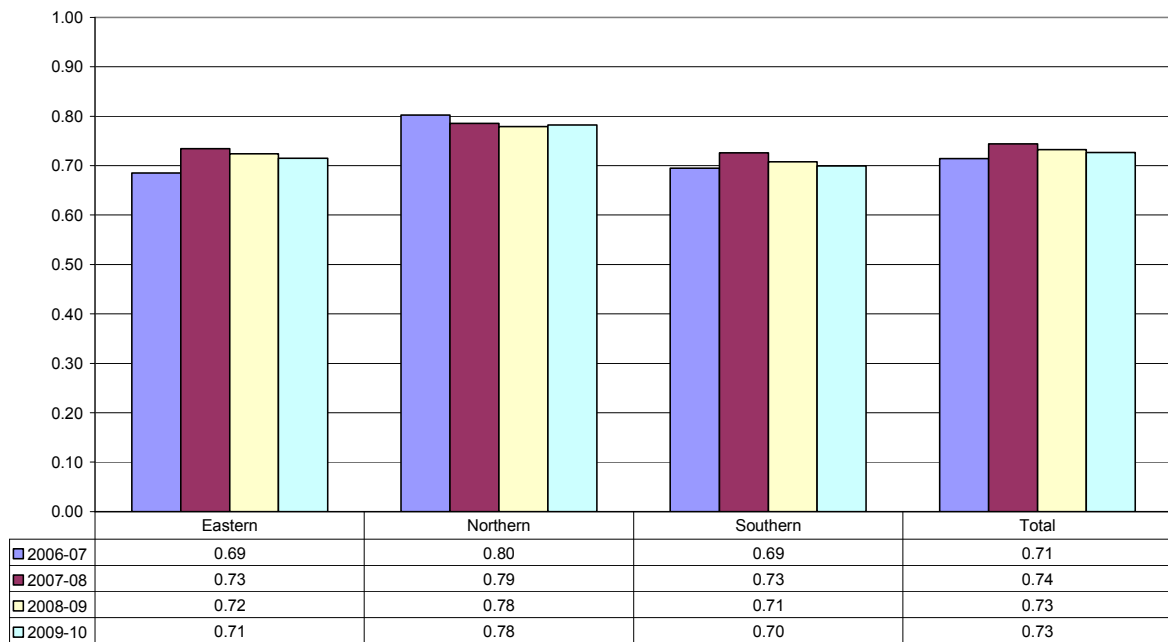
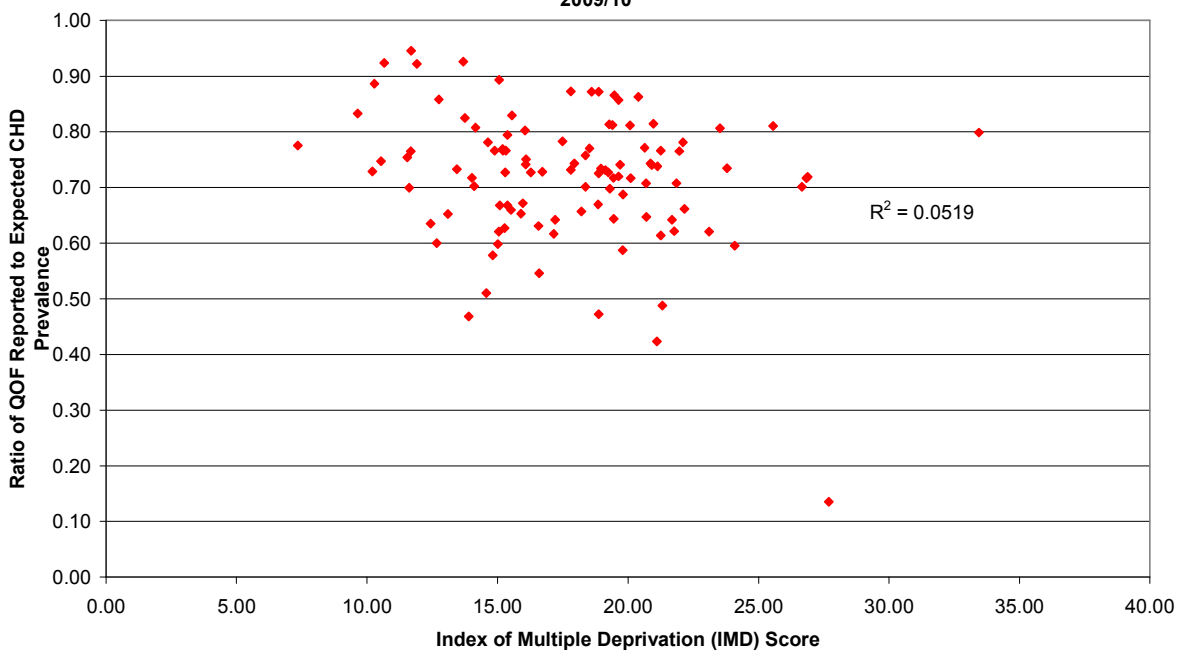


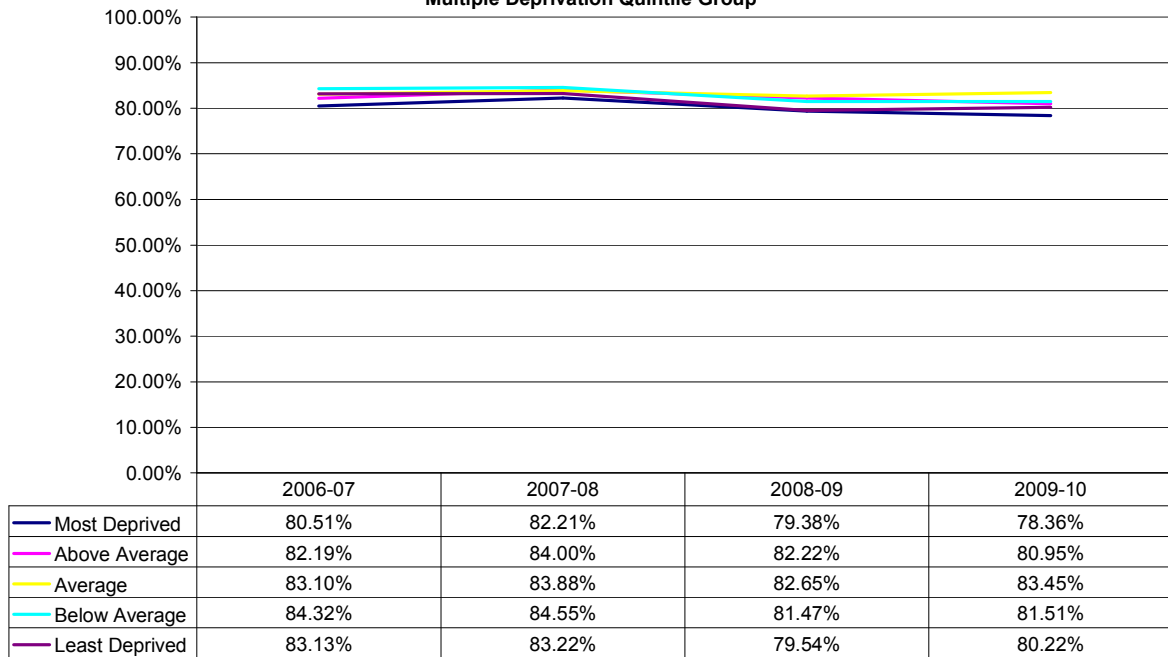
Figure 16: Devon GP Practices, Ratio of QOF Reported to Expected CHD Prevalence by IMD Score, 2009/10



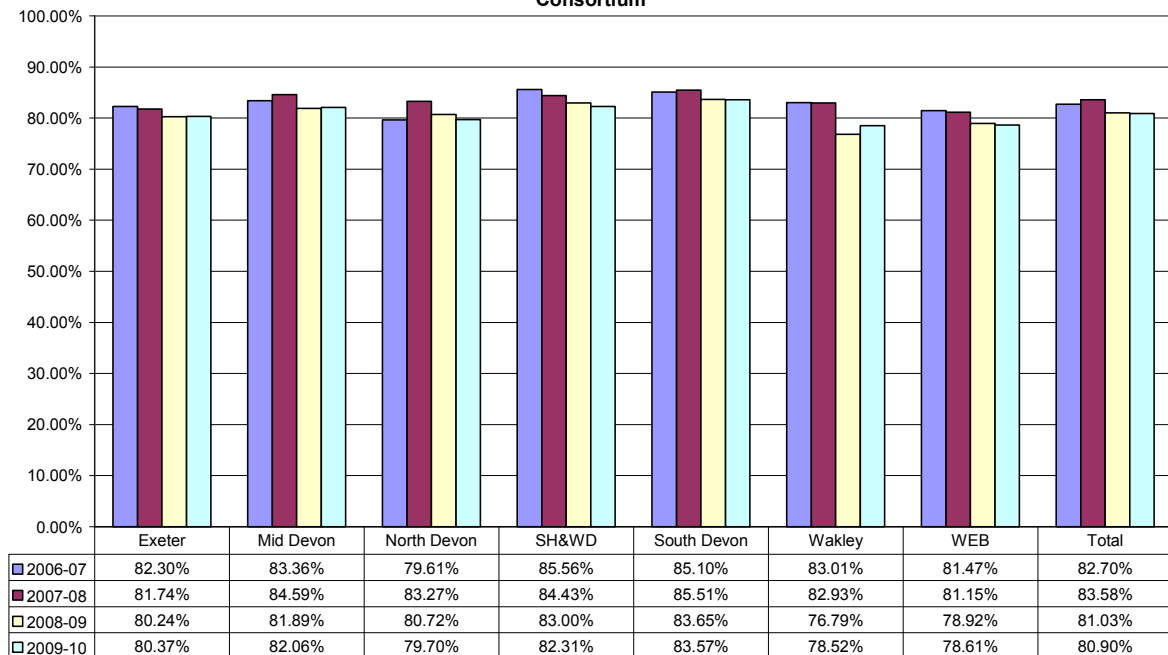
**MEASURE – PERCENTAGE OF PATIENTS WITH CHOLESTEROL LEVEL LESS THAN FIVE (QOF CHD08)**

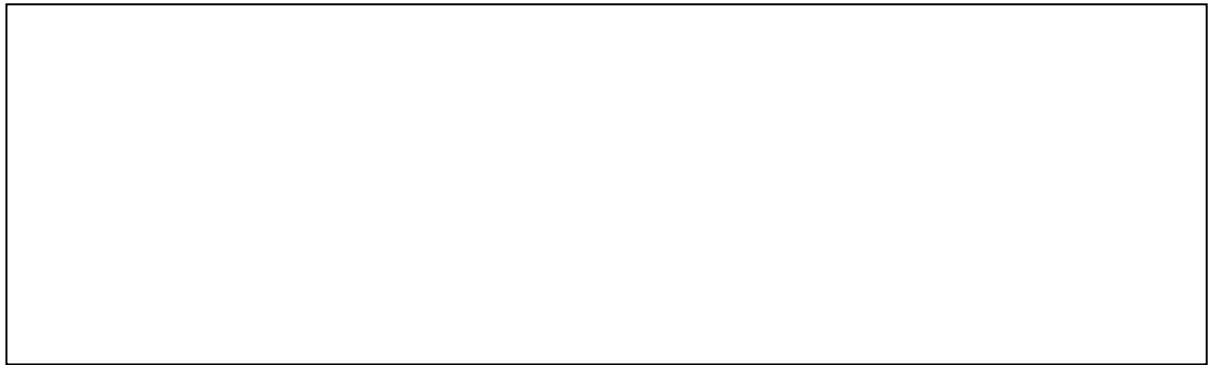


**Figure 17: Percentage of patients with Cholesterol level less than five (QOF CHD08) by Index of Multiple Deprivation Quintile Group**

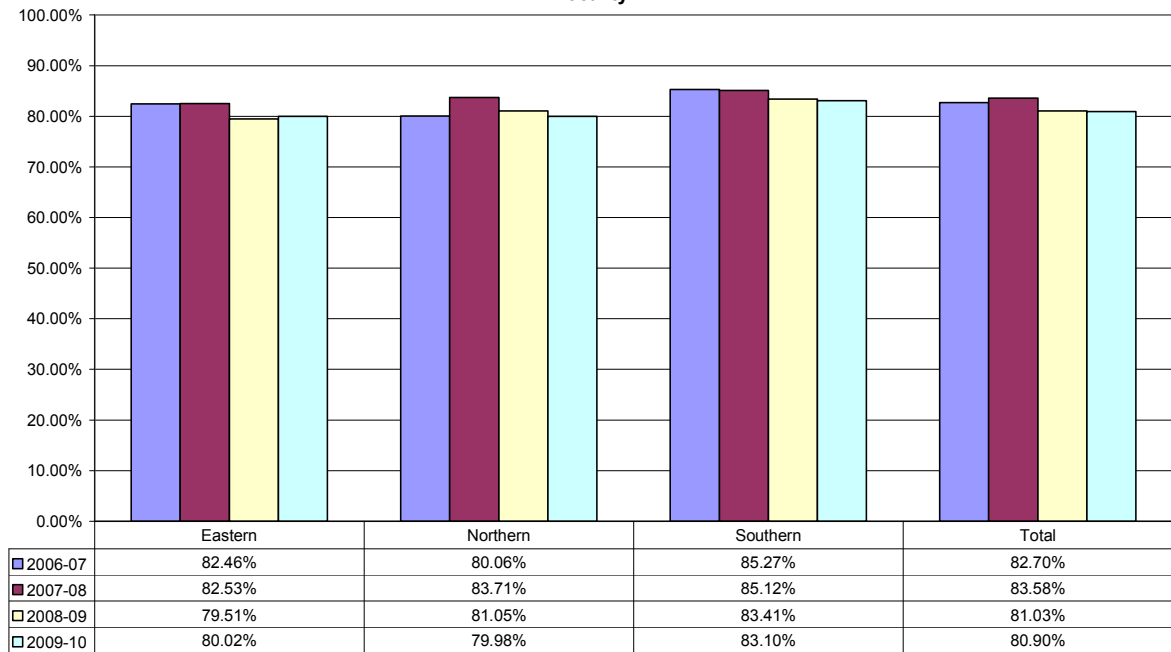


**Figure 18: Percentage of patients with Cholesterol level less than five (QOF CHD08) by Devon Consortium**

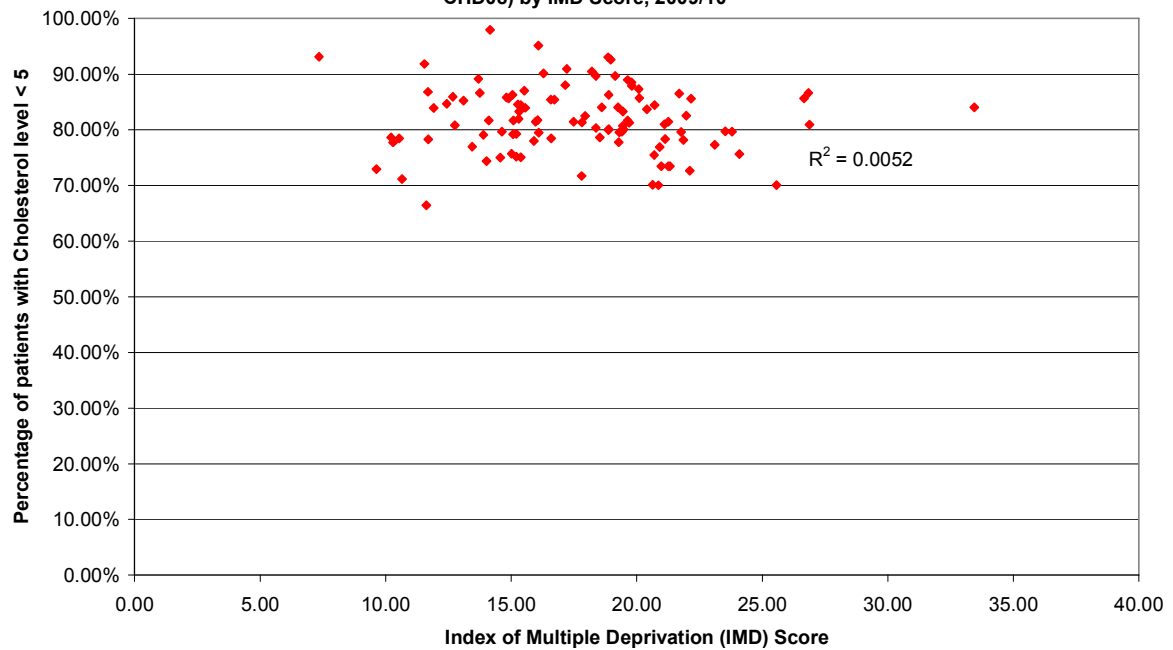




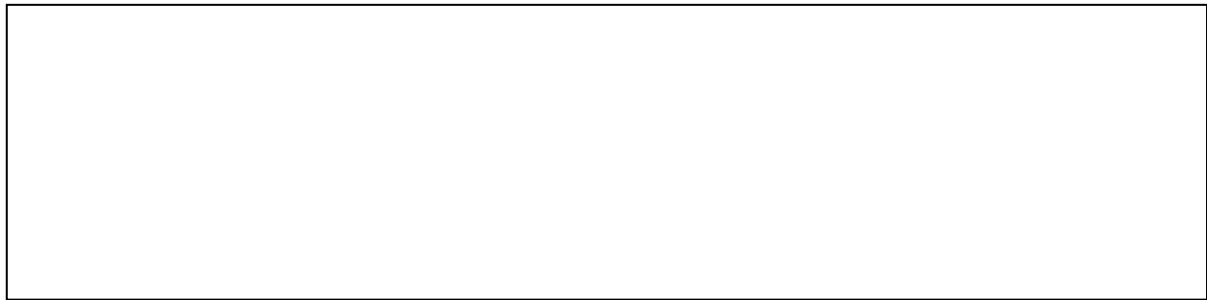
**Figure 19: Percentage of patients with Cholesterol level less than five (QOF CHD08) by Devon Locality**



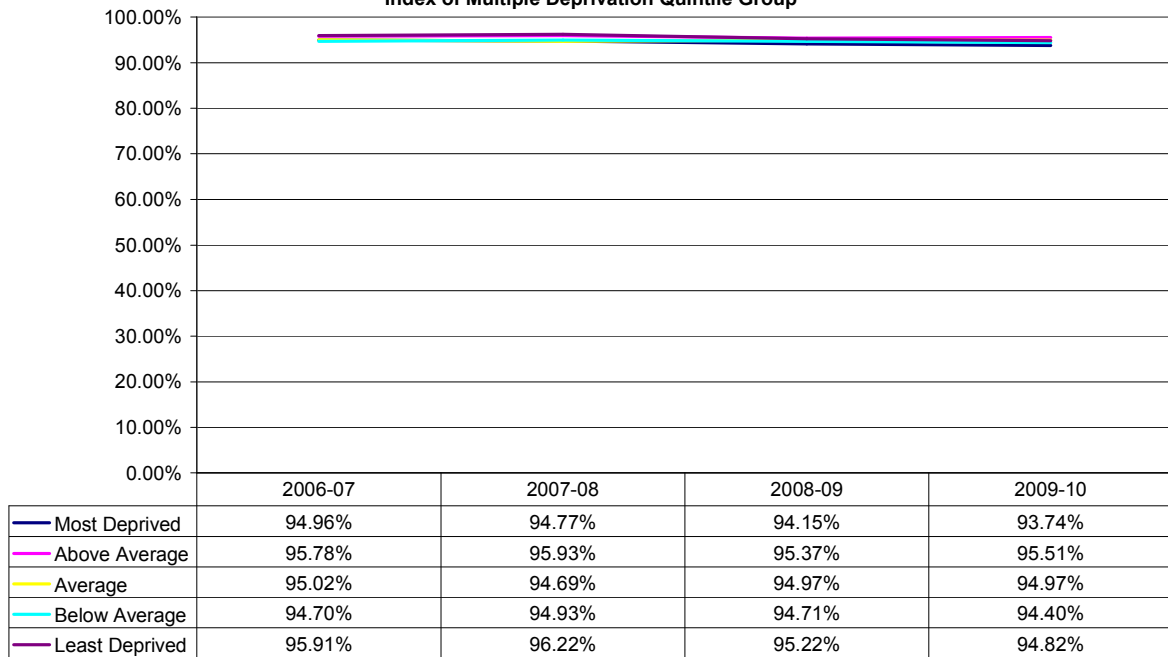
**Figure 20: Devon GP Practices, Percentage of patients with Cholesterol level less than five (QOF CHD08) by IMD Score, 2009/10**



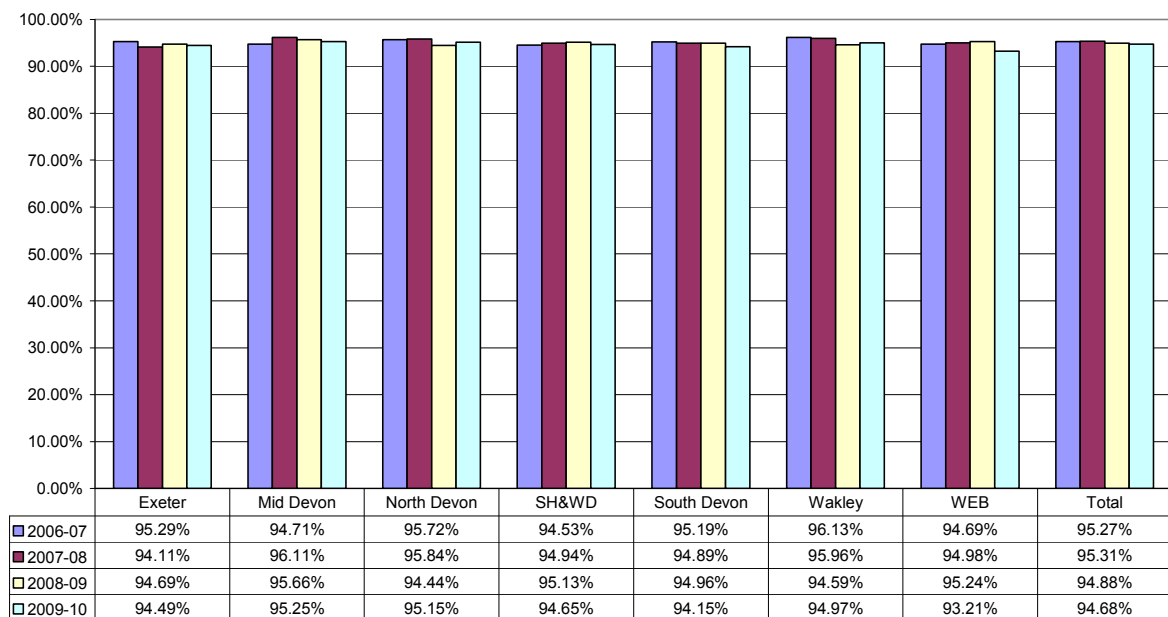
**MEASURE – PERCENTAGE OF PATIENTS WITH CHOLESTEROL LEVEL RECORDED IN LAST 15 MONTHS (QOF CHD07)**

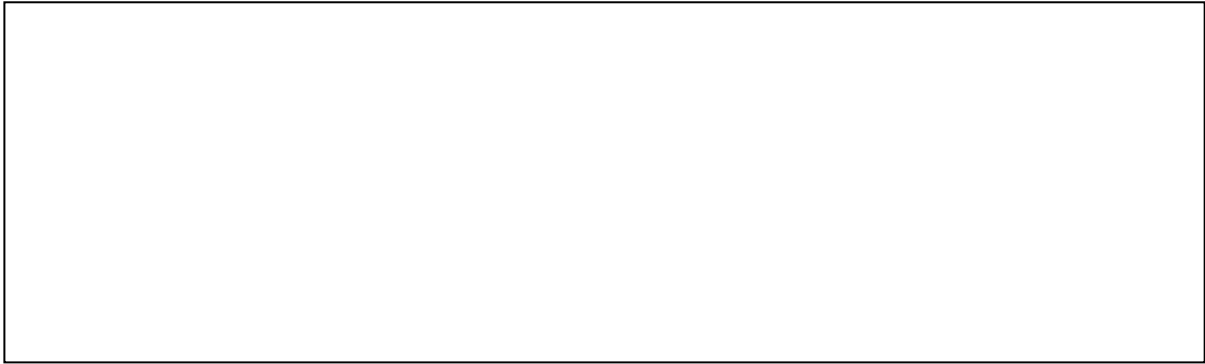


**Figure 21: Percentage of patients with Cholesterol level recorded in last 15 months (QOF CHD07) by Index of Multiple Deprivation Quintile Group**

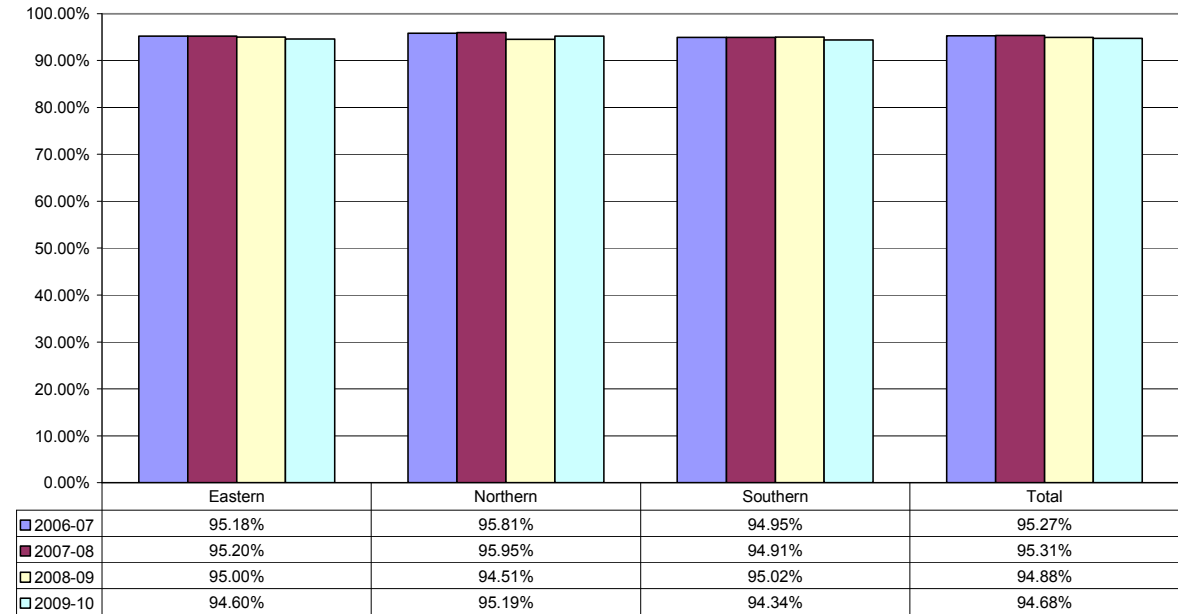


**Figure 22: Percentage of patients with Cholesterol level recorded in last 15 months (QOF CHD07) by Devon Consortium**

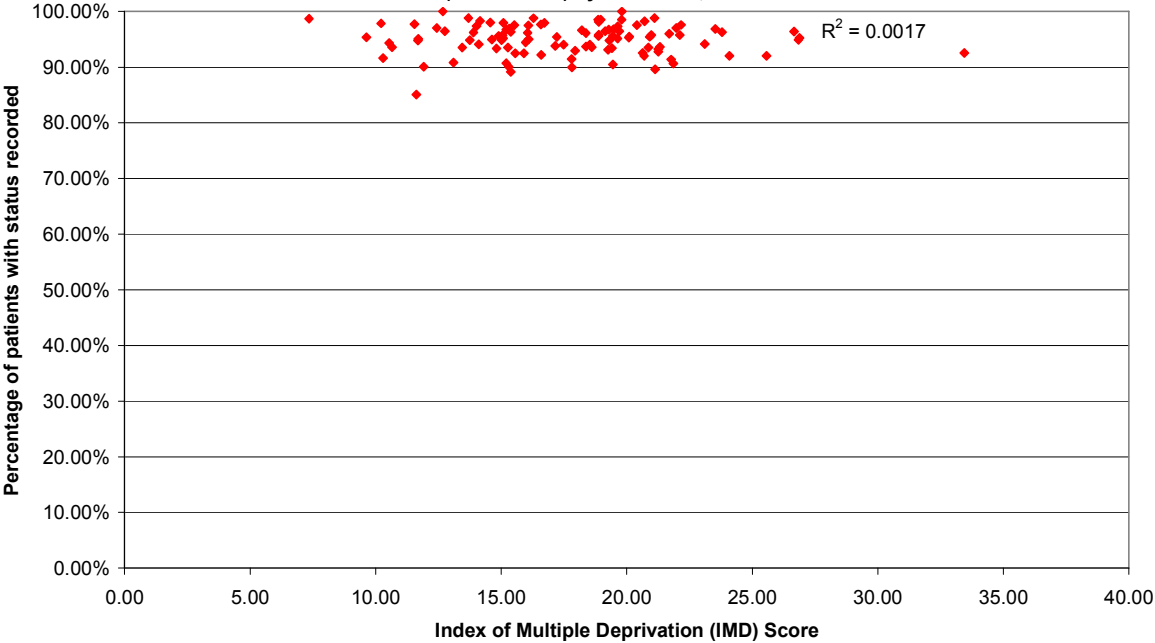




**Figure 23: Percentage of patients with Cholesterol level recorded in last 15 months (QOF CHD07) by Devon Locality**



**Figure 24: Devon GP Practices, Percentage of patients with Cholesterol level recorded in last 15 months (QOF CHD07) by IMD Score, 2009/10**

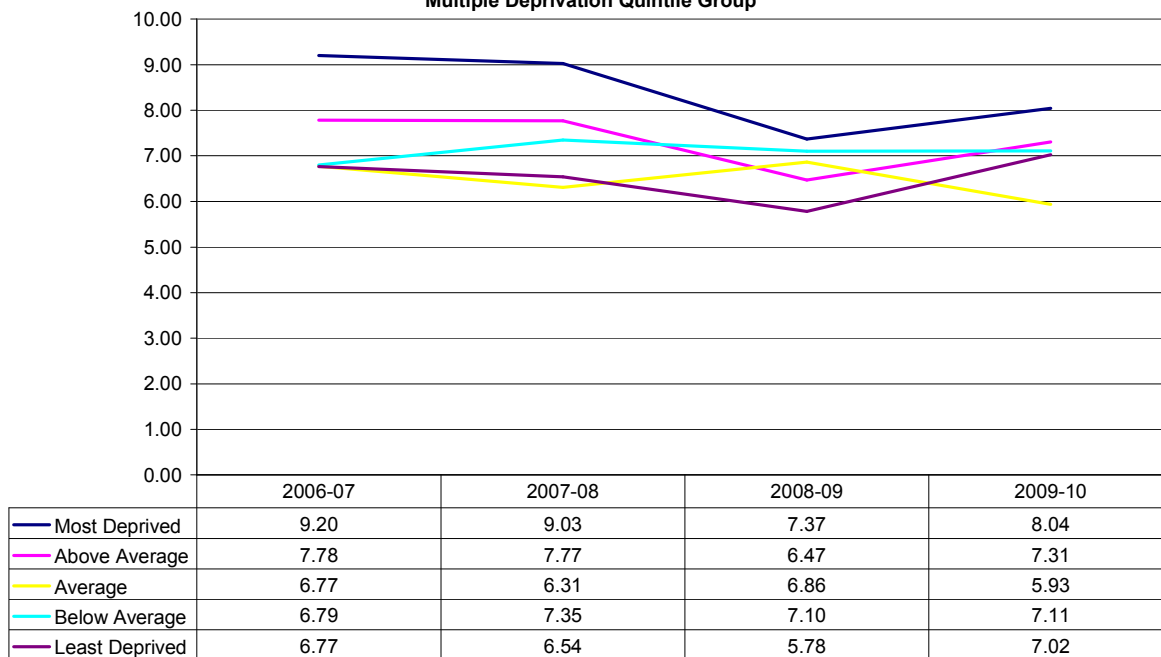




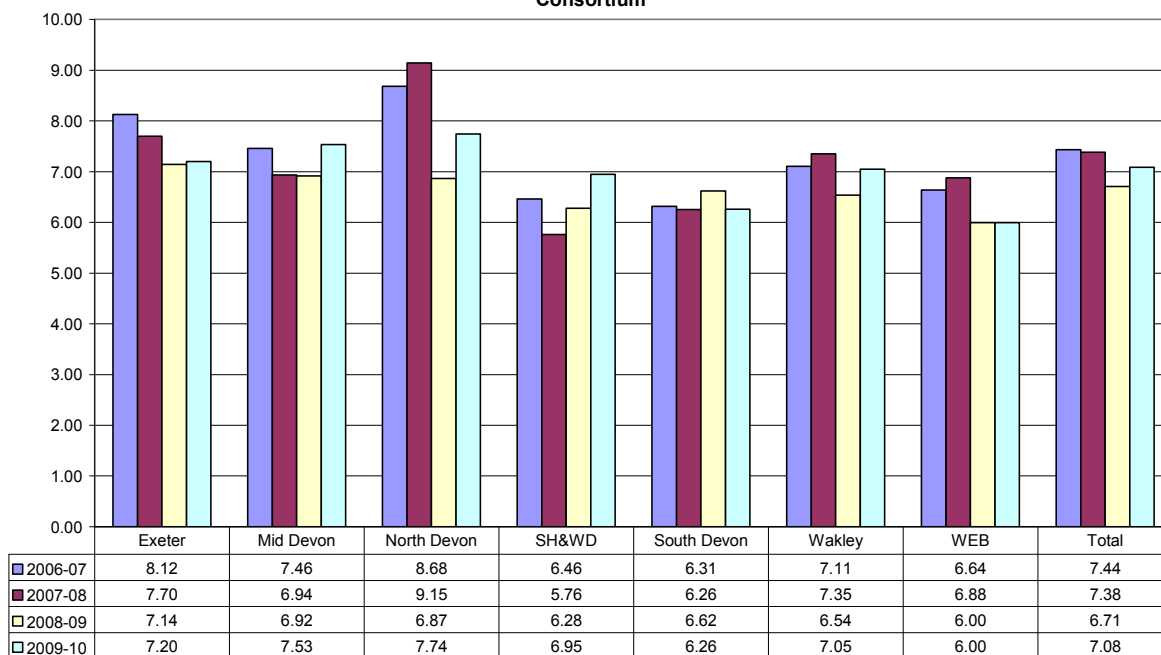
## MEASURE – EMERGENCY ADMISSIONS FOR CHD PER 100 PATIENTS ON QOF DISEASE REGISTER

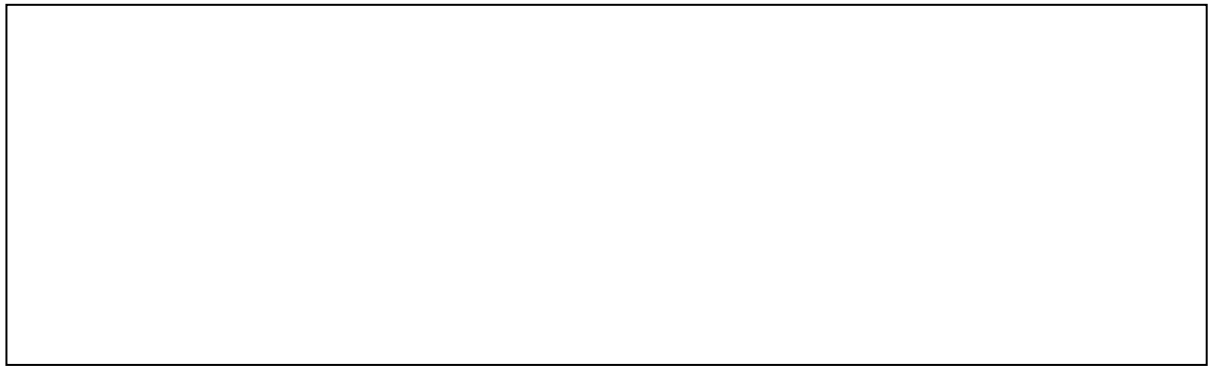


**Figure 25: Emergency Admissions for CHD per 100 Patients on QOF Disease Register by Index of Multiple Deprivation Quintile Group**

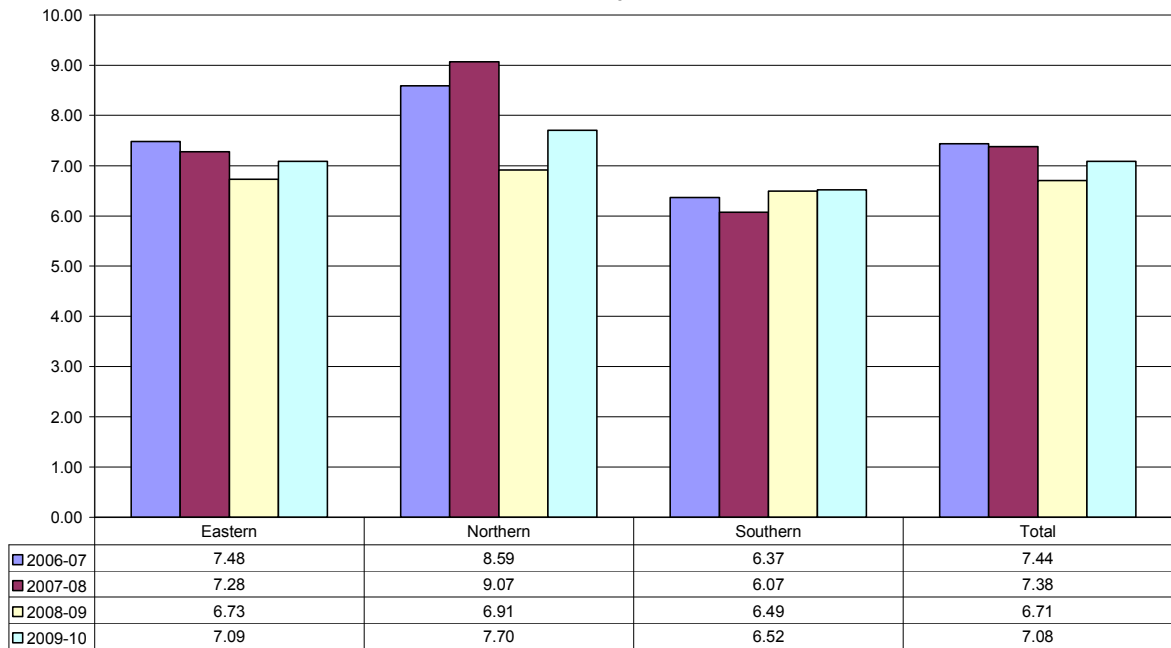


**Figure 26: Emergency Admissions for CHD per 100 Patients on QOF Disease Register by Devon Consortium**

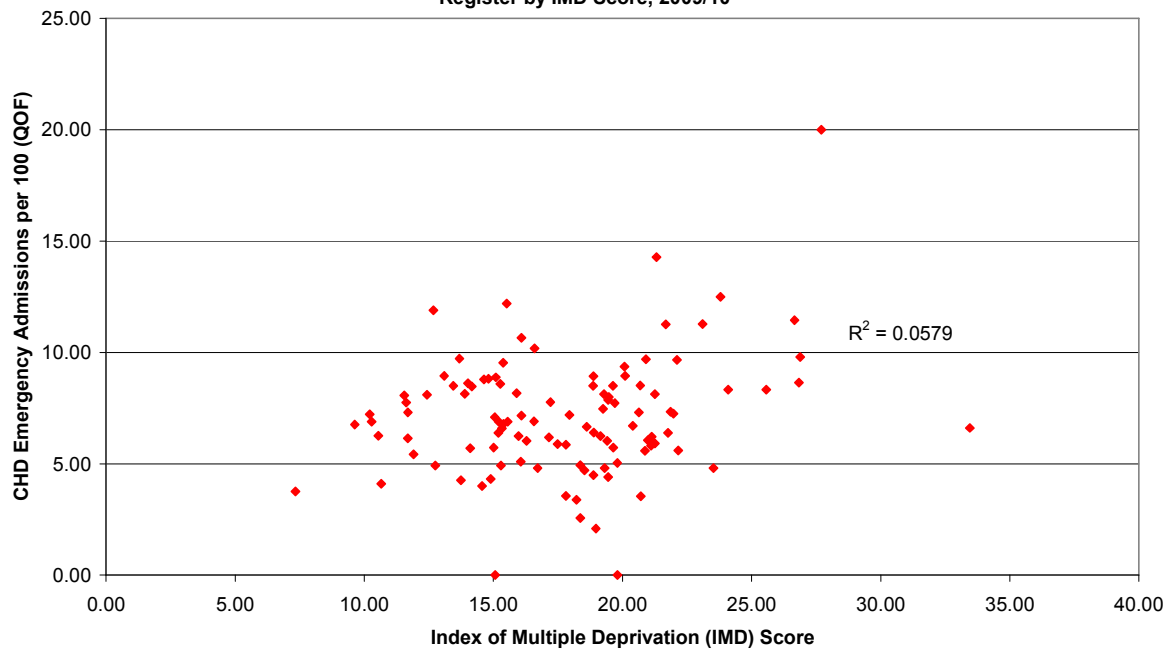




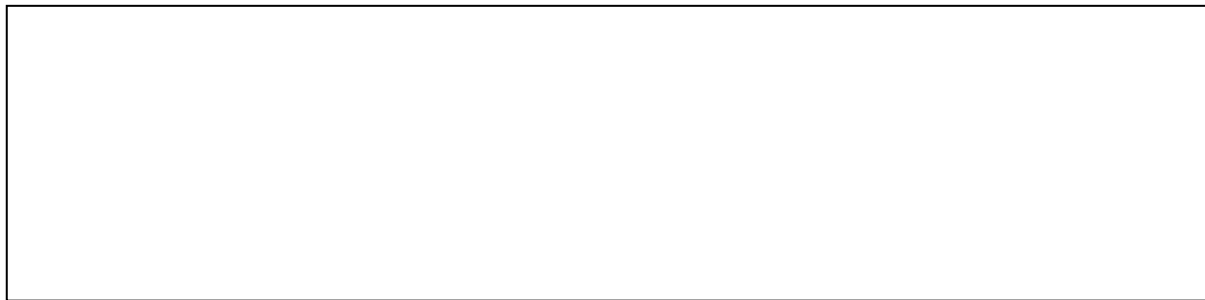
**Figure 27: Emergency Admissions for CHD per 100 Patients on QOF Disease Register by Devon Locality**



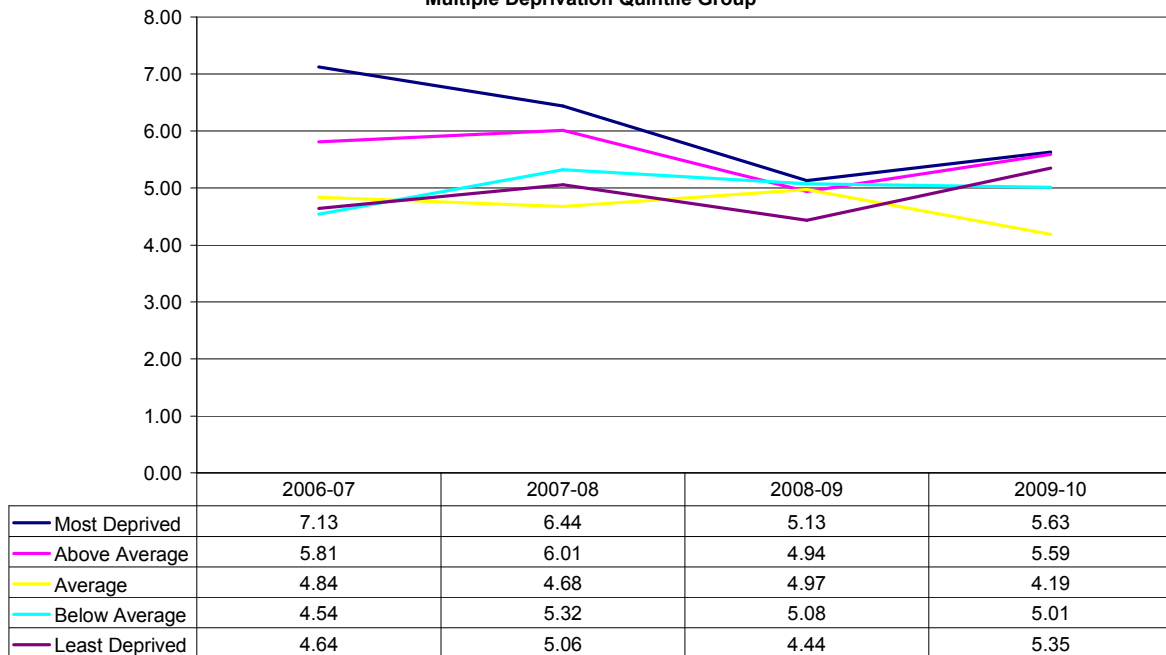
**Figure 28: Devon GP Practices, Emergency Admissions for CHD per 100 Patients on QOF Disease Register by IMD Score, 2009/10**



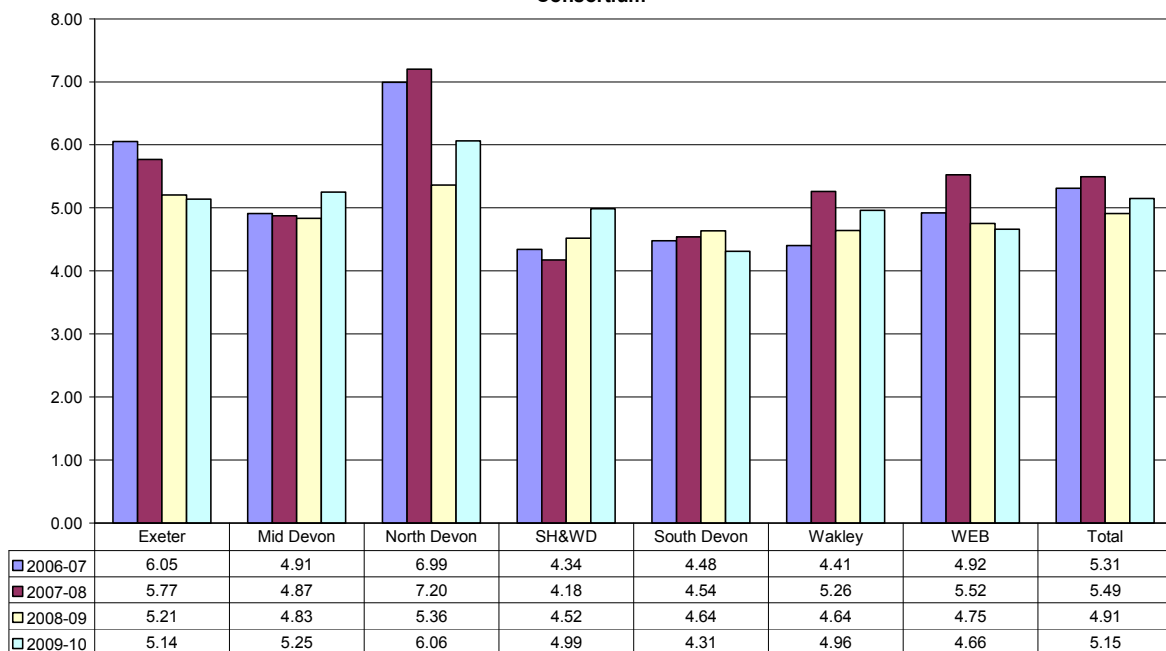
## MEASURE – EMERGENCY ADMISSIONS FOR CHD PER 100 PATIENTS EXPECTED TO HAVE CONDITION

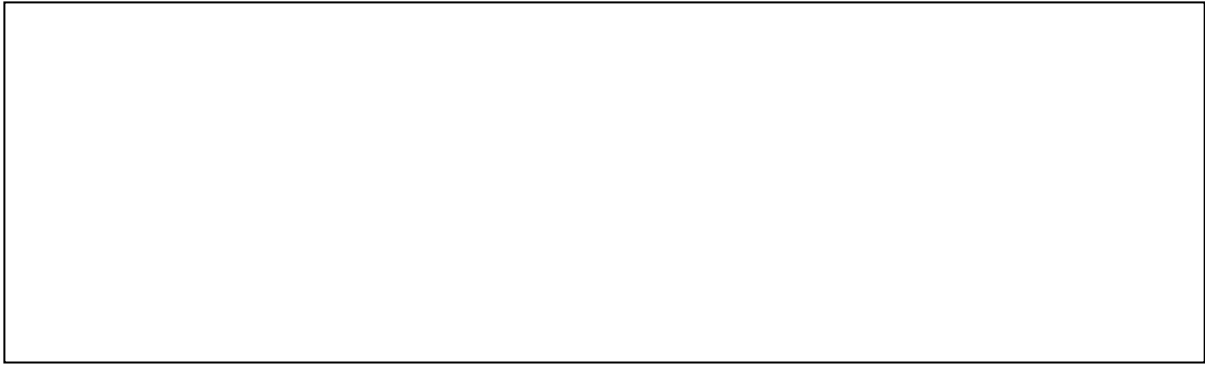


**Figure 29: Emergency Admissions for CHD per 100 Patients expected to have condition by Index of Multiple Deprivation Quintile Group**

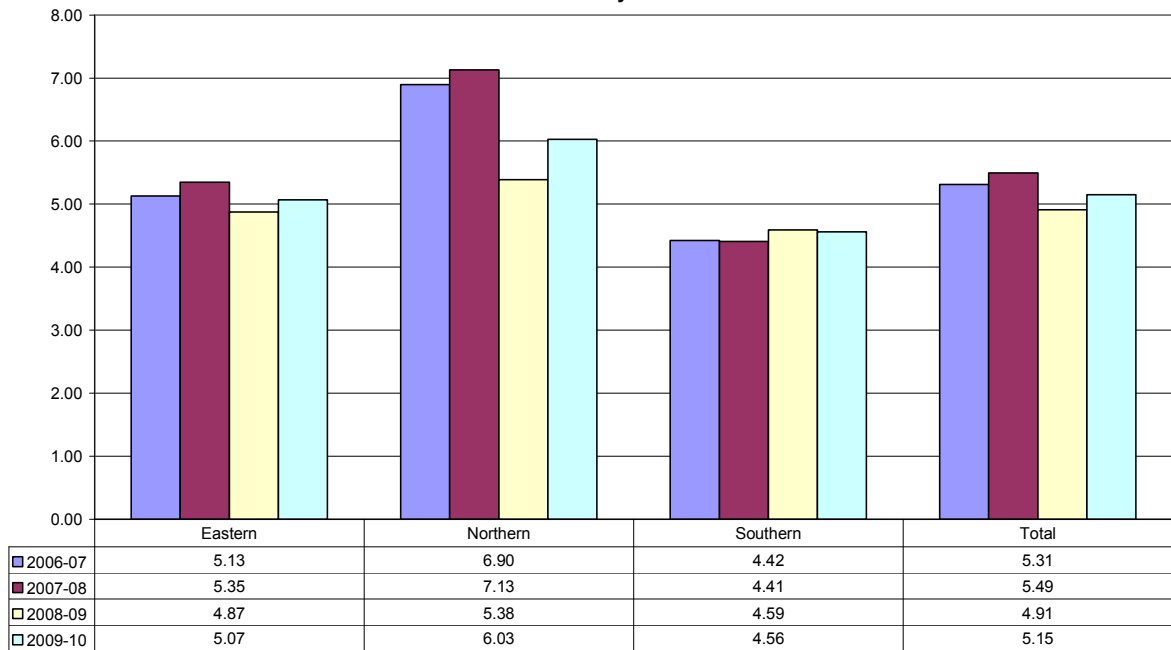


**Figure 30: Emergency Admissions for CHD per 100 Patients expected to have condition by Devon Consortium**





**Figure 31: Emergency Admissions for CHD per 100 Patients expected to have condition by Devon Locality**



**Figure 32: Devon GP Practices, Emergency Admissions for CHD per 100 Patients expected to have condition by IMD Score, 2009/10**

