

## NEWS RELEASE

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## Report finds people dying from cardiovascular diseases are more likely to die in hospital

A new report from the National End of Life Care Intelligence Network highlights how people with cardiovascular diseases are more likely to die in hospital (59%), than people dying from other conditions (51%), with less than 1% of all cardiovascular disease deaths occurring in a hospice.

*'Deaths from cardiovascular diseases: Implications for end of life care in England'* acknowledges that while some of these deaths will be sudden and unexpected, more should be done to ensure that people with cardiovascular diseases can access the end of life care services they need.

Cardiovascular diseases, which include diseases of the heart and circulation such as coronary heart disease (angina and heart attack) and stroke, are the most common cause of death in England. Stroke is the most significant cause of disability. In 2011, 30% of all deaths were as a result of cardiovascular diseases.

While there has been a reduction in the number of deaths from cardiovascular diseases in recent years (178,735 deaths in 2004 to 137,411 in 2011), thanks to improved awareness and diagnosis, certain types are on the rise. For example, the number of deaths recorded with an underlying cause of cardiac arrhythmias has increased by 47% from 2,845 in 2004 to 4,179 in 2011.

The report found gender differences in that while more men than women died of acute and chronic coronary heart disease from 2004-11, considerably more women died of acute cerebrovascular disease (stroke and transient ischaemic attacks) and cardiac arrhythmias than men:

	Male deaths	Female deaths
Acute coronary heart disease	120,292	91,583
Chronic coronary heart disease	235,095	220,354
Cerebrovascular disease	119,386	191,176
Cardiac arrhythmias	6,804	15,180

It also found regional variation across the country, with people in the North of England, (North West, North East and Yorkshire and the Humber) having a higher directly standardised mortality rate (210, 200 and 198 per 100,000 population respectively) than those in the South East and South West (168 per 100,000 population).

In addition, people from the most socially deprived backgrounds were found to be more likely than others to die from acute coronary heart disease, and also more likely to die in hospital (62% for the most deprived fifth of the population compared to 58% for the least deprived fifth).

Large numbers of people dying from cardiovascular diseases were found to have coexisting medical conditions, or comorbidities. For example, Type II diabetes was mentioned on the

records of 20% of patients whose underlying cause of death was acute coronary heart disease, 19% of deaths from chronic coronary heart disease and 19% of deaths from vascular dementia.

**Dr Martin McShane**, director of the long term conditions domain at the NHS Commissioning Board, said: “This report provides an excellent summary of the trends and patterns in cardiovascular deaths. It highlights the need for the right end of life care for people with these conditions and is invaluable to both commissioners and providers of services. We all must do everything we can to support people who are dying in a way that respects their wishes and meets their needs.”

**Dr Julia Verne**, senior author of the report and clinical lead for the National End of Life Care Intelligence Network, said: “It is good news that there has been a 23% reduction in the number of people dying from cardiovascular diseases, and that must be celebrated. However there are a large number of people who could benefit from end of life care who aren't getting it. We can do much better for these people.

“I hope this report will be used by planners and providers of services to ensure that everyone approaching the end of their lives, irrespective of their condition, gets the care and support they deserve.”

**Claire Henry**, director of the National End of Life Care Programme, said: “We know that people with certain health conditions have better access to end of life care than others, and we know that isn't right. Reports like this help cast light on these inequalities and equip commissioners and providers with the data and statistics needed to make changes.

“People dying from cardiovascular diseases often have multiple conditions and their end of life care needs can be complex. This is all the more reason why we must continually make improvements and ensure everyone has access to high quality care as we approach the end of our lives.”

## ENDS

### Notes to Editors:

- 1) For further information and to arrange interviews please contact Communications Lead Kate Henry on 07795 684 897 or [kate.henry@eolc.nhs.uk](mailto:kate.henry@eolc.nhs.uk).
- 2) The report, *Deaths from cardiovascular diseases: Implications for end of life care in England*, will be available to download from 6<sup>th</sup> February 2013 at: [www.endoflifecare-intelligence.org.uk/resources/publications/default.aspx](http://www.endoflifecare-intelligence.org.uk/resources/publications/default.aspx).
- 3) The report is expected to inform the development of a new national outcomes strategy to tackle cardiovascular diseases, announced by the Secretary of State for Health in 2011.
- 4) The National End of Life Care Intelligence Network collates and analyses data and information on end of life care and related issues in England. From April 2013 it will be part of Public Health England. [www.endoflifecare-intelligence.org.uk](http://www.endoflifecare-intelligence.org.uk).
- 5) The National End of Life Care Programme is an NHS organisation working across health and social care to improve end of life care for adults by implementing the Department of Health's End of Life Care Strategy. From April 2013 elements of the programme's work will move into the New Improvement Body being set up by the NHS Commissioning Board. [www.endoflifecare.nhs.uk](http://www.endoflifecare.nhs.uk).