National Commentary

Update

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Compendium of Clinical and Health Indicators 2003

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Summary report on the use of the Compendium of Clinical and Health Indicators in assessing the health of the population of England, 2003

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Introduction

This summary report has been prepared as a supplement to the final release of the Compendium of Clinical and Health Indicators 2003, distributed on CD-ROM in May 2005 as an enhanced version. The previous similar national commentary on the health of the population of England was published on the Clinical and Health Outcomes Knowledge Base in September 2004. The current report contains an introduction, summary charts with maps and graphs plus three annexes:

- Additional observations on the indicators not covered by the summary charts (Annex 1);
- Summary table of comparative values for a selection of the indicators (Annex 2);
- Summary table of trend values for a selection of the indicators (Annex 3).

The Compendium brings together indicators from several data sets developed historically by the Department of Health over a number of years in response to a variety of local needs and policy initiatives. It includes information on a host of mortality, morbidity and other population health outcome indicators formerly published as the Public Health Common Data Set from 1987 to 1998 and as the Compendium of Clinical and Health Indicators since 1999. There are around 150 indicator topics and some 500 separate analyses in the Compendium concerning various aspects of population health and clinical and health outcome. Available data for the most recent years are presented by age, gender, geographical and new NHS organisational boundaries. Trend data are available for many indicators.

The purpose of this report is to provide a general overview of the Compendium’s main findings to front-line staff managing the NHS in order to assist them in the development of policy initiatives and decision making. It is hoped that it will also assist NHS organisations in better understanding the reasons for the health outcome variations they find in their respective localities.

The report focuses on the level of health of the residents of England based on the latest year or period as well as comparisons with the previous ones. Maps and graphs comparing figures at the Strategic Health Authority level are also provided and comments are made on age and gender differences as appropriate. Given the number of indicators and the various analyses undertaken for each, it was not possible to comment on the entire content of the Compendium and only a selection are covered in this short overview.

Direct comparisons were made where appropriate between Compendia 2003 and 2002 to assess change over time for a selection of indicators. Trend data analyses were also used for some indicators as an alternative method of assessing the magnitude and direction of change over time. The analyses of the geographical distribution were conducted at the Strategic Health Authority (SHA), Local Authority (LA) and Primary Care Organisation levels.
Some Headline Trends

Mortality from all causes: continuing significant year on year improvement, with the biggest improvement in the 65-74 year age group.

Vaccination for measles mumps and rubella: levels of vaccination against MMR show a steady decrease and are below the level needed for herd immunity.

Infant mortality: some further improvement overall but an increase in perinatal deaths.

Fertility: significant decrease in previous years starting to go up again.

Teenage conceptions: some further improvement among under 16s and continuing significant improvement for under 18s.

 Abortions: show some decline compared with the previous year, particularly for the 16 -19 age group. The abortion rates remain significantly higher in Greater London than in the rest of England.

Mortality from all circulatory diseases: continuing significant improvement nationally but a twofold variation at local organisational levels.

Mortality from coronary heart disease: continues to show significant improvement, however a wide variation at local level remains. Markedly higher rates for males than females, particularly for the under 65s.

Mortality from stroke: again continues to show significant improvement for both sexes, but with wide variation at local level, particularly for the under 65s.

Mortality from all cancers: continuing significant improvement but two-fold variation at local level. Male rates still significantly higher than female in each age group.

Lung cancer incidence and mortality: show continuing significant year on year improvement for males but little change or even deterioration in incidence for females.

Malignant melanoma incidence and mortality: considerable deterioration in incidence and mortality rates for males and some deterioration in incidence among females.

Breast cancer incidence: continuing rise in registration rates with higher incidence in the south than the north.

Mortality from chronic liver disease, including cirrhosis: further large and significant deterioration, still the worst for any of the mortality causes considered.

Mortality from suicide: some noticeable improvement in recent period but male rates remain significantly higher than female.
Summary Charts

These summarise, through comments and graphical presentations, selected information on the health of the residents of England that may directly or indirectly indicate:

- which indicators show relatively good health;
- which indicators show poor health or risk to future health;
- how the most recent values compare to those for previous years or periods;
- which indicators show good progress;
- which indicators require further attention;
- how Strategic Health Authorities (SHAs), Local Authorities (LAs) vary.

In order to illustrate some of the observations regarding percentage variation from the England average in the indicator values for Strategic Health Authorities, maps and high-low scattergrams are included in this report. The maps present SHA values in the following eight bands (and corresponding colours from pale yellow to dark red):

- Less than 60% of the national mean;
- 60% - 79% of the national mean;
- 80% - 89% of the national mean;
- 90% - 99% of the national mean;
- 100% - 109% of the national mean;
- 110% - 124% of the national mean;
- 125% - 174% of the national mean;
- 175 % or more of the national mean.

Value ranges quoted in the commentary on geographical differences do not use the above standard ranges but minimum and maximum values for the respective organisations.

The scattergrams depict the statistical significance of geographical variations using the following three categories (and corresponding colours: green, yellow and red):

- Statistically significantly better than the England average;
- Within England average;
- Statistically significantly worse than the England average.

The indicator values are published with 95% confidence intervals that give an idea of the level of uncertainty caused by chance in an organisation’s indicator values. A 95% confidence interval gives the range within which the indicator value would normally be expected to fall 95 times out of 100. The width of the confidence interval is related to the size and characteristics of the individual organisation.

If the confidence interval for an organisation does not overlap with the associated England confidence interval, it is highly likely that their value is genuinely different from the England rate.
For additional observations on the indicators not covered in this section see Annex 1.

**Data Tables**

These show, for a wider range of indicators:

**Annex 2**
- the England previous and current values;
- the number and percent of LAs with indicator values either below or above the national rate;
- the number and percent of LAs with indicator values that are either statistically significantly lower or significantly higher than the national values;
- the indicator values for the lowest tenth and the highest tenth percentile of LA;
- the percent improvement or deterioration in national values compared with a previous time period and whether this is statistically significant.

**Annex 3**
- national trend figures (from 1993 to 2002);
- percentage improvement over period;
- average annual percentage improvement.

Indicators that have been indirectly age standardised cannot be compared between the current and previous *Compendium* as the standards used are time-specific and therefore differ between *Compendia*. Comparisons of indicators using directly age standardised rates based on the two-year and three-year pooled data should be treated with caution and as indicative of the direction of change only since there is an overlap between the two periods being compared. No direct comparisons have been made between age standardised ratios for males and females because they are not based on the same standard. Any comments concerning gender differences refer either to the pattern of change or are based on directly standardised rates that use the same standard for males and females.

**Note**

*Further details on these selected indicators and others relevant to the delivery of priority key targets are available in:*

Annex 1: Additional observations on the indicators not covered by the summary charts

Annex 2: Summary table of comparative values for a selection of the indicators

Annex 3: Summary table of trend values for a selection of the indicators
Mortality from all causes (Males)

Directly standardised rates, 2001-02 pooled, all ages by Strategic Health Authorities in England

**Definition**
Deaths from all causes classified by underlying cause of death (ICD10 A00-Y99).

**Summary**
There was continued, statistically significant, year on year improvement in the all cause mortality rate, with the most prominent improvement in the 65-74 year age group. The rate for men in 2001-02 was significantly higher than for women. There were also significant differences between various geographical areas in England.

**Main findings**

**Latest national picture**
There were a total of 500,794 deaths in England in the year 2002, of which 237,982 (48%) were male.

**Change in national picture over time**
Annual trends in age standardised rates and ratios showed that over the period 1993-2002 all cause mortality fell significantly for males for every age group.

Compared to the year 2001 the crude male death rate in 2002 fell by a statistically significant 1.0%.

The age standardised rate for all ages fell by 19% between 1993 and 2002, at an average of 2.3% per year.

**Geographical differences**
The map and graph opposite show that death rates vary significantly between Strategic Health Authorities (SHAs).

The directly age standardised rates for all ages for SHAs ranged from 709 to 950 per 100,000, which was within 87% to 117% of the England average rate (812). 14 SHAs were significantly lower than the national average and 12 SHAs were significantly higher.

In the period 2001-02 (pooled) Local Authority (LA) age standardised rates for all ages ranged from 518 to 1105 per 100,000. Of the 354 LAs in England, 62% had a rate lower than the national average, including 44% that had a rate significantly lower.

**Gender differences**
The overall male age standardised rate in 2001-02 (pooled) was 812 per 100,000. This rate is significantly higher than the female rate (552).

**Age differences**
The biggest decrease in all cause mortality was seen in the 65-74 age group where the Standardised Mortality Ratio (SMR) fell by 28% over the period 1993-2002.
Mortality from all causes (Females)

**Definition**
Deaths from all causes classified by underlying cause of death (ICD10 A00-Y99).

**Summary**
There was continued, statistically significant, year on year improvement in the all cause mortality rate, with the biggest improvement in the 65-74 year age group. The rate for women in 2001-02 was significantly lower than for men. There were also significant differences between various geographical areas (Strategic Health Authorities, Local Authorities) in England.

**Main findings**

**Latest national picture**
There were a total of 500,794 deaths in England in the year 2002, of which 262,812 (52%) were female.

**Change in national picture over time**
Annual trends in age standardised rates and ratios showed that over the period 1993-2002 all cause mortality fell significantly for females for every age group.

Compared to the year 2001 the crude rate rose slightly by 0.2% in 2002.

The age standardised rate for all ages fell by 14% between 1993 and 2002, at an average of 1.5% per year.

**Geographical differences**
The map and graph opposite show that death rates vary significantly between Strategic Health Authorities.

The age standardised rate for all ages for SHAs ranged from 477 to 637 per 100,000, which was within 86% to 115% of the England average rate (552). 14 SHAs were significantly lower than the national average and 11 SHAs were significantly higher.

In the period 2001-02 (pooled) Local Authority (LA) age standardised rates for females of all ages ranged from 391 to 731 per 100,000. Of the 354 LAs in England, 58% had a rate lower than the national average, including 36% that had a rate significantly lower.

**Gender differences**
The overall female age standardised rate in 2001-02 (pooled) was 552 per 100,000. This rate is significantly lower than the male rate (812).

**Age differences**
The biggest decrease in all cause mortality was seen in the 65-74 age group where the female ratio fell by 22% over the period 1993-2002.
Vaccination for measles, mumps and rubella

**PERCENT VACCINATED BY 2nd BIRTHDAY, FINANCIAL YEAR 2002/03 BY STRATEGIC HEALTH AUTHORITIES IN ENGLAND PERSONS**

**Definition**
Percent of children vaccinated by 2nd birthday.

**Summary**
The levels of vaccination against MMR show a continuing significant decrease.

**Main findings**

**Latest national picture**
Among 548,772 children of the 24 month cohort, 82% were vaccinated against MMR in England in the financial year 2002/03.

**Change in national picture over time**
There was a statistically significant decrease of 2.7% in the financial year 2002/03 compared with 2001/02.

There has been a steady downward trend over the last six years from 91% in 1997/98 through 84% in 2001/02 and with the further significant drop to 82% in 2002/03.

**Geographical differences**
The map and graph opposite show that the percentage of children vaccinated for MMR varies significantly between Strategic Health Authorities.

In most of the SHAs, the percentage of children vaccinated fell between 80% and 88%. In only 4 SHAs was this significantly less than 80%. 10 SHAs were significantly lower than the national average (particularly in Greater London) and 17 SHAs were significantly higher.
Vaccination for whooping cough

Definition
Percent of children vaccinated by 1st birthday.

Summary
The levels of vaccination against whooping cough remained relatively high.

Main findings

Latest national picture
Among 539,729 children of the 12 month cohort, 90.5% were vaccinated against whooping cough in England, in the financial year 2002/03.

Change in national picture over time
There was a small but statistically significant increase of 0.3% in the financial year 2002/03 compared with 2001/02.

Over the last five years the proportion of children vaccinated against whooping cough remained at just above the 90% level.

Geographical differences
The map and graph opposite show that the percentage of children vaccinated for whooping cough varies significantly between Strategic Health Authorities.

In most of the SHAs, the percentage of children vaccinated fell in the range between 88% and 95%. In only 4 SHAs was this less than 88%. 8 SHAs were significantly lower than the national average (particularly in Greater London) and 18 SHAs were significantly higher.

Percent and 95% Confidence Interval

Greater London

Vaccination for whooping cough: Percent vaccinated by 1st birthday, financial year 2002/03 persons

Greater London

Shropshire & Staffordshire
Leicestershire, Northamptonshire & Rutland
Norfolk, Suffolk & Cambridgeshire
Dorset & Somerset
Avon, Gloucestershire & Wiltshire
Rutland
Hampshire & Isle of Wight
Essex
South West Peninsula
Trent
Bedfordshire & Hertfordshire
Somerset
Cheshire & Merseyside
Thames Valley
Greater Manchester
South Yorkshire
West Yorkshire
North & East Yorkshire & Northern Lincolnshire
South East London
North Central London
West Midlands South
Greater Manchester

Percent (Number of SHAs)
75.0 (0)
75.0 - 79.9 (0)
80.0 - 83.9 (3)
84.0 - 85.9 (1)
87.0 - 89.9 (4)
90.0 - 92.9 (12)
93.0 - 95.9 (8)
96.0 - 96.9 (0)

Percent significantly better than England average
Within England average
Percent significantly worse than England average
**Definition**

Notifications of live and stillborn babies with Down Syndrome. Percent of total Down Syndrome cases diagnosed prenatally and percent of diagnosed cases in which pregnancy was terminated.

**Summary**

Figures based on ONS data indicate a further slight decrease in Down syndrome incidence. However, this was not reflected in the number of notifications reported by the National Down Syndrome Cytogenetic Register (NDSCR). There has been continued improvement in Down syndrome prenatal diagnoses and some, but not statistically significant, decrease in pregnancy terminations.

**Main findings**

**Latest national picture**

The number of babies born with Down syndrome in England in 2002 reported under the ONS voluntary notification system was 327 (a rate of 5.7 per 10,000 total births) compared with 382 (a rate of 10.3) cases reported by the NDSCR.

In all Down syndrome notified cases from 2000 to 2002, 60% were diagnosed prenatally and among those diagnosed, 43% of cases resulted in the pregnancy being terminated.

**Change in national picture over time**

A comparison of figures based on ONS data showed a slight 1.7% decrease between 2000 and 2001 and 1.6% between three year pooled periods. However, there has been a 3.1% increase in the three year rates based on NDSCR data.

The trend in the reported incidence of Down syndrome (ONS reporting system only) showed continued but statistically not significant decrease. However, the trend based on the NDSCR reporting system indicated the opposite. The three year (2000-02) ONS based Down syndrome birth rate fell slightly from 6.3 to 6.2 per 10,000 total births compared with the previous period (1999-01) but NDSCR based rate rose from 9.8 to 10.1.

There has been an increase of 2% in prenatally diagnosed Down syndrome cases between the current and previous period and 3.8% fewer Down syndrome pregnancy terminations.

**Geographical differences**

There is a negative correlation between the relative number of prenatally diagnosed Down syndrome cases and actual births ($r = -0.44$; $p<0.05$) as illustrated by the maps opposite.

The three year pooled crude rates for SHAs based on NDSCR data ranged from 6.7 to 14.3 per 10,000 total births with 3 SHAs significantly higher than the England average rate (10.1).

In the SHAs, the percentage of cases diagnosed prenatally ranged from 42% to 73% (with a 60% England average rate).
Low birthweight births

Percent and 95% Confidence Interval

Definition
Live and stillborn infants with low birthweight as a percentage of all live and stillborn infants with a stated birthweight.

Summary
Relatively high rates of low birthweight births remained prevalent in inner city areas.

Main findings

Latest national picture
Among live and stillborn infants in England with a recorded birthweight in 2002, 1.5% weighed less than 1,500 grams and 8.1% less than 2,500 grams.

Change in national picture over time
A comparison of current and previous annual figures showed a slight increase in birthweight rate below 2,500 grams.

There has been no significant change in the overall number of infants with low birthweight over the six year period from 1997 to 2002.

Geographical differences
In 2002 the percentage of births under 2500 grams for SHAs ranged from 6.8% to 10.2% which was within 84% to 126% of the England average percentage (8.1%). 11 SHAs were significantly lower than the national average percentage and 8 SHAs were significantly higher.

20% of LAs had low birthweight rates (under 2500 grams) significantly below the England value compared with 10% significantly above the national average.
Main findings

Latest national picture
There were 3,002 deaths of infants aged under 1 year in England in 2002, a rate of 5.3 deaths per 1,000 live births.

Change in national picture over time
A comparison of current and previous year data showed a drop of 61 in the overall number of infant deaths under 1 year nationally, a 1.9% fall. However infant deaths in under 28 days showed no change and under 7 days an increase of 3.7%.

Over the last six years, there has been a continual decrease in the number of infant deaths under 1 year.

Geographical differences
In 2002 the rates for SHAs ranged from 3.8 to 7.9 per 1,000 live births and were evenly distributed around the England average rate (5.3). 2 SHA’s were significantly lower than the national average rate and 3 SHA’s were significantly higher.

5.6% of LAs had infant death rates significantly lower than the England rate compared with 3.4% significantly higher than the national average.

Definition
Deaths of infants at (various) ages under 1 year.

Summary
There has been some improvement in infant mortality in the most recent year.
Main findings*

Latest national picture
In 1999-01 there were 22,424 pregnancies in girls under 16 (a rate of 8.2 per 1,000 amongst girls aged 13-15) and 116,386 in the under 18s (a rate of 43.6 per 1,000 females aged 15-17).

Change in national picture over time
Overall, the conception rate fell in 1999-01 both for girls under the age of 16 (by 2.4%) and for under 18s (by 4.0%) compared with the figures for the previous three-year period (1998-00).

Geographical differences
In 1999 to 2001 rates for under 16s for SHAs ranged from 5.8 to 11.9 per 1,000 female population aged 13-15, and were evenly distributed around the England average rate (8.2).

In 1999 to 2001, 9 SHAs were significantly lower than the national average rate and 7 SHAs were significantly higher.

The distribution of LAs was skewed towards a significantly greater percentage of LAs with a lower than national average teenage conception rate.

* The 1999-01 rates were re-calculated using revised population estimates compared with the figures for the same period published in the previous National Commentary.
Abortions

CRUDE RATES, MATERNAL AGES 11+, 2002
BY STRATEGIC HEALTH AUTHORITIES IN ENGLAND
FEMALES

Rate
(per 1,000) (Number of SHAs)

7.7 (0)
7.7 - 10.1 (11)
10.2 - 11.4 (7)
11.5 - 12.7 (4)
12.8 - 14.0 (4)
14.1 - 15.9 (1)
16.0 - 22.3 (1)
> 22.3 (4)

Greater London
North Central London
North West London
South East London
North East London
South West London

Main findings

Latest national picture
In 2002 there were 168,495 legal terminations of pregnancies in England, which was nearly 13 abortions per 1,000 women of childbearing age.

Change in national picture over time
The actual abortion rate in England decreased by 0.8% compared with the previous year.

Geographical differences
The rates for SHAs ranged from 8.9 to 26.6 per 1,000 females aged 11-49. 22 SHAs were significantly lower than the national average rate (12.8) and 6 SHAs were significantly higher (all in Greater London and Birmingham).

Age differences
The pattern of abortions by age group remained the same. The highest abortion rates were for women aged 20-24 followed by the 16-19, 25-34 and 35-39 age bands. There has been a statistically significant decrease by 4% in termination of teenage pregnancies for the 16 to 19 age group.

Definition
Legal terminations of pregnancy. The total period abortion rate (TPAR) is the average number of abortions (NHS and private) that would occur per woman in an area, if women experienced the current age-specific abortion rates of that area throughout their childbearing ages.

Summary
The level of abortion rates remained significantly higher in Greater London and in inner city areas than in the rest of England. Some deterioration in abortion rates was noted in the most recent year but this was not statistically significant.
Mortality from coronary heart disease (Males)

**Definition**
Deaths from coronary heart disease classified by underlying cause of death (ICD10 I20-I25).

**Summary**
Coronary heart disease mortality rates continued to show significant improvement. However, there remained wide variation at LA level, and a marked difference between male and female rates.

**Main findings**

**Latest national picture**
Coronary heart disease accounted for the deaths of 95,860 persons aged over 1 year in 2002. Of these 55% were male.

**Change in national picture over time**
Annual trends in the national rates and ratios over the period 1993-2002 show significant improvements to male rates. For ages under 75 the rate fell by 43% over the entire period at an average annual improvement of 5.9%. This level of improvement was similar when looked at separately for the <65s and the 65-74s.

**Geographical differences**
In 2001-02 the directly age standardised rates for under 65s for SHAs ranged from 36 to 67 per 100,000, which was within 74% to 139% of the England average rate for males (48). 12 SHAs were significantly lower than the national average and 9 SHAs were significantly higher. For the under 75s there was a greater than threefold variation in the range of LA rates, from 47 to 168 per 100,000; 62% of LAs had rates lower than the national average, including 35% that had rates that were significantly lower.

**Gender differences**
Age standardised rates for the period 2001-02 show that in the under 75 age group, male mortality was approximately three times higher than the female (96 and 33 per 100,000 respectively). This differential was even greater in the under 65 years age group.
Mortality from coronary heart disease (Females)

**Definition**
Deaths from coronary heart disease classified by underlying cause of death (ICD10 I20-I25).

**Summary**
Coronary heart disease mortality rates continued to show significant improvement. However there remained wide variation at LA level, and a marked difference between male and female rates.

**Main findings**

**Latest national picture**
Coronary heart disease accounted for the deaths of 95,860 persons aged over 1 year in 2002. Of these 45% were female.

**Change in national picture over time**
Annual trends in the national rates and ratios over the period 1993-2002 show significant improvements to female rates. For ages under 75 the rate fell by 45% over the entire period at an average annual improvement of 6.4%. This level of improvement was similar when looked at separately for the <65s and the 65-74s.

**Geographical differences**
In 2001-02 the directly age-standardised rates for under 65s for SHAs ranged from 7.6 to 19 per 100,000 which was within 61% to 153% of the England average rate for females (13). 11 SHAs were significantly lower than the national average and 10 SHAs were significantly higher. For the under 75s there was a five-fold variation in the range of LA rates, from 12 to 61 per 100,000; 61% of LAs had rates lower than the national average, including 28% that had rates that were significantly lower.

**Gender differences**
Age standardised rates for the period 2001-02 show that in the under 75 age group, female mortality was approximately three times lower than the male (33 and 96 per 100,000 respectively).
Mortality from acute myocardial infarction (Males & Females)

**Definition**

Deaths from acute myocardial infarction (AMI) classified by underlying cause of death (ICD10 I21-I22).

**Summary**

There was a marked difference between male and female mortality caused by AMI.

**Main findings**

**Latest national picture**

In the 2 pooled years 2001-02, 12,033 persons aged 35-64 years died from AMI. Of these, 9,429 (78%) were men and 2,604 (22%) were women.

**Geographical differences**

There are similarities in the geographical pattern of mortality from AMI between males and females, illustrated by the maps opposite. These show that both men and women aged 35-64 have a greater risk of dying from a heart attack if they live in North West, North East or Yorkshire and the Humber Regions or in inner city areas.

In 2001-02 the indirectly standardised ratios in males aged 35-64 for SHAs ranged from 64 to 145. The same ratios for females ranged from 56 to 175. 7 SHAs were significantly higher than the national average for both males and females.

For persons LA SMRs varied from 0 to 208; 64% of LAs had rates lower than the national average, including 19% that had rates significantly lower. Much of the variation may be explained by the relatively small number of events at LA level (approximately 34 on average).

**Gender differences**

There was a significantly greater number of deaths from AMI among men than women with about a 57% difference nationally.
Mortality from stroke (Males)

**Definition**
Deaths from stroke classified by underlying cause of death (ICD10 I60-I69).

**Summary**
Mortality from stroke continued to show significant improvement for men. There remained wide variation at the sub-national organisational levels, particularly in the under 65s.

**Main findings**

**Latest national picture**
In 2002 55,343 persons aged over 1 year died from stroke of which 38% were male.

**Change in national picture over time**
Annual trends in the national rates and ratios over the period 1993-2002 showed significant improvements to male rates. For ages under 65 the rate fell by 25% over the entire period at an average annual improvement of 3.6%. For the 64-75s overall improvement was 31% at an average annual improvement of 4.1%. The corresponding figures for the all ages SMR were 25% and 3.4% respectively. In all three of these age groups the level of improvement was similar for males and females.

**Geographical differences**
In 2001-02 the directly age-standardised rates for under 65s for SHAs ranged from 7.1 to 13.5 per 100,000 and were more or less evenly distributed around the England average rate for males (10.2). 5 SHAs were significantly lower than the national average rate and 4 SHAs were significantly higher.

**Gender differences**
In 2001-02 the directly age-standardised rates for under 65s for SHAs ranged from 7.1 to 13.5 per 100,000 and were more or less evenly distributed around the England average rate for males (10.2). 5 SHAs were significantly lower than the national average rate and 4 SHAs were significantly higher.

For the under 65s there was very large variation in the range of LA rates, from 0 to 28 per 100,000; 58% of LAs had rates lower than the national average, including 12% that had rates that were significantly lower. LA level variation for the 65-74 age group was from 0 to 371; 54% of LAs had rates lower than the national average, including 14% that had rates significantly lower. Much of the variation may be explained by the relatively small number of events at LA level (approximately 12 on average for the under 65s and 22 for the 65-74s).

**Gender differences**
In 2001-02 age standardised rate for the under 65s age group was approximately 8.9 per 100,000. The male rate was statistically significantly higher than the female (10.2 and 7.7 respectively). In the 65-74 age group the overall rate was 164 per 100,000 persons and the male rate was again significantly higher than the female (193 and 139 respectively).
**Deaths from stroke classified by underlying cause of death (ICD10 I60-I69).**

**Summary**
Mortality from stroke continued to show significant improvements for women. There remained wide variation at the sub-national organisational levels, particularly in the under 65s.

**Main findings**

**Latest national picture**
In 2002 55,343 persons aged over 1 year died from stroke of which 62% were female.

**Change in national picture over time**
Annual trends in the national rates and ratios over the period 1993-2002 show significant improvements to female rates. For ages under 65 the rate fell by 25% over the entire period at an average annual improvement of 3.3%. For the 64-75s overall improvement was 34% at an average annual improvement of 4.4%. The corresponding figures for the all ages SMR were 20% and 2.6% respectively. In all three of these age groups the level of improvement was similar for males and females.

**Geographical differences**
In 2001-02 the directly age standardised rates for under 65s for SHAs ranged from 4.8 to 10.6 per 100,000 and their distribution was slightly skewed towards lower rates compared with the England average (7.7). There were both 3 SHAs significantly lower than the national average and 3 significantly higher.

For the under 65s there was very large variation in the range of LA rates, from 0 to 35 per 100,000; 56% of LAs had rates lower than the national average, including 12% that had rates significantly lower. LA level variation for the 65-74 age group was from 0 to 269; 54% of LAs had rates lower than the national average, including 8.8% that had rates significantly lower. Much of the variation may be explained by the relatively small number of events at LA level (approximately 9 on average for the under 65s and 18 for the 65-74s).

**Gender differences**
In 2001-02 the age standardised rate for the under 65s age group was approximately 8.9 per 100,000. The female rate was statistically significantly lower than the male (7.7 and 10.2 respectively). In the 65-74 age group the overall rate was 164 per 100,000 persons and the female rate was again significantly lower than the male (139 and 193 respectively).
Incidence of stomach cancer (Males & Females)

**Definition**
Registrations for stomach cancer (ICD10 C16).

**Summary**
There was continued significant improvement in incidence rates but large variation at the sub-national organisational levels.

**Main findings**

**Latest national picture**
Over the period 1998-00 there were 24,133 new registrations of stomach cancer, 64% of which were male and 36% female.

**Change in national picture over time**
The overall number of stomach cancer registrations fell by 1.5% between 1997-99 and 1998-00.

Annual trends over the 8 year period 1993-2000 showed a significant improvement in the standardised registration ratio (SRR). The overall person ratio fell by 17% over the whole period at an average annual improvement of 2.7%.

**Geographical differences**
Indirectly standardised registration ratios in 1998-00 showed a similar SHA distribution pattern both for males and females and ranged from 69 to 138 and from 68 to 150 respectively.

The LA level SRR ranged from 0 to 187 with 62% of LAs having values below the national average, including 20% with values significantly lower.

**Gender differences**
The male and female ratios fell by 17% and 18% respectively over the entire period 1993-2000. Female average annual improvement was greater than that for males (3.2% and 2.5% respectively).
Main findings

Latest national picture
Over the period 1998-00 there were 94,689 new registrations of lung cancer, of which 62% were male.

In 2002 there were 27,082 deaths from lung cancer of which 61% were male.

In the pooled period 2001-02 the directly standardised mortality rate for males under 75 was 37 per 100,000.

Change in national picture over time
The overall number of lung cancer registrations rose in 1998-00 by less than 0.3% compared to 1997-99. Male registrations fell by 0.9%.

Annual trends in incidence over the 8 year period 1993-2000 showed a significant improvement in the male standardised registration ratio (SRR), with a decrease of 19% over the entire period and an average annual improvement of 3.1%.

Annual trends in mortality over the same period showed that the male all age SMR improved significantly (by 26% over the period, at an annual average of 3.5%).

Geographical differences
SHA indirectly standardised registration ratios (SRRs) in 1998-00 (all ages) ranged from 79 to 146 and directly age standardised mortality rates for 2001-02 (under 75s) from 27 to 57 per 100,000. For SRR, 12 SHAs were significantly lower than the national average and 10 significantly higher. For mortality rates, 11 SHAs were significantly lower than the national average and 8 significantly higher.

For males the LA level SRR for 1998-00 (all ages) ranged from 29 to 172 with 33% of values significantly lower. In the pooled period 2001-02 the LA level SMRs for all ages were significantly lower than the national average for 23% of LAs.

Gender differences
There was a 2.1% average annual decrease in the number of registrations for males over the period 1993-2000 as compared to females which showed 0.9% annual increase.

The male directly standardised mortality rate in 2001-02 (pooled) was nearly double the female rate and statistically significantly different (37 and 21 per 100,000 respectively).
Incidence of and mortality from lung cancer (Females)

Definition
Registrations for and deaths from lung cancer (ICD10 C33-C34).

Summary
All age female mortality rates continued unchanged but incidence ratios deteriorated. Female under 75 years mortality improved slightly.

Main findings
Latest national picture
Over the period 1998-00 there were 94,689 new registrations of lung cancer, of which 38% were female.

In 2002 there were 27,082 deaths from lung cancer of which 39% were female.

In the pooled period 2001-02 the directly standardised mortality rate for females under 75 was 21 per 100,000.

Change in national picture over time
The overall number of lung cancer registrations rose in 1998-00 by 0.3% compared to 1997-99. Female registrations rose by 2.4%.

Annual trends over the 8 year period 1993-2000 showed a female standardised registration ratio (SRR) for all ages that deteriorated by a statistically significant 4.8%.

Annual trends over the period 1993-2002 showed no significant change in the female standardised mortality ratio for all ages.

Geographical differences
SHA indirectly standardised registration ratios (SRRs) in 1998-00 (all ages) ranged from 73 to 157 and directly age standardised mortality rates for 2001-02 (under 75s) ranged from 14 to 34 per 100,000. Both were more or less evenly distributed around the England value.

For the LA level SRR for 1998-00 (all ages) ranged from 24 to 217 with 31% of values significantly lower. In the pooled period 2001-02 the LA level SMRs for all ages were significantly lower than the national average for 19% of LAs.

Gender differences
There was a 0.9% average annual increase in the number of registrations for females over the period 1993-2000 as compared to males which showed 2.1% annual decrease.

The female directly standardised mortality rate in 2001-02 (pooled) was nearly half the male rate and statistically significantly different (21 and 37 per 100,000 respectively).

Within the under 75 age group there was some significant improvement in the female mortality rate from 1993 to 2002 but at a level around one third of that of the male rate (average annual improvement of 1.3% and 3.9% respectively).

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<tr>
<th>SHA Region</th>
<th>SRR (Number of SHAs)</th>
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<td>80 - 79</td>
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<td>London</td>
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<td>County Durham &amp; Tees Valley</td>
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<td>Northumberland, Tyne &amp; Wear</td>
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Incidence of and mortality from malignant melanoma

**Definition**

Registrations for and deaths from malignant melanoma (ICD10 C43).

**Summary**

Male registration and mortality rates continued to worsen significantly. There was also some deterioration in the incidence of malignant melanoma among females.

**Main findings**

**Latest national picture**

In 1998-00 there were 16,165 new registrations of malignant melanoma, of which 43% were male. The age-standardised rate for all ages was 9.7 per 100,000.

In 2002 1,379 persons died from malignant melanoma of which 53% were male and 47% female.

**Change in national picture over time**

The registration rate in 1998-00 rose by 6.3% compared to 1997-99.

Annual trends in incidence over the 8 year period 1993-2000 showed a significant deterioration in the male directly standardised registration rate, with an increase of 29% over the entire period and an average annual increase of 3.6%. The female rates also deteriorated by a statistically significant 14% over the period and an average 1.5% per year.

Annual trends in mortality over the period 1993-2002, showed that the male all ages standardised mortality ratio (SMR) deteriorated significantly (by 10% over the period, at an annual average of 1.5%) whereas the female SMR improved slightly (by 6.1% over the period) but not statistically significantly.

**Geographical differences**

SHA directly age standardised registration rates in 1998-00 for persons ranged from 5 to 15 per 100,000 with 10 SHAs above the England rate (9.7). 6 SHAs were significantly higher than the national average rate for both men and women.

The indirectly age-standardised mortality ratios (SMRs) for SHAs ranged from 69 to 131.

The LA level directly standardised registration rates for 1998-00 were significantly lower than the national average for 17% of LAs. In the pooled period 2001-02 the LA level SMRs were significantly lower than the national average for 2% of LAs.

It is worth noting that both incidence rates and mortality ratios were higher in the south than in the north.

**Gender differences**

The directly age standardised registration rates for all ages in 1998-00 for females were significantly higher than for males at 11 and 9 per 100,000 respectively.
**Incidence of breast cancer**

**Definition**
Registrations for breast cancer (ICD10 C50).

**Summary**
Registration rates continued to rise.

**Main findings**

**Latest national picture**
In 1998-00 there were 102,569 new registrations of cancer of the female breast, a rise of 1.8% compared to 1997-99.

**Change in national picture over time**
Annual trends over the 8 year period 1993-2000 showed a significant deterioration in the all age standardised registration ratio (SRR), with an increase of 11% over the entire period and an average annual increase of 1.8%.

**Geographical differences**
The indirectly standardised registration ratios (SRRs) for all ages in 1998-00 for SHAs ranged from approximately 91 to 120 per 100,000. 10 SHAs were significantly lower than the national ratio and 7 SHAs were significantly higher.

The LA level standardised registration ratios for all ages ranged from 64 to 188 per 100,000. 49% of LAs had a ratio below the national average, including 11% with values significantly lower.

It is worth noting that incidence ratios on the whole were higher in the south than in the north.
In 1998-00 there were 7,726 new registrations of cervical cancer, a fall of 2.5% compared to 1997-99.

Change in national picture over time
In the same period the directly standardised registration rate for all ages was 9.1 per 100,000, a figure 3.3% lower than that for 1997-99.

Annual trends over the 8 year period 1993-2000 showed a significant improvement in the all age directly standardised registration rate, with a decrease of 26% over the entire period and an average annual decrease of 3.7%.

Geographical differences
The directly standardised registration rates in 1998-00 for all ages for SHAs ranged from 6.0 to 12.5 and were evenly distributed around the England average rate (9.1). 8 SHAs were significantly lower than the national average rate and 7 SHAs were significantly higher.

The LA level directly standardised registration rates for all ages ranged from 0 to 34 per 100,000. Rates were lower than the national average for 58% of LAs, including 13% with values significantly lower.
### Main findings

**Latest national picture**

There were a total of 213,685 (328 per 100,000) serious accidental injury admissions to hospital in England for persons of all age groups in the financial year 2002/03, of which 40% were males; for ages 15-64 years there were 72,547 admissions, of which 62% were male.

**Change in national picture over time**

In the financial year 2002/03 there was a statistically significant 2.4% increase in the all ages rate of admissions for men and 6.1% for women compared with the corresponding figures in 2001/02.

**Geographical differences**

In 2002/03 SHA directly age standardised rates for all ages ranged from 273 to 399 per 100,000 for males and from 259 to 373 for females. This was within 84% to 123% of the England average rate for males (325) and within 83% to 120% for females (313). There was a large variation in the distribution of data at the sub-national organisational levels for the elderly age groups.

In 2002/03 for males and females of all ages, rates were significantly lower than national averages in 22% and 21% of LAs respectively. The rates for persons aged <5, 5-14 and 15-64 were significantly lower in 15%, 18% and 20% of LAs respectively. The corresponding rates for persons significantly higher in LAs were 2.5%, 4.8% and 19%.

**Age differences**

In 2002/03 the rates for persons increased significantly across almost all age groups, with the exception of those for 5-14 years. The highest increase was among the elderly (aged 65 and over).
Main findings

Latest national picture
In 2002 9,848 persons died from accidents, of which 57% were male and 43% female. In the pooled period 2001-02 the overall directly age standardised rate for all ages was 16 per 100,000.

Change in national picture over time
Annual trends over the period 1993-2002 showed significant improvement in the rates, for the age group aged under 15 years and for females aged between 15-24. There was a significant deterioration for both males and females aged 65 and over.

Geographical differences
SHA directly age standardised rates ranged from 14 to 27 per 100,000 for males of all ages and 6.9 to 13 for females and were evenly distributed around the England averages for both males (22) and females (10).

There was large variation at LA level. In the pooled period 2001-02 LA level directly standardised rates for persons of all ages ranged from 6 to 30 per 100,000; 12% of LAs had rates significantly lower than the national average. For the 15-64 age group rates varied from 0 to 44 per 100,000 with 12% significantly lower than national average. For the over 65s rates varied from 0 to 170 per 100,000 with 18% of LAs significantly below the national average. Numbers were too small to comment on the LA level variation for other age groups.

Gender differences
Males had higher rates than females in all age groups, Male rates in the 15-24 and 15-64 age groups rates were more than three times higher than the female rates. For all ages the male rate was double the female (22 and 10 per 100,000 respectively).

Age differences
In the pooled period 2001-02 accident mortality rates were highest in the over 85 age group.
**Main findings**

**Latest national picture**
The all age directly age standardised rates for males and females in the financial year 2001/02 were similar at 28 and 29 episodes per 100,000 respectively.

**Change in national picture over time**
The rate for persons increased significantly by 8.3% when compared with the figure for the previous year (9.9% among females and 6.8% among males).

**Geographical differences**
In 2001/02 the SHA directly age standardised rates for all ages ranged from 16 to 40 per 100,000 for males and from 17 to 44 for females. More than half of SHAs had rates lower than the England average for males and about two thirds for females.

Among males and females of all ages, rates were significantly lower than the national averages in 27% and 29% of LAs respectively. The corresponding percent of LAs with rates significantly higher than the national average were 11% for males and 12% for females.

* The rates for FY 2001/02 were re-calculated using revised 2001 population estimates compared with the figures for the same year published in the previous National Commentary.
**Main findings**

*The rates for FY 2001/02 were re-calculated using revised 2001 population estimates compared with the figures for the same year published in the previous National Commentary.*

**Definition**

Hospital episodes of fracture of femur.

**Summary**

There was a significant deterioration in admission rates for males and females in the most recent year.

**Latest national picture**

In financial year 2001/02 the directly standardised hospital episode rate for ages 65 and over was 402 per 100,000 for males and 829 for females.

**Change in national picture over time**

In 2001/02 there was a significant increase of 2.4% in the rate for persons. Both male and female rates increased significantly by 3.5% and 2.1% respectively when compared with the figures for the previous year.

**Geographical differences**

In 2001/02 the SHA directly age standardised rates for ages 65 and over ranged from 291 to 542 per 100,000 for males and from 562 to 1005 for females and were evenly distributed around the England averages both for males and females.

Among males and females rates were significantly lower than the national averages in 16% and 19% of LAs respectively. The corresponding percent of LAs with rates significantly higher than the national average were 9% for males and 17% for females.

There was a wide distribution in the LA rates. The range for persons was 148 to 1245, females 194 to 1539 and males 0 to 1051.

**Gender differences**

The number of hospital episodes for females was more than twice as high as for males and the corresponding directly standardised rates were statistically significantly different.
Definition

Hospital procedures for primary hip replacement.

Summary

Females aged over 65 continued to have rates of hospital procedures for primary hip replacement that were significantly higher than those among males of the same age group. There is also an indication that the sex gap might be widening, possibly related to the fact that osteoporosis affects women to a greater extent than men.

Main findings *

Latest national picture

In financial year 2001/02 the directly standardised rates for primary hip replacement procedures for persons under 65 age group were 29 per 100,000 and for 65 and over, 338.

Change in national picture over time

Rates increased between the previous and latest year in both males and females aged under 65 years (4.3% and 2.1% respectively) but neither increase was statistically significant.

Among persons aged 65 and over, there was a significant increase of 3.4% in rates due to a significant increase of 4.6% in the rates for females. In men of the same age group, rates increased only by a non-significant 2.0%.

Geographical differences

In 2001/02 the SHA directly age-standardised rates for the 65 and over age group ranged from 135 to 349 per 100,000 for males and from 247 to 530 for females and were more or less evenly distributed around the England average rates both for males and females.

Among males and females aged under 65 years, rates were significantly lower than the national averages in 12% and 11% of LAs respectively. The rates for males and females were significantly higher than the national averages in 5.1% and 4.8% of LAs respectively.

For males and females aged 65 years and over, rates were significantly lower than the national averages in 13% and 14% of LAs respectively. The rate for males and females were significantly higher than the national averages in 6.2% and 11% of LAs respectively.

Gender and age differences

In both age groups (under 65 and 65 years and over), the directly standardised rates for females were significantly higher than those for males.

Among the under 65 age group, there were 27 procedures per 100,000 males compared with 31 per 100,000 females.

In the 65 and over age group, there were approximately 388 procedures per 100,000 females compared with 275 per 100,000 males.

* The rates for FY 2001/02 were re-calculated using revised 2001 population estimates compared with the figures for the same year published in the previous National Commentary.
Annex 1:  Additional observations on indicators not covered by the summary charts

General Health

- Mortality from potentially avoidable causes
  Deaths from the following causes, classified by underlying cause of death: hypertensive and cerebrovascular disease, (ages 35-64), malignant neoplasm of cervix uteri, (ages 15-64), asthma, (ages 5-44), tuberculosis, (ages 6-64), chronic rheumatic heart disease, (ages 5-44), combined score for appendicitis, abdominal hernia, cholelithiasis and cholecystitis, (ages 5-64), Hodgkin’s disease, (ages 5-64), malignant neoplasm of female breast, (ages 50-64).
  - In 2001-02 15,475 persons died from potentially avoidable causes. Of these, 66% were women.
  - Local Authority (LA) age standardised ratios for persons of all ages showed a large variation ranging from 0 to 173. Of the LAs, 57% had a ratio lower than the national average, including 7.3% that had a ratio significantly lower.
  Special message: These causes and ages bands were selected to reflect deaths which are considered potentially avoidable through timely and appropriate health care. Large variation at LA level reflected the relatively few events involved.

- Life expectancy
  Estimated number of years of life expectancy at birth.
  - Between the periods 2000-02 and 2001-03 male life expectancy improved from 76.0 to 76.2 years.
  - Over the same period female life expectancy remained the same at 80.7 years.
  - In 2001-03 the difference between the worst and best LA life expectancies was 8.3 years for males and 7.2 years for females.
  Special message: Life expectancy continued to improve but large geographical variations persisted.

Infant and Child Health

- Incidence of measles
  Notifications of measles.
  - There were 3,049 notifications of measles (a statutorily notifiable disease) for all ages in England, in 2002.
  - The four year (1999-02) directly standardised incidence rates per 100,000 were 109 and 27 for the under 1 and the under 15 year olds respectively.
  - A comparison of four year pooled data for 1998-01 and 1999-02 showed a small overall drop in the incidence of measles of 1.3% for the under 1s, and 3.2% for the under 15s. However, it should be interpreted with caution as the comparisons are based on overlapping time periods and the completeness of notifications may vary from year to year.
  - There has been a steady decrease in the reported incidence of measles in England between 1997 and 2001 with a notable increase in 2002.
  - 34% and 47% of LAs were significantly below the England rate for the under 1 and under 15 age groups respectively compared with 9.3% and 18% significantly above the national average.
  Special message: There has been a significant increase in the incidence of measles at the national level in the last year of the reported period (but see caution above).

- Incidence of whooping cough
  Notifications of whooping cough.
  - There were 858 notifications of whooping cough (a statutorily notifiable disease) for all ages in England, in 2002.
  - The four year (1998-02) directly age standardised incidence rates per 100,000 were 45 and 8.8 for the under 1 and the under 15 year olds respectively.
  - A comparison of four year pooled data for 1998-01 and 1999-02 rates showed a noticeable overall drop in the incidence of whooping cough by 10% for the under 1s, and 15% for the under 15s. However, it should be interpreted with caution as the comparisons are based on overlapping time periods and the completeness of notifications may vary from year to year.
  - There has been a steady decrease in the reported incidence of whooping cough in England between 1997 and 2001 with a slight increase in 2002.
• 29% of LAs were significantly below the England rate for both age groups compared with 3.4% and 9.3% significantly above the national average for the under 1 and under 15 age groups respectively.

**Special message:** The reported incidence of whooping cough at the national level remained stable with only slight increase in the last year of the reported period (but see caution above).

- **Incidence of all central nervous system anomalies**
  
  *Notifications of live and stillborn babies with central nervous system anomalies.*

  - There were 341 notifications of babies born with central nervous system anomalies in England, in 2002.
  - Single and three year (2000-02) pooled crude rates were 6.0 and 5.9 per 10,000 respectively.
  - A comparison of current and previous annual figures showed an increase by 20% in the incidence of central nervous system anomalies between 2001 and 2002. For pooled years 1999-01 and 2000-02 this increase was 18%.
  - The central nervous system anomalies rates showed an overall upward trend since 1997.

  **Special message:** An increase in the incidence of central nervous system anomalies in live and stillborn babies continued in the recent year.

- **Incidence of anencephalus**
  
  *Notifications of live and stillborn babies with anencephalus.*

  - There were 29 notifications of babies born with anencephalus in England, in 2002.
  - The annual (2002) and three year (2000-02) pooled rates were the same, 0.5 per 10,000 live and stillborn babies.
  - A comparison of figures for the current and previous period indicated no significant change.
  - The trend in the incidence of anencephalus remained unchanged over the last five years.

  **Special message:** There has been no significant change in the rather low incidence of anencephalus in live and stillborn babies.

- **Incidence of spina bifida**
  
  *Notifications of live and stillborn babies with spina bifida.*

  - The number of notified babies born with spina bifida in England, in 2002 was 65.
  - The annual rate of 1.1 per 10,000 live and stillborn babies was the same as the three year rate.
  - A comparison of figures for the current and previous annual period showed an increase by 22% in the incidence of spina bifida. However, this was not statistically significant.
  - The trend in the incidence of spina bifida had been largely unchanged over the six year period except in 2000 when there was a significant increase.

  **Special message:** The has been no significant change in the incidence of spina bifida.

- **Incidence of cleft palate and/or cleft lip**
  
  *Notifications of live and stillborn babies with cleft palate and/or cleft lip.*

  - The number of notified babies born with a cleft palate and/or cleft lip in England, in 2002 was 518.
  - The annual rate (9.1 per 10,000 live and stillborn babies) was lower than the three year rate (9.4).
  - A comparison of the current and previous data year showed a small increase of 1.1% in the incidence of cleft palate and/or cleft lip.
  - There has been little change in the incidence of cleft palate and/or cleft lip over the six years with a tendency to fluctuate in the last three years.

  **Special message:** The incidence of cleft palate and/or cleft lip has remained much the same with a very small increase in absolute numbers and rates.

- **Stillbirths**
  
  *Stillbirths, defined as foetal deaths occurring after 24 weeks gestation.*

  - There were 3,201 stillbirths in England, in 2002 which was 5.6 foetal deaths per 1,000 total births (live plus still births).
  - A comparison of current and previous figures showed an increase in the absolute number of stillbirths nationally. The annual and three year pooled rates also increased by 5.7% and 1.9% respectively.
  - There had been a continual decrease in the number of stillbirths over the previous five years. This trend was reversed by an increase in the last reported year.
  - 5.4% of LAs had stillbirth three year pooled rates significantly lower than the England rate compared with 5.1% significantly higher than the national average.

  **Special message:** There has been an increase in the number of stillbirths which was reflected in slightly higher annual and three year rates.

- **Perinatal mortality**
  
  *Stillbirths and deaths of infants at ages under 7 days.*
• There were 4,758 perinatal deaths in England in 2002 which was 8.4 perinatal deaths per 1,000 total births.
• A comparison of current and previous annual figures showed an increase of 5% of perinatal deaths.
• There had been a continual annual decrease in the number of perinatal deaths over the previous five consecutive years until the last reported year when both the absolute number and rates rose.
• 8.8% of LAs had perinatal three year pooled death rates significantly lower than the England rate compared with 7.6% significantly higher than the national average.

Special message: There has been an increase in the number of perinatal deaths which also had an impact on slightly increased annual and three year rates.

Postneonatal mortality
Deaths of infants at ages 28 days to 1 year.

• There were 968 postneonatal deaths in England in 2002 which was 1.7 deaths per 1,000 live births.
• A comparison of current and previous annual figures showed a drop in the number of postneonatal deaths by 65 deaths which was a 5.6% decrease.
• Over the last five years, postneonatal mortality rates fluctuated between 2 and 1.7 deaths per 1,000 live births.
• 6.5% of LAs had postneonatal three year pooled death rates significantly lower than the England rate compared with 4.2% significantly higher than the national average.

Special message: There has been some, but not statistically significant, decrease in postneonatal mortality in the most recent year of the reported period.

Percentage of orchidopexies at ages 5-14
The proportion of all orchidopexis on boys aged 0-14 that are performed on boys aged 5-14. The main concern here is late surgery. Surgery should ideally take place before 5 years of age, to avoid potential long-term adverse consequences such as infertility and cancer.

• In FY 2001/02 a total of 5,264 orchidopexies were carried out, and 44% of these were in boys aged 5-14 years. The rate amongst 5-14 year olds was 7.1 compared with 7.7 per 10,000 in FY2000/01. There has been a 24% reduction in total orchidopexies since 1996/7.
• The latest figure for orchidopexies in boys aged 5-14 represented a statistically significant reduction of 6.4% on the previous year and a cumulative reduction of about 25% on the proportion for FY1996/7. The average annual rate of decrease over the six-year period was 5.5%.
• The LA proportions were equally distributed around the national average, with 4.5% of LAs having proportions of orchidopexy at ages 5-14 significantly lower than the national average.

Special message: The recent annual fall in percentage of orchidopexy for those aged 5-14 was slightly greater than the average in the last five years of the reported period.

Note: The rates for FY 2001/02 were re-calculated using revised 2001 population estimates compared with the figures for the same year published in the previous National Commentary.

Pregnancy

Fertility
The general fertility rate is the number of live births per 1,000 women aged 15-44.

The total period fertility rate is the average number of live births that would occur per woman in an area, if women experienced the current age-specific fertility rates of that area throughout their childbearing ages.

• In 2002 the annual rate of live births per 1,000 women aged 15-44 was 54.8 in England and the total period fertility rate was 1.65.
• A comparison of current and previous annual figures showed a slight decrease by 0.2% in the general fertility rate and a 0.6% increase in the total period fertility rate.
• Over the previous five years, there has been a continual decrease in both the general fertility and total period fertility rates with only marginal change in the latest reported year.
• The general fertility rate and the total period fertility rate were significantly lower than the national averages in 36% and 21% of LAs respectively and significantly higher in 18% and 26% of LAs.

Special message: Fertility in women in England has shown a continuing decline, with the rate of decline slowing in the most recent year.

Abortions by gestation age
Percent of abortions after 12 weeks.

• In 2002 about 13% of abortions in England were performed after 12 weeks of gestation. This represented an increase of 4.1% compared with the previous year.
There has been an increase in late termination of pregnancies for the third year in a row which was in line with the new upward trend.

**Special message:** Late abortions increased for another consecutive year.

- **Abortions performed in the NHS**
  - In 2002 about 78% of abortions in England were performed by the NHS and NHS agencies.
  - There was an increase of 2.4% in the proportion of abortions performed in the NHS compared to the previous year.
  
  **Special message:** There has been a further increase in the proportion of abortions performed in the NHS.

- **Abortion rate and fertility**
  - The total period abortion rate (TPAR) expressed as a percent of the total period fertility rate (TPFR) was 23.7% in England in 2002.
  - TPAR as percent of TPFR decreased by a statistically significant 0.8% compared to the previous years.
  
  **Special message:** There has been some improvement in relative terms between abortion and fertility.

- **Maternal mortality**
  
  **Maternal deaths, classified by underlying cause of death.**
  - There were 80 maternal deaths in England in the two-year pooled period (2001-02) and the directly standardised rate was 0.38 per 100,000 women aged 15-44. For women under 20 there were only 6 deaths in the same period.
  
  **Special message:** No discernible change.

### All Circulatory Diseases

- **Mortality from all circulatory diseases**
  
  **Deaths from all circulatory diseases classified by underlying cause of death.**
  - In 2002 there were 195,661 deaths from circulatory diseases (aged over 1 year).
  - For the pooled years (2001-02) the age standardised rate for persons of all ages was 248 per 100,000. The 'Our Healthier Nation' indicator rate of deaths in the under 75s was 105 per 100,000. The male rate was significantly higher than the female rate for all of the age groups presented (all ages, <65, <75 and 65-74).
  - For persons of all ages there was a nearly threefold variation in the range of LA rates, from 113 to 326 per 100,000; 57% of LAs had rates lower than the national average, including 36% that had rates that were significantly lower. For males under 75 LA rates ranged from 65 to 254; 60% of LAs had rates lower than the national average, including 36% that had rates significantly lower. For females under 75 LA rates ranged from 0 to 112; 60% of LAs had rates lower than the national average, including 31% that had rates significantly lower.
  - Annual trends in the national age standardised rates and ratios show that over the period 1993-2002 mortality from circulatory diseases fell significantly. The level of improvement was similar for both males and females and for each of the age groups presented (all ages, <65, <75, 65-74) with total improvements ranging from 27%-39% and average annual percentage changes of the order of 3.4%-5.3%.
  
  **Special message:** Continued significant improvement but threefold variation in LA level rates.

### Chronic Rheumatic Heart Disease

- **Mortality from chronic rheumatic heart disease**
  
  **Deaths from chronic rheumatic heart disease classified by underlying cause of death.**
  - This is a rare cause of death within the reported age band of 5-44 years with only 33 observed cases in the 2 pooled years 2001-02 in the whole of England. This corresponded to an age standardised rate of approximately 0.1 per 100,000 population.
  - There was no discernible difference between the male and female rate.
  - Numbers were too small at LA level to comment.
  
  **Special message:** Numbers were too small to discern any improvement.
Hypertensive Disease

Mortality from hypertensive disease

Deaths from hypertensive disease classified by underlying cause of death.

- 3,161 persons aged over 1 year died from hypertensive disease in 2002 of which 57% were female.
- For the pooled period 2001-02 LA SMRs varied from 0 to 303. However, much of this variation could be explained by the small number of events involved, an average of less than 18 deaths per LA; SMRs were lower than the national average for 62% of LAs, including 10% of LAs with values significantly lower.
- Annual national SMRs for the period 1993-2002 show no discernible trend for males. For females there has been a small but statistically significant deterioration at an annual average of 1.4%.

Special message: Some evidence of deterioration in female rates.

Coronary Heart Disease

Mortality from ischaemic heart disease other than AMI

Deaths in ischaemic heart disease (IHD) other than myocardial infarction (AMI) classified by underlying cause of death.

- In the two pooled years 2001-02 13,519 persons aged 35-64 years died from IHD other than AMI. 10,799 of these were men (80%).
- LA SMRs varied considerably from 0 to 221; 61% of LAs had rates lower than the national average, including 18% that had rates significantly lower. Much of the variation may be explained by the relatively small number of events at LA level (approximately 38 on average).

Special message: There was a marked differential between male and female mortality rates.

All Cancers

Mortality from all cancers

Deaths from all malignant neoplasms, classified by underlying cause of death.

- There were 128,371 deaths from all cancers of persons aged over 1 year in 2002 of which 52% were males.
- For the pooled period 2001-02 the age standardised rate for persons of all ages was 187 per 100,000. The male rate was significantly higher than the female at 228 and 160 respectively. This sex differential was not obvious in the under 65s where rates were 75 and 69 for males and females respectively but became apparent in the 65-74 age group where rates were 985 and 655 respectively. The ‘Our Healthier Nation’ target indicator mortality rate in the under 75s was 141 per 100,000 for males and 112 for females.
- At LA level the overall age standardised rate for persons of all ages ranged from 113 to 249 per 100,000; 61% of LAs had rates lower than the national average, including 30% that had rates that are significantly lower. For males under 75 LA rates ranged from 86 to 212; 62% of LAs had rates lower than the national average, including 25% that had rates significantly lower. For females under 75 LA rates ranged from 34 to 151; 58% of LAs had rates lower than the national average, including 12% that had rates significantly lower.
- Annual trends in the national rates and ratios over the period 1993-2002 showed significant improvements to both male and females rates. The all age rate for persons had improved by 13% over the entire period at an annual average of 1.6%. The corresponding figures for the under 75 rate were 17% and 2.1% respectively.

Special message: Continued significant improvement but twofold variation in LA level rates. Male rates were significantly higher than female in each age group.

Colorectal Cancer

Colorectal cancer incidence and mortality

Cancer registrations for colorectal cancer; deaths from colorectal cancer, classified by underlying cause of death.

- Over the period 1998-00 there were 89,798 new registrations of colorectal cancer, of which 53% were male.
- In 2002 there were 13,626 deaths among people aged over 1 year from colorectal cancer, of which 53% were male.
• In 1998-00 the LA level standardised registration ratio for colorectal cancer ranged from 58 to 137 with 49% of LAs having values below the national average, including 11% with values significantly lower.
• In the pooled period 2001-02 the LA level standardised mortality ratio for colorectal cancer ranged from 27 to 167. Values were lower than the national average for 54% of LAs, including 3.7% with values significantly lower.
• Annual trends over the 8 year period 1993-2000 showed a statistically significant deterioration in the standardised registration by 2.3% over the entire period. The male rate increased at an average of 1.0% per year and the female at a not statistically significant 0.4%.
• Annual trends over the period 1993-2002, however, showed a significant improvement in the standardised mortality ratio for colorectal cancer. This fell by 18% over the entire period at an average annual improvement of 2.4%. Male and female ratios showed similar levels of improvement.

Special message: Registration rates continued to rise slightly but mortality rates continued to show significant improvement.

Prostate Cancer

➢ Prostate cancer incidence and mortality
*Cancer registrations for prostate cancer; deaths from prostate cancer, classified by underlying cause of death.*

• In 1998-00 there were 64,898 new registrations of prostate cancer, a rise of 10% on the period 1997-99.
• In 2002 8,471 males aged over 1 year died from prostate cancer.
• In 1998-00 LA level standardised registration ratios for all ages ranged from 46 to 161. Ratios were lower than the national average for 49% of LAs, including 19% with values significantly lower.
• In the pooled period 2001-02 the LA level SMR for all ages ranged from 0 to 155. Values were below the national average for 52% of LAs, including significantly low for 1.4%.
• Annual trends over the 8 year period 1993-1999 showed a significant deterioration in the all age indirectly standardised registration ratio by 32% over the entire period at an annual average of 2.8%.
• Annual trends over the period 1993-2002, showed that the all age SMR improved significantly by 13% over the period, at an annual average of 1.9%.

Special message: Continued significant deterioration in incidence. Continued significant improvement in mortality.

Bladder Cancer

➢ Bladder cancer incidence and mortality
*Cancer registrations for bladder cancer; deaths from bladder cancer, classified by underlying cause of death.*

• In 1998-00 there were 30,228 new registrations of bladder cancer, of which 71% were male.
• In 2002 4,158 persons aged over 1 year died from bladder cancer of which 66% were male.
• In 1998-00 LA level standardised registration ratios for all ages ranged from 46 to 161. Ratios were lower than the national average for 52%, including 16% with values significantly lower.
• In the pooled period 2001-02 the LA level SMR for all ages ranged from 0 to 207. Values were below the national average for 51% of LAs, including significantly low for 3.1%. Much of the variation may be explained by the relatively small number of events at LA level (approximately 24 on average).
• Annual trends over the 8 year period 1993-2000 showed a significant improvement in the all age indirectly standardised registration ratio, with 27% improvement over the entire period and an average annual improvement of 3.4%. Male and female improvement over the period was 28% and 24% respectively and both were statistically significant.
• Annual trends over the period 1993-2002, showed that the all age SMR improved significantly by 17% over the period, at an annual average of 2.3%. Male and female improvement over the entire period was 21% and 9.5% respectively and both were statistically significant.

Special message: Continued significant improvement in both registration and mortality rates. Large variation in registration rates at LA level.

Hodgkin’s Disease

➢ Mortality from Hodgkin’s Disease
*Deaths from Hodgkin’s Disease, classified by underlying cause of death.*

• There were 238 deaths from Hodgkin’s Disease in 2002 for persons aged over 1 year, of which 58% were male.
• In the pooled period 2001-02 the age standardised rate for the 5-64 age group was 0.3 per 100,000.
• Numbers were too small to comment on variation at LA level.
• Annual trends over the period 1993-2002, showed that the all age SMR improved significantly by 32% over the period, at an annual average of 4.3%. Both male and female rates showed similar significant levels of improvement.

Special message: Continued significant improvement.

Leukaemia

➤ Mortality from Leukaemia

Deaths from leukaemia, classified by underlying cause of death.

• In 2002 there were 3,643 deaths from leukaemia for persons aged over 1 year of which 54% were male.
• In the pooled period 2001-02 LA level SMRs ranged from 0 to 536; 53% of LAs had ratios lower than the national average, including 2% that were significantly lower. Much of the variation could be explained by the relatively small number of events at LA level (approximately 20 on average).
• Annual trends over the period 1993-2002, showed that the all age SMR improved by 3.9% over the period, at an annual average of 0.4%. The male SMR improved by 7.1%, at an annual average of 0.7% but for the females it remained unchanged.

Special message: Some continued improvement for males.

Accidents

➤ Mortality from accidental falls

Deaths from accidental falls, classified by underlying cause of death.

• In 2002 there were 2,316 deaths for persons aged over 1 year from accidental falls, of which 51% were male.
• In the pooled period 2001-02 LA level SMRs for all ages ranged from 0 to 469; 64% of LAs had a ratio lower than the national average, including 12% that were significantly lower. Much of the variation may be explained by the relatively small number of events at LA level (approximately 13 on average).
• Annual trends over the period 1993-2002 showed a significant deterioration in the mortality by 21% over the entire period at an annual average of 3.2%.

Special message: Continued significant deterioration. Large variation at LA level.

➤ Mortality from skull fracture and intracranial injury

Deaths from fracture of the skull and intracranial injury, classified by nature of injuries.

• In the pooled period 2001-02 the directly age standardised death rate in ages over one year was 2.7 per 100,000. Male rates were significantly higher than female at 4.0 and 1.6 respectively. In the 1-14 age group male rates were more than double the female at 0.7 and 0.3 respectively and in the 15-24 age group male rates were five times higher (3.6 and 0.7 per 100,000 respectively).
• Numbers were too small to comment on variation at LA level.

Special message: Male rates were statistically significantly higher than female, with the exception of the 1-14 age group.

➤ Mortality from land transport accidents

Deaths from land transport accidents, classified by underlying cause of death.

• In 2002 there were 2,939 deaths for persons aged over 1 year from land transport accidents of which 76% were male.
• In the pooled period 2001-02 LA level SMRs for all ages ranged from 0 to 281; 53% of LAs had a ratio lower than the national average, including 5.9% that were significantly lower. Much of the variation may be explained by the relatively small number of events at LA level (approximately 16 on average).
• Annual trends over the period 1996-2002 showed a significant improvement by 5.8% over the entire period at an average annual improvement of 1.7%. The male rate did not change over the period. The female rate improved by a significant 20% at an average annual improvement of 3.7%.

Special message: Continued improvement in the female rate.

Asthma

➤ Mortality from asthma

Deaths from asthma, classified by underlying cause of death.

• In 2002 1,194 persons aged over 1 year died from asthma, of which 64% were female.
• In the pooled period 2001-02 the directly standardised rate for the age group 5-44 was 0.55 per 100,000. The rates were similar for males and females at 0.56 and 0.53 per 100,000 respectively.
• Numbers were too small to comment on LA level variation (average 7 per LA for all ages).
Annual trends for all ages over the period 1993-2001 showed a significant improvement by 32% over the entire period at an average annual improvement of 3.8%. Both male and female rates improved significantly over the entire period, by 37% and 30% respectively.

**Special message:** Continued significant improvement.

### Chronic Liver Disease

- **Mortality from chronic liver disease, including cirrhosis**
  
  _Deaths from chronic liver disease including cirrhosis, classified by underlying cause of death._
  
  - In 2002 5,034 persons aged over 1 year died from chronic liver disease, of which 63% were male.
  - In the pooled period 2001-02 LA level SMRs for all ages ranged from 16 to 283. Ratios were lower than the national average for 62% of LAs, including 16% with values significantly lower. Much of the variation may be explained by the relatively small number of events at LA level (approximately 28 on average).
  - Annual trends over the period 1993-2002 showed a significant deterioration in the all age SMR by 68% over the entire period at an annual average of 5.9%. Both male and female rates deteriorated significantly over the entire period, by 85% and 46% respectively.
  
  **Special message:** Continued large and significant deterioration, the worst for any of the mortality causes considered.

### Pneumonia

- **Mortality from pneumonia**
  
  _Deaths from pneumonia, classified by underlying cause of death._
  
  - In 2002 there were 30,884 deaths for persons aged over 1 year from pneumonia of which 62% were female.
  - In the pooled period 2001-02 LA level SMRs for all ages ranged from 32 to 171. Ratios were lower than the national average for 58% of LAs, including 25% with values significantly lower.
  - Annual trends over the period 1993-2002 showed no significant changes over the period.
  
  **Special message:** No significant changes in the rate.

### Diabetes Mellitus

- **Hospital procedures: Lower limb amputations in diabetic patients**
  
  - In FY2001/02 the rate for males at 5.5 procedures per 100,000 was more than three times the rate for females at 1.6 procedures per 100,000.
  - Compared with the figures for the previous year, the rate among females decreased by over 11%, whereas among males, it rose by 0.2%. However, neither represented a significant change.
  - Among persons of all ages, rates were significantly lower than the national average in 20% of LAs, whereas 4.0% of LAs had rates which were significantly higher.
  
  **Special message:** The same pattern continued: the rates for males increased further whereas the rates for females decreased.

  **Note:** The rates for FY 2001/02 were re-calculated using revised 2001 population estimates compared with the figures for the same year published in the previous National Commentary.

- **Mortality from diabetes**
  
  _Deaths from diabetes, classified by underlying cause of death._
  
  - In 2002 there were 5,732 deaths for persons aged over 1 year from diabetes, of which 53% were female.
  - In the pooled period 2001-02 the directly age standardised rate for the 1-44 age group was 0.52 per 100,000. The male rate was significantly higher than the female (0.59 and 0.45 respectively).
  - In the pooled period 2001-02 LA level SMRs for all ages ranged from 0 to 238. Ratios were lower than the national average for 55% of LAs, including 9% with values significantly lower.
  - Annual trends over the period 1993-2002 showed a significant improvement in the all age SMR of 15% over the entire period at an average annual improvement of 1.7%. Both the male and female SMRs showed a similar significant level of improvement.
  
  **Special message:** Continued significant improvement.
Infectious and Parasitic Disease

- Incidence of meningococcal meningitis
  
  *Notifications for meningococcal meningitis.*
  
  - There were 668 notifications of meningococcal meningitis in England, in 2002 which was about one third less than in the 2001 data year.
  
  **Special message:** There had been a noticeable drop in the number of notifications for meningococcal meningitis for the second year running.

- Mortality from infectious and parasitic disease
  
  *Deaths from infectious and parasitic disease.*
  
  - In 2002 there were 3,956 deaths for persons aged over 1 year from infectious diseases, of which 53% were female.
  
  - In the pooled period 2001-02 LA level SMRs for all ages ranged from 0 to 271. Ratios were lower than the national average for 63% of LAs, including 10% with values significantly lower. Much of the variation may be explained by the relatively small number of events at LA level (approximately 23 on average).
  
  - Annual trends over the period 1993-2002 showed a significant deterioration in the all age SMR of 22% over the entire period at an average annual increase of 2.3%. This was the result of a significant deterioration in the female SMR of 46% at an average annual increase of 4.8%. The male SMR deteriorated slightly but was not statistically significant.
  
  **Special message:** Continued significant deterioration in the female SMR. Large variation at LA level.

Tuberculosis

- Incidence of tuberculosis
  
  *Notifications for tuberculosis.*
  
  - There were 6,627 notifications of tuberculosis in England, in 2002 which was 13 new episodes per 100,000 persons.
  
  - A comparison between the 2001 and 2002 rates showed a small but not statistically significant increase of 0.7% in the incidence of tuberculosis.
  
  - There has been a steady increase in the reported incidence of tuberculosis in England over the last six years.
  
  - 72% of LAs were significantly below the England rate compared with 12% significantly above the national average.
  
  **Special message:** There has been an increase for another consecutive year in the reported incidence of tuberculosis at the national level.

- Mortality from tuberculosis
  
  *Deaths from tuberculosis, classified by underlying cause of death.*
  
  - In 2002 there were 357 deaths for persons aged over 1 year from tuberculosis, of which 61% were male.
  
  - In the pooled period 2001-02 the directly age standardised rate for the 5-64 age group was 0.27 per 100,000. The male rate was significantly higher than the female (0.35 and 0.18 respectively).
  
  - Numbers were too small to comment on LA level variation (average 2 per LA for all ages).
  
  - Annual trends over the period 1993-2002 showed a significant improvement in the all age SMR of 13% over the entire period at an average annual improvement of 2.2%. This was as a result of significant improvement of 15% over the period at an average 3.1% per year in the male SMR. There was no significant trend in the female SMR.
  
  **Special message:** The male rate continued to show significant improvement but was still significantly higher than the female rate.

Mental Illness

- Hospital episodes: Schizophrenia
  
  - In FY 2001/02 the rate for males aged 15-47 at 99 episodes per 100,000 was significantly higher than the rate for females at 54 episodes per 100,000.
• The male rate rose significantly by 6.1% when compared with the figure for the previous year, whereas among females, there was a non-significant increase of 3.1%. These represented a significant increase of 5.3% on the rate for persons.

• Among males and females aged 15-74 years, rates were significantly lower than the national averages in 46% and 41% of LAs respectively. The corresponding percentages of LAs with rates significantly higher than the national average were 20% for males and 16% for females.

Special message: There is evidence that the gap in the rates of hospital episodes for schizophrenia between men and women aged 15-74 is widening.

Note: The rates for FY 2001/02 were re-calculated using revised 2001 population estimates compared with the figures for the same year published in the previous National Commentary.

Hospital episodes: Neuroses

• In FY 2001/02 the rate for females aged 15-74 at 43 episodes per 100,000 was significantly higher than the rate for males at 32 episodes per 100,000.

• Rates did not change significantly when compared with the figures for the previous year. The female rate rose by 3.9%, and amongst males the rate rose by 0.5%.

• Among males and females aged 15-74 years, rates were significantly lower than the national averages in 30% and 35% of LAs respectively. The corresponding percentages of LAs with rates significantly higher than the national average were 17% for both males and females.

Special message: Continued deterioration, though not significant, and more prominent in females.

Note: The rates for FY 2001/02 were re-calculated using revised 2001 population estimates compared with the figures for the same year published in the previous National Commentary.

Mortality from suicide

• In 2002 there were 3,082 deaths from suicide, of which 77% were male.

• In the pooled period 2001-02 the directly age standardised rate for all ages was 6.0 per 100,000. The male rate was significantly higher than the female (9.5 and 2.6 respectively). The male rates dropped by 6.8% compared to the previous pooled period. The female rate dropped by 4.8%.

• In the pooled period 2001-02 LA level directly standardised rates for all ages ranged from 0 to 17. Rates were lower than the national average for 51% of LAs, including 11% with values significantly lower. Many of the variation may be explained by the relatively small number of events at LA level (approximately 18 on average).

• Annual age standardised rates over the period 1993-2002 showed no significant trends in suicide mortality.

Special message: Male rates remained significantly higher than female.

Mortality from suicide and injury undetermined

Deaths from suicide and injury undetermined whether accidentally or purposely inflicted.

• In 2002 there were 4,445 deaths from suicide and injury undetermined, of which 74% were male.

• In the pooled period 2001-02 the directly age standardised rate for all ages was 8.7 per 100,000. The male rate was significantly higher than the female (13.4 and 4.2 respectively). The rate was slightly higher in the 15-44 age group at 11.4 per 100,000 and the same male/female differential was apparent with rates of 18 and 4.8 respectively.

• In the pooled period 2001-02 LA level directly standardised rates for all ages ranged from 0 to 21. Rates were lower than the national average for 56% of LAs, including 11% with values significantly lower. For ages 15-44 rates ranged from 0 to 33 with 53% of LAs below the national average, including 11% with values significantly lower. Much of the variation may be explained by the relatively small number of events at LA level (approximately 27 on average for all ages, 14 for ages 15-44).

• Annual age standardised rates over the period 1993-2002 showed no significant trends in suicide and injury undetermined mortality except for females of all ages where there was a significant improvement of 13%.

Special message: Male rates remained significantly higher than female.

Osteoporosis

Mortality from fracture of femur

Deaths from fracture of femur, classified by nature of injuries.

• In the pooled period 2001-02 the directly age standardised rate for the age group 65-84 was 8.4 per 100,000. The female rate was higher than the male (8.8 and 7.7 respectively) but this was not statistically significant. Rates were very much higher in the over 85 age group at 158 per 100,000. The female rate was significantly higher than the male (167 and 136 respectively).
• Numbers were too small to comment on the variation at LA level (approximately 4 on average for 65-84 year olds, 9 for the over 85s).

Osteoarthritis

➢ Hospital procedures: Revision hip replacement

• In FY 2001/02 the rate for females aged 65 years and over at 48 procedures per 100,000 was significantly higher than that for males at 43 per 100,000.
• The male and female rates fell slightly by 2.1% and 2.6% respectively when compared with the corresponding figures for the previous year but neither was statistically significant.
• Among males and females aged 65 years and over, rates were significantly lower than the national averages in 14% and 16% of LAs respectively. This was a large contrast with the rates significantly higher than the national average in 1.1% and 2.0% of LAs respectively.

Special message: Continued decrease in rates for both males and females.

Note: The rates for FY 2001/02 were re-calculated using revised 2001 population estimates compared with the figures for the same year published in the previous National Commentary.