

Diseases and ill health



Diseases and ill health: Key focus areas

Sensitively promoting healthy behaviours to lower the risk of preventable conditions associated with lifestyle factors. These include:



Hypertension: 15.4% of people in Wiltshire had a recorded diagnosis of hypertension in 2020/21, higher than levels in South West (14.8%) and England (13.9%).

Diabetes: 7.2% of Wiltshire's population aged 17 and over were recorded as having diabetes in 2020/21, similar to the South West (6.9%) as well as England (7.1%)



Coronary heart disease: In 2020/21 3.4% of people in Wiltshire were registered as having coronary heart disease, comparable with regional (3.5%) and national levels (3.0%)

Strokes: 2020/21 prevalence data shows that 2.2% of Wiltshire's population were recorded as having experienced a stroke or transient ischaemic attack, broadly in line with levels reported regionally (2.2%) as well as in England (1.8%)



Disease prevention and health protection with a specific focus on



Early childhood vaccine coverage: Meningitis B vaccinations for 2 year olds, Dtap/IPV boosters (protecting against diphtheria, tetanus, pertussis and polio) and the second MMR vaccine (both for 5 year olds) were below the national coverage target of 95% in Wiltshire in 2020/21.

Cervical and breast cancer screening:

Levels of screening in these areas has reduced in Wiltshire over the last 2 years as a result of the pandemic. For both metrics, uptake is consistently lower in the most deprived areas of the county.



Wiltshire's ageing population and age related conditions, particularly:

Dementia: In 2022, the dementia diagnosis rate in over 65 year olds in Wiltshire is estimated to be 58.5%, equivalent to around 4,300 people. This indicates that there are in the region of a further 3,000 people in older age groups in the county that are undiagnosed.

By 2030, it is estimated that almost 11,500 people in Wiltshire aged 65 and above will be living with dementia, driven primarily by an aging population and increased life expectancy.

Supporting good mental health and emotional wellbeing.

The prevalence of common mental health disorders is rising in Wiltshire



In 2020/21, almost a quarter (24.6%) of persons aged 16 and over in the county were estimated to have higher levels of anxiety. Whilst this is similar to the South West (23.4%) and England (24.2%), it represents a 6% rise compared with the previous year (18.3%).

Almost 44,000 people in Wiltshire (18 and over) had a recorded diagnosis of depression in 2020/21, equivalent to 11% of the adult population. Levels have been steadily rising since prior to 2016/17.

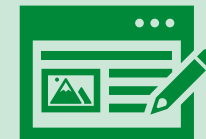


Rates of hospital admissions for self harm in Wiltshire are now at their highest level for five years

Hospital admissions relating to self harm in Wiltshire's overall population and the 10-24 year age group have increased annually since 2016/17. In 2020/21, admissions of this type (in both age ranges) were significantly higher than both the South West and England. Admission rates for both metrics in Wiltshire are notably higher in women and young females.

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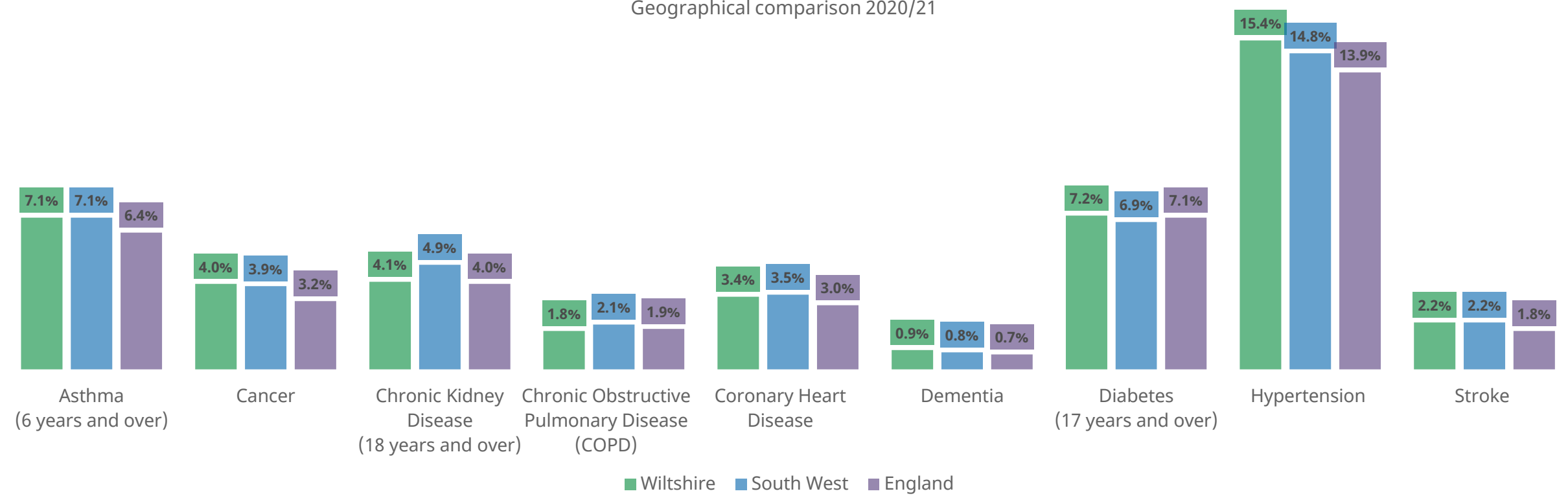
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Diseases and ill health: Prevalence of specific diseases

The chart below details the prevalence of specific diseases and long term physical health conditions as recorded on GP practice disease registers in 2020/21 for Wiltshire compared with South West region and England benchmarks. Hypertension (high blood pressure), diabetes and asthma were the most prevalent conditions in Wiltshire in 2020/21. Prevalence of hypertension in Wiltshire (15.4%) is higher than that recorded in the South West region (14.8%) as well as England (13.9%). Diagnosed diabetes in Wiltshire (7.2%) is comparable to England (7.1%) and the South West (6.9%) whilst levels of identified asthma in Wiltshire are the same as the South West (7.1%), yet higher than in England as a whole (6.4%). Whilst improved diagnoses will impact on disease prevalence levels, it should be noted that undiagnosed cases are still high for some conditions including hypertension, dementia and diabetes.

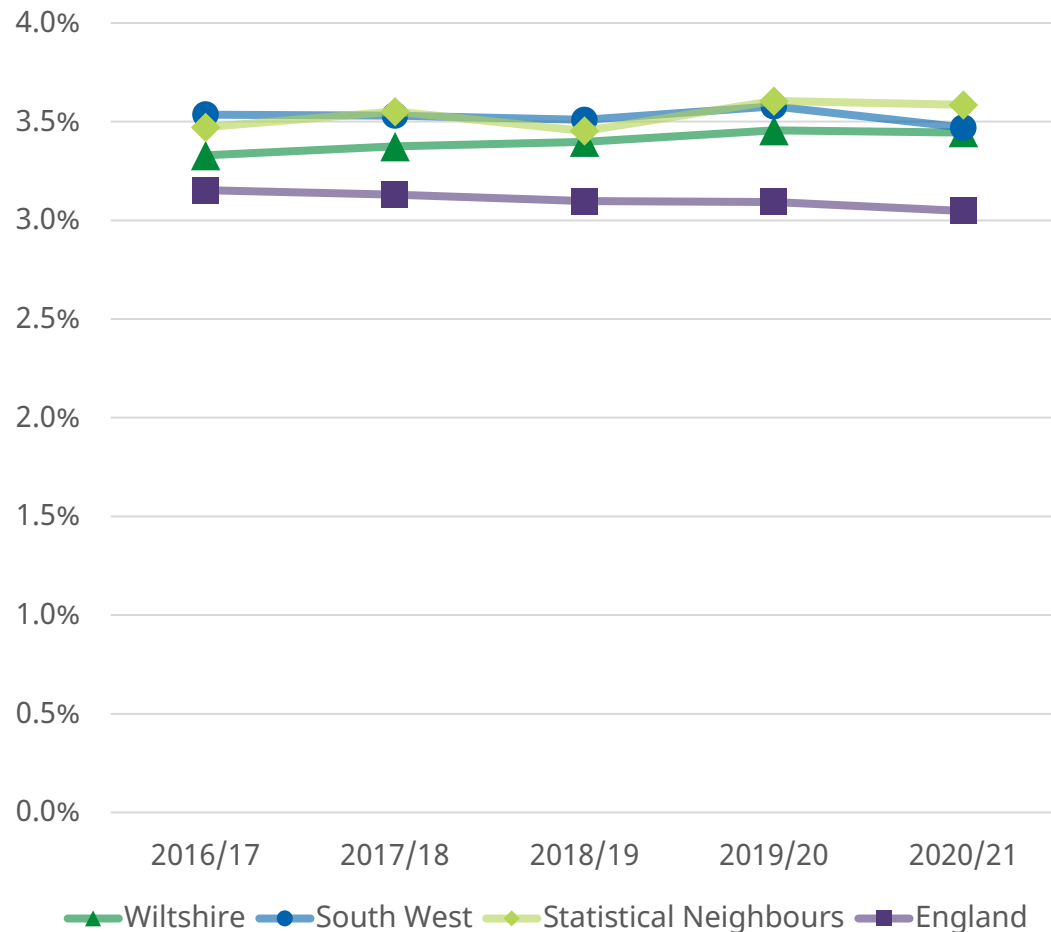
Prevalence of specific diseases or long term physical health conditions: Percentage of patients with specific diseases or long term physical health conditions recorded on disease practice registers
Geographical comparison 2020/21



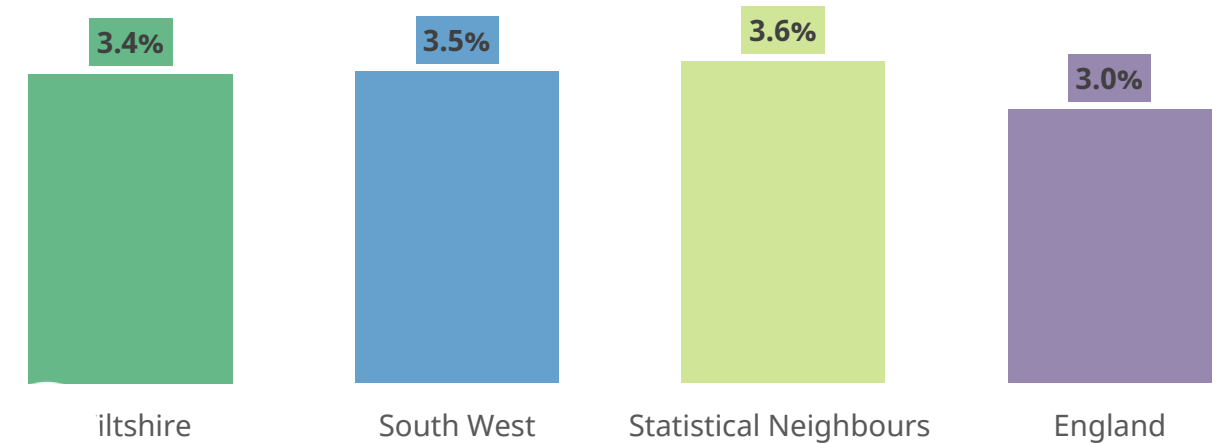
Diseases and ill health: Coronary heart disease

Prevalence of coronary heart disease: Percentage of patients with coronary heart disease recorded on practice disease registers

Geographical comparison 2016/17 - 2020/21



Prevalence of coronary heart disease: Percentage of patients with coronary heart disease recorded on practice disease registers
Geographical comparison 2020/21

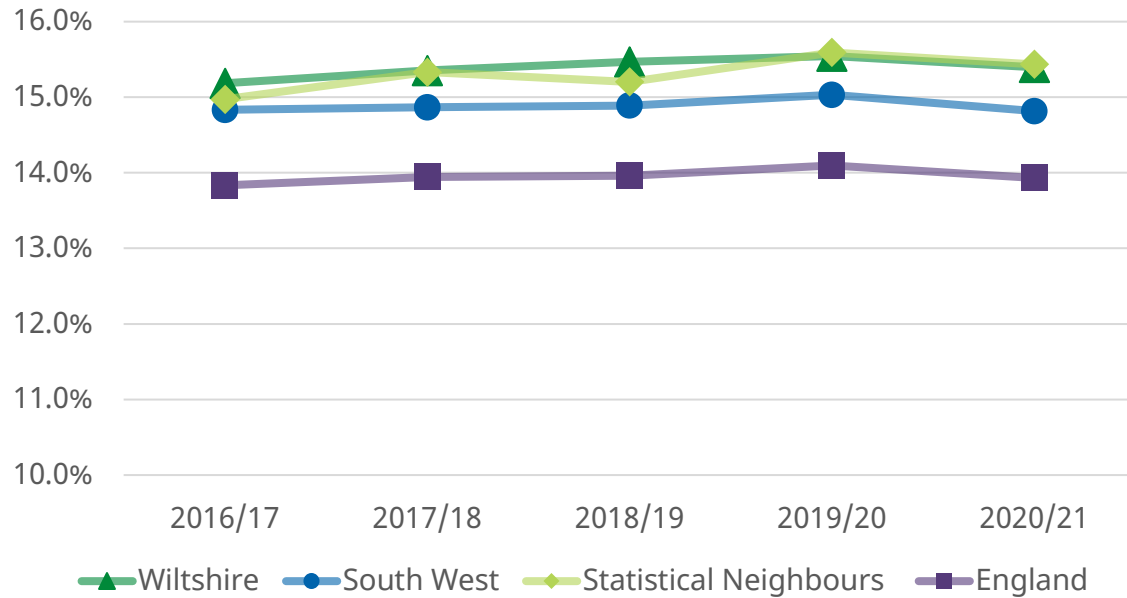


Also referred to as ischaemic heart disease, coronary heart disease occurs when the blood supply to the heart is blocked by a build-up of fatty substances in the coronary arteries. A leading cause of premature mortality in the UK, the risk of developing it can be heightened by lifestyle factors (such as smoking, excessive alcohol intake, diet and limited physical activity), the existence of other clinical conditions (including high blood pressure, diabetes and high cholesterol) as well as family history. Making healthier lifestyle choices such as eating healthily, exercising, quitting smoking and reducing cholesterol can all help to lower the risk of developing this condition.

Prevalence of diagnosed coronary heart disease in Wiltshire has remained broadly stable between 2016/17 - 2020/21. In 2020/21, around 17,000 people in Wiltshire had a recorded diagnosis of coronary heart disease equivalent to 3.4% of the local population registered with a GP. This is similar to proportions recorded in the South West, in England and amongst statistical neighbours.

Diseases and ill health: Hypertension

Prevalence of hypertension: Percentage of patients with hypertension recorded on practice disease registers
Geographical comparison 2016/17 - 2020/21



Prevalence of hypertension: Percentage of patients with hypertension recorded on practice disease registers
Geographical comparison 2020/21



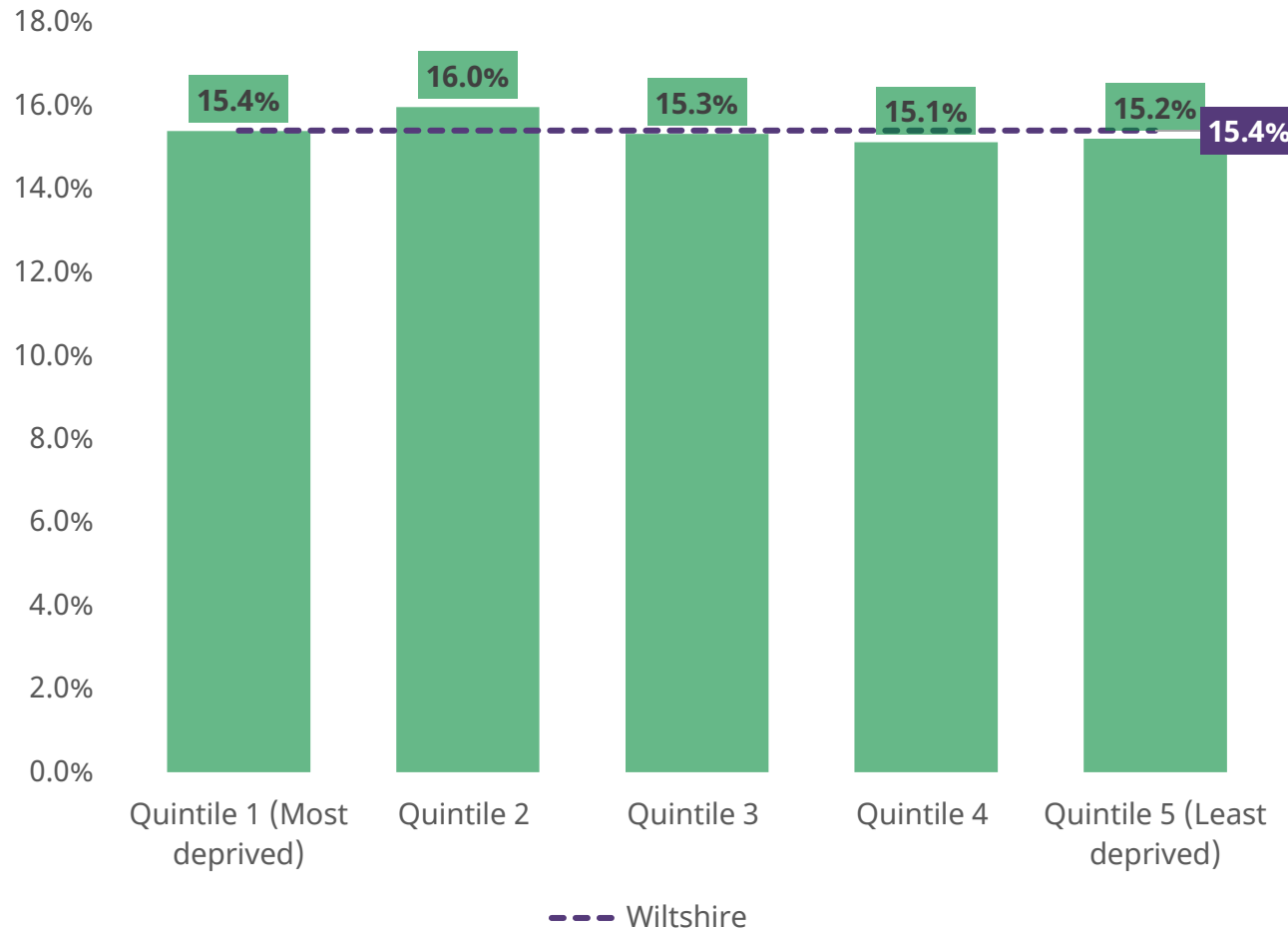
Hypertension (high blood pressure) means that the heart has to work harder to pump blood around the body. Consistent high blood pressure, if left undiagnosed, can lead to heart attacks, strokes, kidney failure, and vascular dementia.

Blood pressure is recorded with two numbers and measured in millimetres of mercury (mmHg). Systolic pressure (the higher number) is the force at which your heart pumps blood around your body and diastolic pressure (the lower number) is the resistance to the blood flow in the blood vessels. High blood pressure is considered to be 140/90mmHg or higher whilst the healthy blood pressure range is between 90/60mmHg - 120/80mmHg.

Diagnosed hypertension in Wiltshire has remained at a relatively consistent level 2016/17 – 2020/21. In 2020/21, almost 77,000 people in Wiltshire had a recorded diagnosis of high blood pressure, representing 15.4% of the local population registered with a GP. Whilst this is similar to proportions seen amongst statistical neighbours, it is higher than levels in the South West and England.

Diseases and ill health: Hypertension

Prevalence of hypertension in Wiltshire: Percentage of patients with hypertension recorded on practice disease registers by Wiltshire deprivation quintile 2020/21



According to the [British Heart Foundation](#), approximately half of heart attacks and strokes in the UK are associated with hypertension. Further, it is estimated that just over a quarter (28%) of UK adults (equivalent to around 15 million people) have high blood pressure, at least half of whom are not receiving effective treatment. More than 10 million people in the UK have been diagnosed with hypertension by their GP meaning in the region of 5 million adults could be undiagnosed.

The risk of developing high blood pressure can be influenced by a range of factors including:

- Weight/poor diet (including excess salt, caffeine and alcohol consumption)
- Low levels of physical activity
- Smoking
- Sleep deprivation
- Family history of the condition
- Ethnicity (people of black African or black Caribbean descent are at an elevated risk of developing hypertension)
- Socio economic circumstances (including living in areas considered to be more deprived).

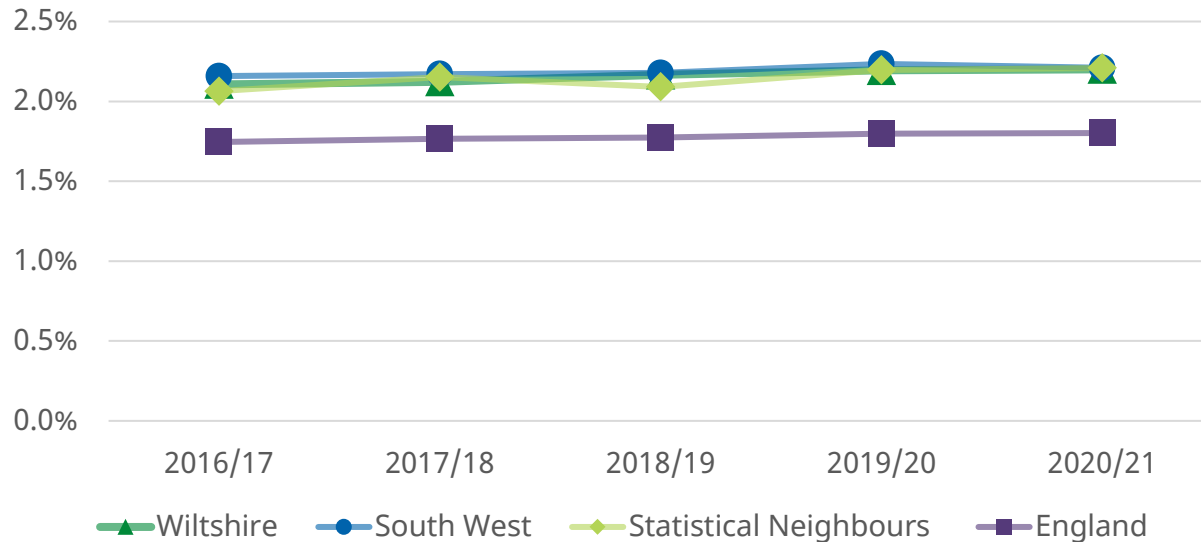
Analysis of hypertension in terms of deprivation indicates that prevalence levels were slightly higher in quintiles 1 and 2 in Wiltshire (the 40% most deprived areas in the county) in 2020/21 compared with the least deprived areas (quintiles 4 and 5).

Treatments that can help to reduce or manage hypertension of involve a combination of lifestyle changes and medication. Further information about high blood pressure, including available treatments can be found on the [NHS website](#).

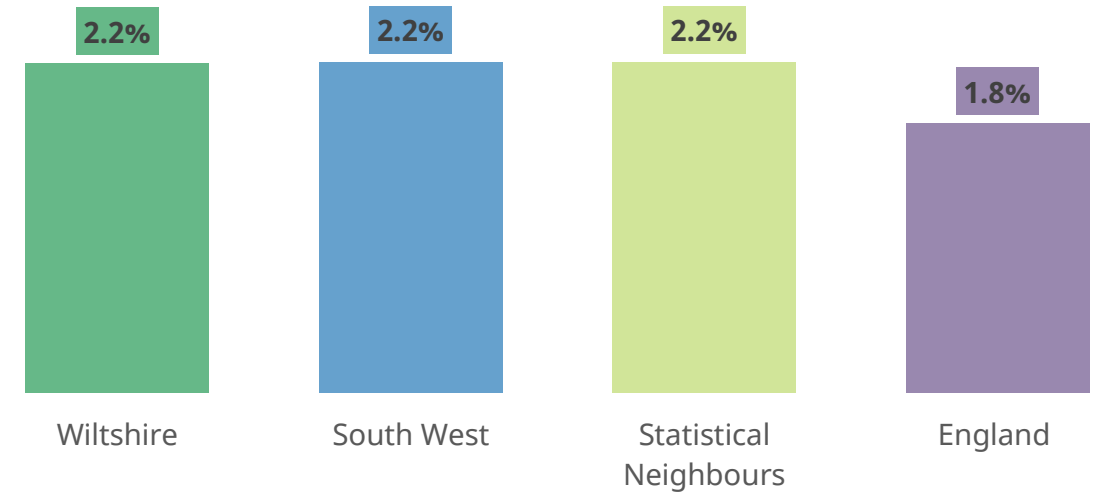
Diseases and ill health: Stroke and transient ischaemic attack (TIA)

Strokes are a medical emergency necessitating urgent treatment. They occur when the blood supply to part of the brain is cut off, damaging brain cells. Transient ischaemic attacks (or TIAs, known as mini-strokes) are caused by temporary disruption to the blood supply to part of the brain and can be a warning sign of potential future strokes. [The British Heart Foundation](#) indicates that strokes are not only one of the biggest killers in the UK, but they are also a leading cause of severe disability. Certain medical conditions such as diabetes, high blood pressure, high cholesterol and atrial fibrillation (irregular heartbeat) can increase the risk of a stroke as can certain lifestyle factors. These include smoking, poor diet, low levels of physical activity and increased alcohol consumption.

Prevalence of stroke or transient ischaemic attack: Percentage of patients with stroke or transient ischaemic attack recorded on practice disease registers
Geographical comparison 2016/17 - 2020/21



Prevalence of stroke or transient ischaemic attack: Percentage of patients with stroke and transient ischaemic attack recorded on practice disease registers
Geographical comparison 2020/21



As well as the proactive management of any underlying medical conditions, the most effective ways to help prevent strokes are to eat a healthy diet, exercise regularly, avoid smoking and reduce alcohol intake.

The prevalence of identified strokes and TIAs in Wiltshire has remained relatively static between 2016/17 - 2020/21. In 2020/21, just over 11,000 people in Wiltshire were registered as having experienced a stroke or TIA, equivalent to 2.2% of the local population registered with a GP. This is similar to proportions recorded in the South West, amongst statistical neighbours and in England.

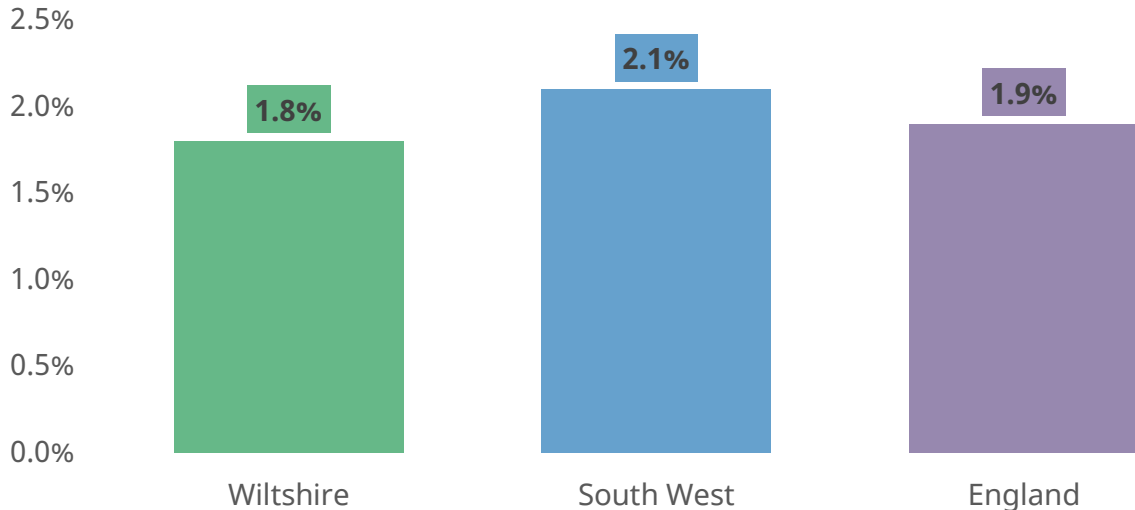
Further information surrounding strokes, including prevention, treatment and what to do in the event of a suspected stroke can be found on the [NHS website](#).

Diseases and ill health: Chronic obstructive pulmonary disease (COPD)

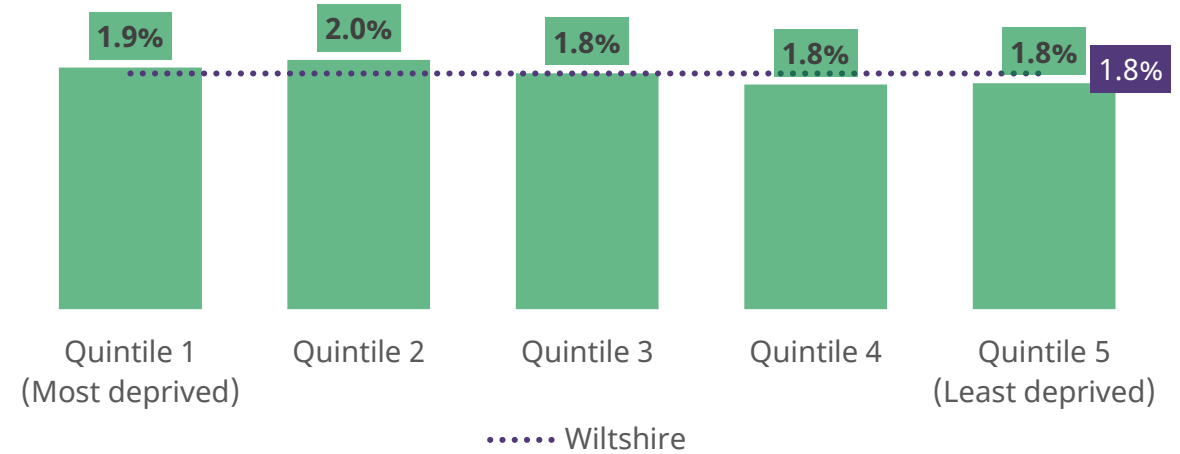
Chronic obstructive pulmonary disease (COPD) is the name given to a number of lung conditions where the lungs become inflamed, damaged or narrowed. This can lead to breathing difficulties and includes conditions such as emphysema and chronic bronchitis.

The primary cause is smoking and the condition mainly affects middle aged or older adults who smoke or have smoked for a long time. Persons who have never smoked can sometimes be affected as some cases can be caused by long-term exposure to harmful fumes or dust. COPD is largely a preventable condition and the risk of developing it can be significantly reduced by avoiding or stopping smoking. Advice and support to assist with quitting smoking can be found on the [Smokefree Wiltshire webpage](#) as well as the [NHS website](#).

Prevalence of chronic obstructive pulmonary disease (COPD):
Percentage of patients with chronic obstructive pulmonary disease on
practice registers
Geographical comparison 2020/21



Prevalence of chronic obstructive pulmonary disease (COPD) in
Wiltshire: Percentage of patients with chronic obstructive pulmonary
disease recorded on practice registers by Wiltshire deprivation
quintile 2020/21



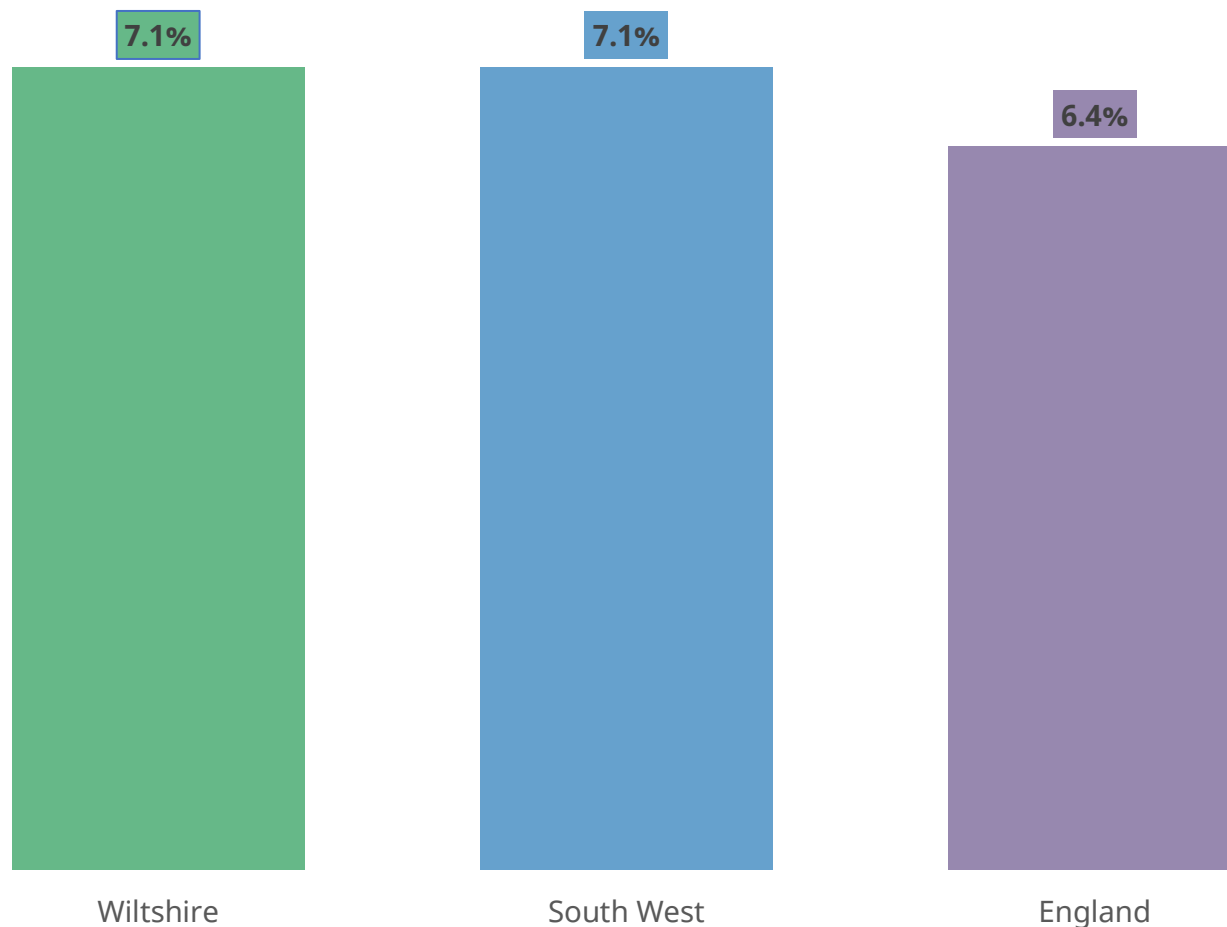
In 2020/21, just over 9,000 people in Wiltshire had a recorded diagnosis of chronic obstructive pulmonary disease, equivalent to 1.8% of the local population registered with a GP. This is similar to proportions recorded in England and the South West.

Analysis of COPD in terms of local deprivation indicates that prevalence levels were marginally higher in quintiles 1 and 2 in Wiltshire (the 40% most deprived areas in the county) in 2020/21.

It has not been possible to compare the prevalence of this condition with previous years at local, regional and national levels due to a change in the methodology for identifying/recording it which came into force from April 2020.

Diseases and ill health: Asthma

Prevalence of asthma: Percentage of patients aged 6 years and over with asthma recorded on disease practice registers
Geographical comparison 2020/21



Asthma is a comparatively common lung condition that causes intermittent breathing difficulties. It can affect anyone of any age, although it often presents in childhood. It is caused by inflammation and narrowing of the breathing tubes that carry air in and out of the lungs and is typically triggered by:

- Allergies (including house dust mites, animal fur or pollen)
- Smoke, pollution and/or cold air
- Infections such as colds or flu
- Exercise

Asthma is a long-term condition for many, particularly if it first develops in adulthood. There is currently no cure, but there are treatments (most frequently involving the use of an inhaler) that can help to control symptoms.

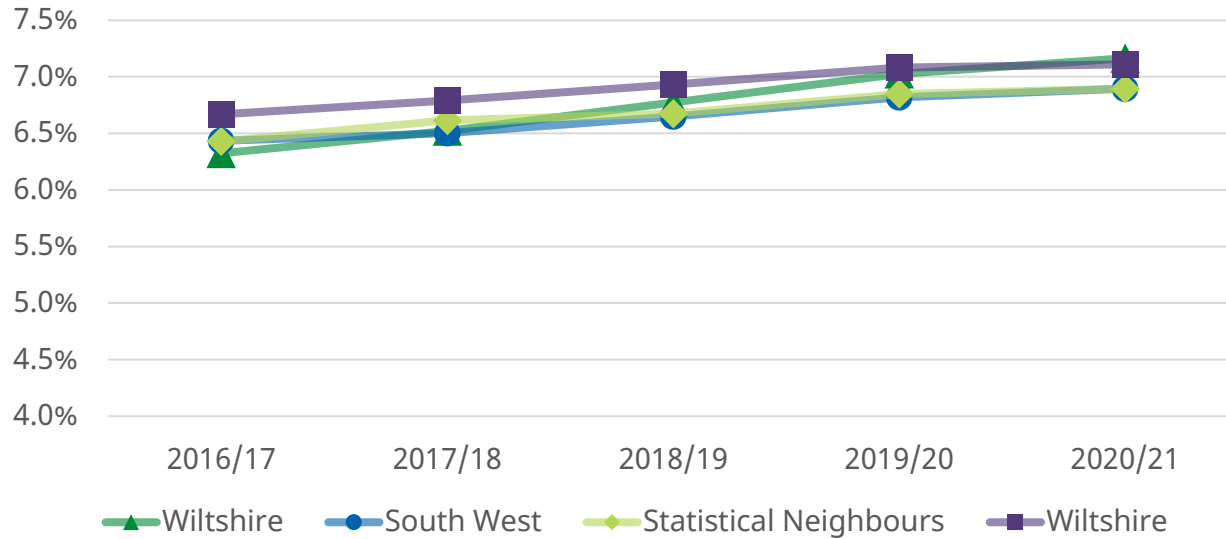
Whilst asthma can normally be managed in this way, it is still a serious condition that can cause a number of health problems including severe attacks that can sometimes be life threatening.

In 2020/21, around 33,500 individuals (aged 6 years and above) in Wiltshire had a recorded diagnosis of asthma, representing 7.1% of the local population (in this age range) registered with a GP. Whilst this is similar to the South West, this is higher than England.

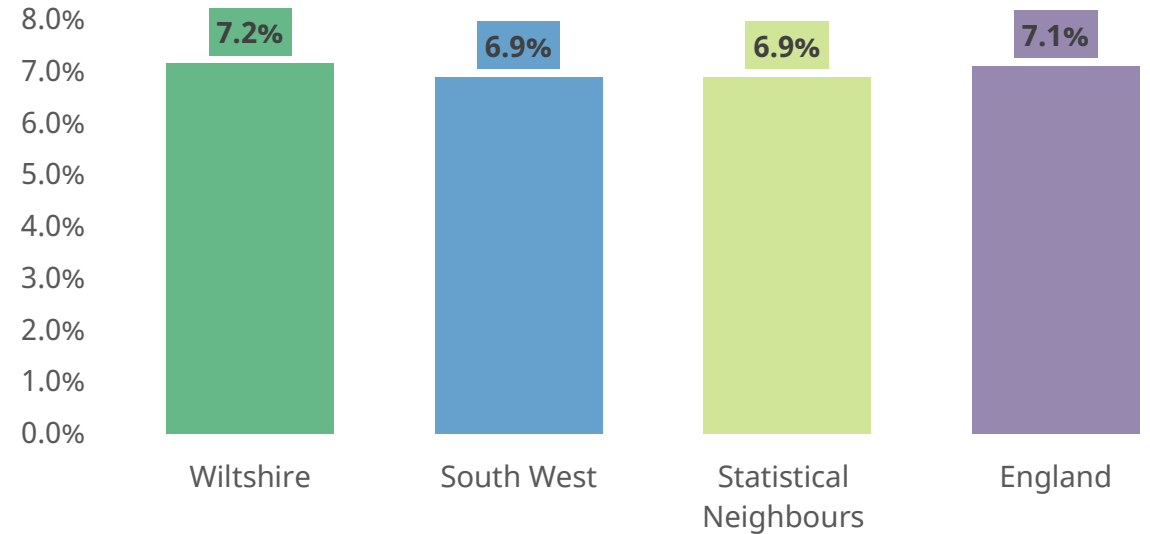
As with chronic obstructive pulmonary disease (COPD), it has not been possible to compare the prevalence of asthma with previous years at local, regional and national levels due to a change in the methodology for identifying/recording it, effective from April 2020.

Diseases and ill health: Diabetes

Prevalence of diabetes: Percentage of patients aged 17 years and over with diabetes recorded on disease practice registers
Geographical comparison 2016/17 - 2020/21



Prevalence of diabetes: Percentage of patients aged 17 years and over with diabetes recorded on disease practice registers
Geographical comparison 2020/21

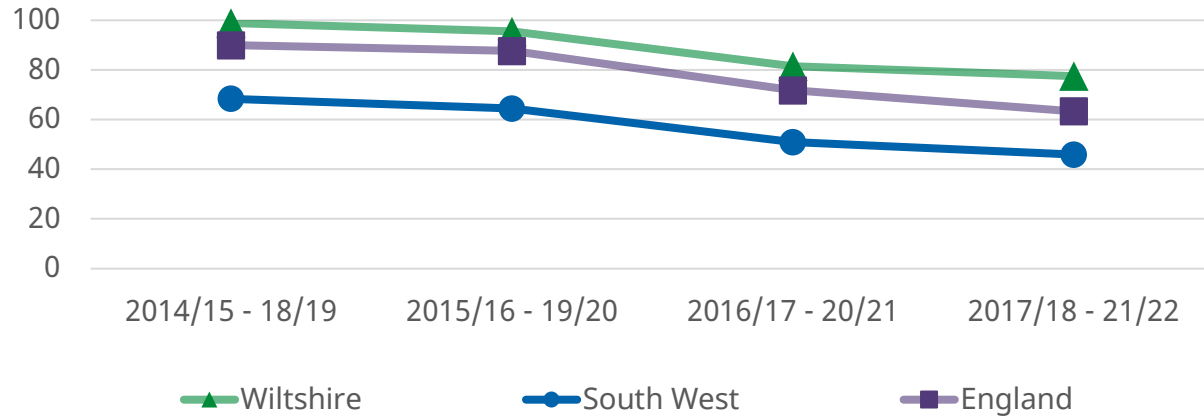


Diabetes is a long term condition where blood sugar levels become too high. There are two main types, type 1 (where the immune system attacks insulin producing cells) and, more commonly, type 2 (where the body either does not produce enough, or does not react effectively to, insulin). Sometimes, it can develop in pregnancy. This is known as gestational diabetes and the condition usually disappears after giving birth. [According to the British Heart Foundation](#), just over 4 million UK adults have been diagnosed with diabetes, however it is estimated that a further 850,000 people maybe living with undiagnosed type 2 diabetes in the UK.

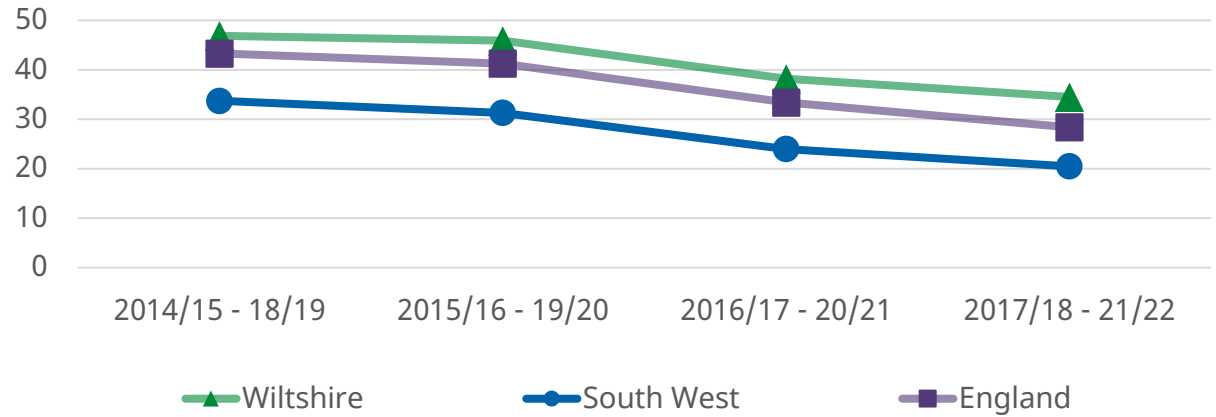
The condition can cause damage to blood vessels, increasing the risk of developing heart and circulatory disease (by 2-3 times for adults with diabetes). Whilst research is ongoing in relation to the causes of type 1, the risk of developing and/or managing type 2 can be lowered or helped through healthy eating, taking regular exercise and achieving a healthy body weight. Diagnosed diabetes in Wiltshire has steadily risen between 2016/17 – 2020/21. In 2020/21, just over 29,000 individuals (aged 17 and over) in Wiltshire had a recorded diagnosis of diabetes representing 7.2% of the local population (in this age range) registered with a GP. This is similar to England, the South West and statistical neighbours. Further information about diabetes, including how to identify and manage symptoms as well as available treatment options is available on the [British Heart Foundation website](#).

Diseases and ill health: NHS Health Checks

Offered an NHS Health Check: Cumulative percentage of the eligible population aged 40-74 years
Geographical comparison 2014/15 - 2021/22



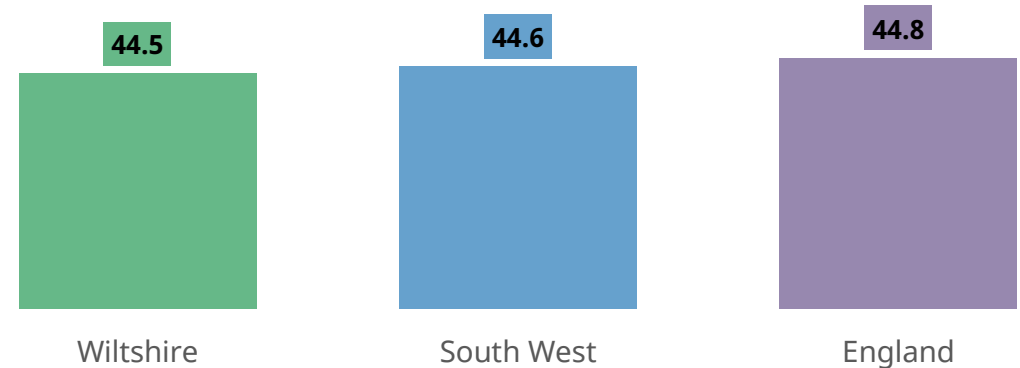
Received an NHS Health Check: Cumulative percentage of the eligible population aged 40-74 years
Geographical comparison 2014/15 - 2021/22



The [NHS Health Check programme](#) aims to help prevent heart disease, stroke, diabetes and kidney disease. People between the ages of 40 and 74, who have not already been diagnosed with one of these conditions, are invited for a free check up of their overall health (once every five years). This is to help identify any early signs or risks of developing any of the conditions listed above. A high take up of the NHS Health Check is important as it increases opportunities for early interventions.

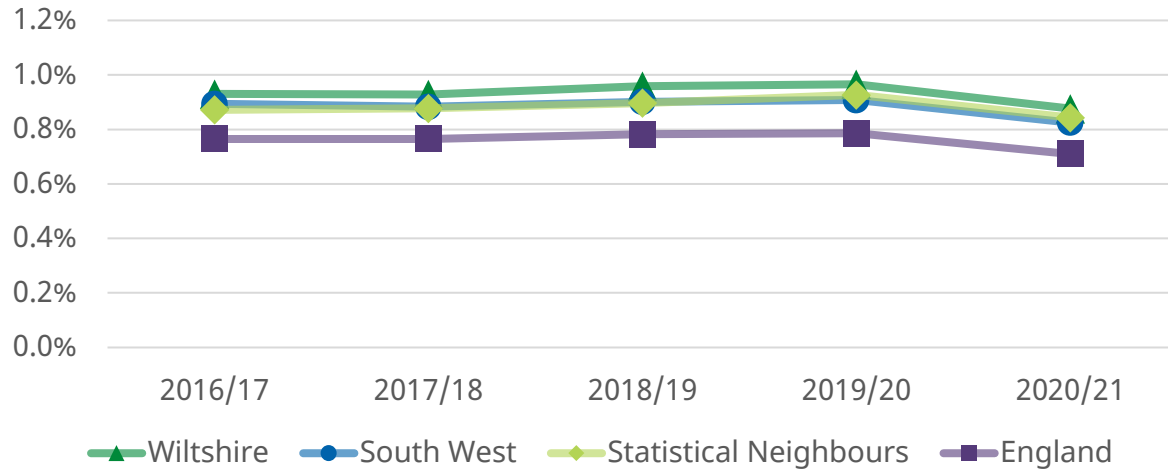
Wiltshire has consistently offered a higher proportion of its population an NHS Health Check than England or the South West. Similarly, a higher proportion of Wiltshire's population has also received an NHS Health Check. The downward trend in the proportion of the population receiving a check mirrors the downward trend in offers, with the proportion taking up the offer currently consistently around 45% in Wiltshire, the South West and England.

Offered and received an NHS Health Check: Cumulative percentage of those offered an NHS Health Check who received an NHS Health Check
Geographical comparison 2017/18 - 2021/22



Diseases and ill health: Dementia

Prevalence of dementia: Percentage of patients with dementia recorded on practice disease registers
Geographical comparison 2016/17 - 2020/21



Although it is not a natural part of aging, the risk of developing dementia increases with age (particularly over the age of 65). [The Alzheimer's Society](#) estimate that 1 in 14 people over 65 in the UK have dementia, rising to 1 in 6 in persons over the age of 80. [NHS UK](#) indicate that there are currently in the region of 850,000 people in the UK with dementia and this is expected to rise to over a million by 2025 as people are living longer. [The UK Health Security Agency \(UKHSA\)](#) highlight that dementia is more common in females, likely as a result of increased life expectancy in women when compared with men.

In 2020/21, almost 4,400 people (of all ages) in Wiltshire had a recorded diagnosis of dementia equating to less than 1% (0.9%) of the local population registered with a GP. This is similar to the South West, statistical neighbours and England.

Dementia is the term used to describe a range of progressive conditions including Alzheimer's disease, vascular and Lewy body dementia that are associated with declining brain function.

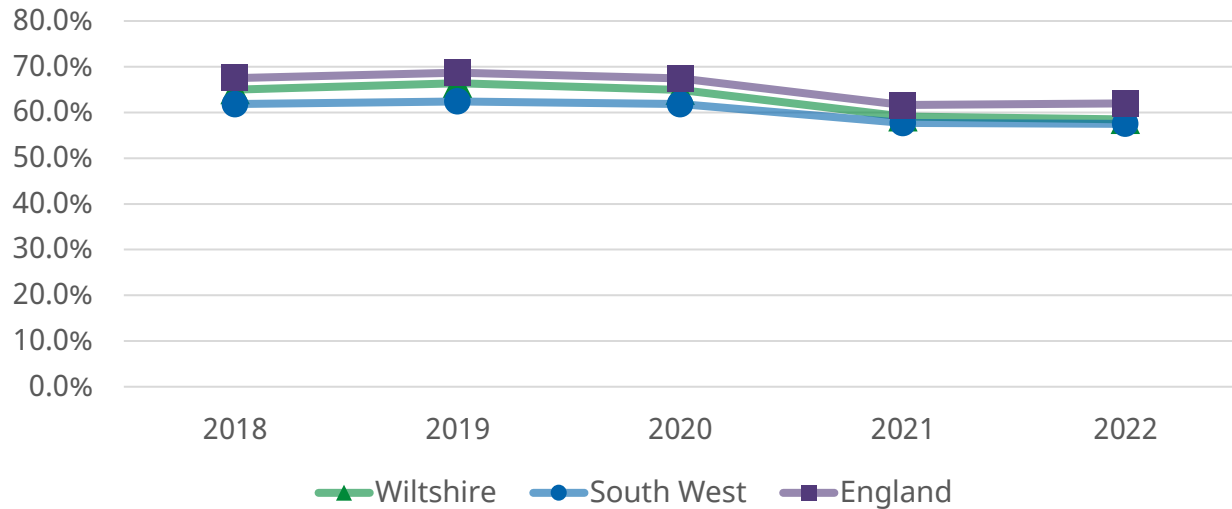
Different types of dementia will affect people uniquely. Symptoms are wide ranging and can include memory loss, mood changes, problems with reasoning, speech, language or movement, declining mental agility as well as emotional and/or behavioural difficulties.

Prevalence of dementia: Percentage of patients with dementia recorded on practice disease registers
Geographical comparison 2020/21

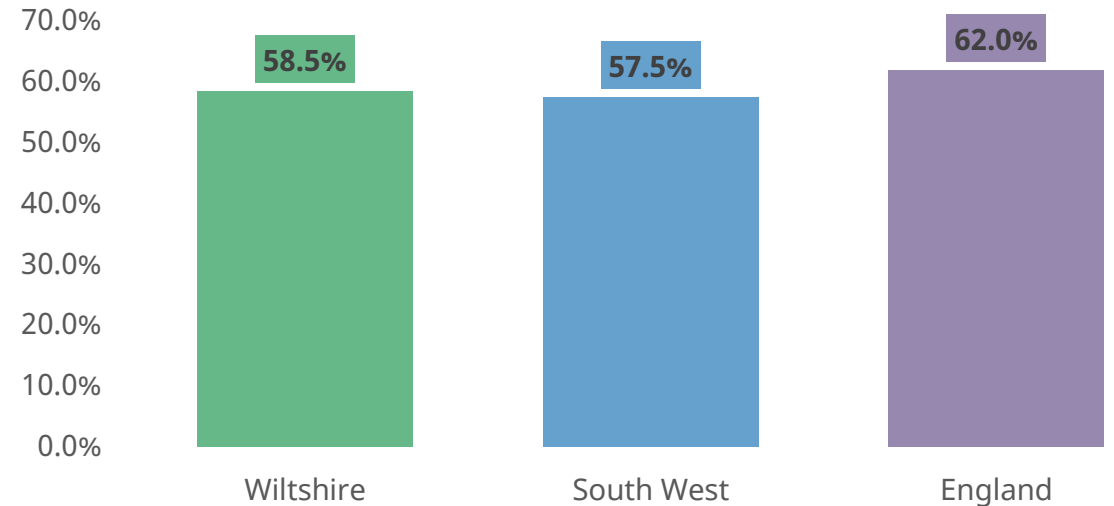


Diseases and ill health: Dementia

Estimated dementia diagnosis rate: Percentage of persons aged 65 years and over with dementia estimated to have a diagnosis
Geographical comparison 2018 - 2022



Estimated dementia diagnosis rate: Percentage of persons aged 65 years and over with dementia estimated to have a diagnosis
Geographical comparison 2022

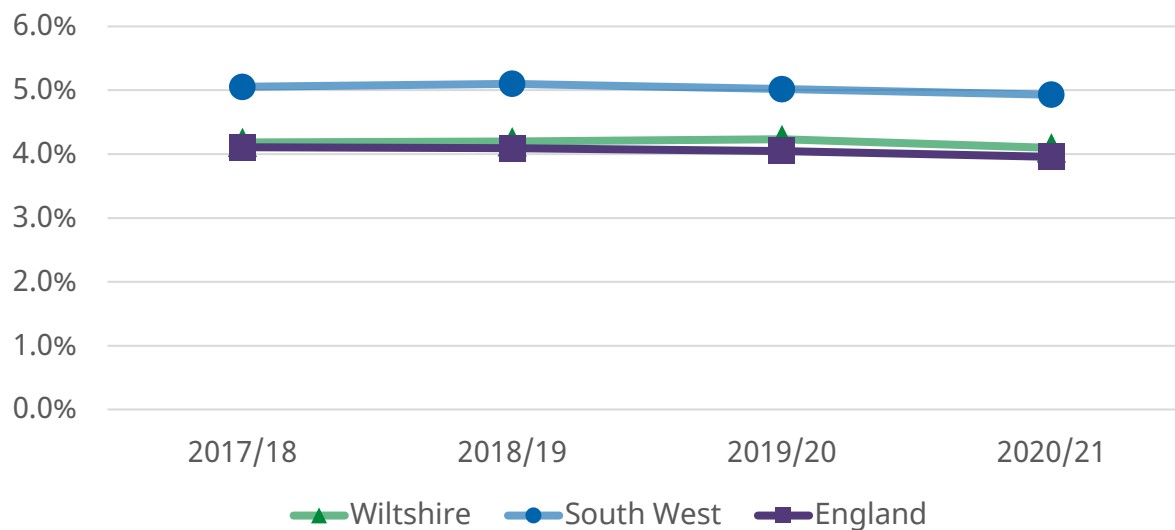


The risk of developing dementia increases more notably over the age of 65. NHS Digital data hosted on the [Office for Health Improvement and Disparities Fingertips website](#) shows that in Wiltshire in 2020, 3.9% of people aged 65 and over had a recorded diagnosis of dementia, similar to levels recorded in the South West (3.8%) and England (4.0%.) In 2022, 58.5% of people aged 65 and over with dementia in Wiltshire are estimated to have a diagnosis, equivalent to around 4,300 people. This infers that there are in the region of an estimated 3,000 people in older age groups in Wiltshire that are undiagnosed. There is a national ambition, agreed by [NHS England](#), that two thirds (66%) of people with dementia in England should have a diagnosis with appropriate arrangements in place for post-diagnostic support. The proportion of over 65 year olds with dementia in Wiltshire estimated to have a diagnosis has not met this benchmark since 2019 and has since continued to fall (from 66.4% in 2019 to 58.5% in 2022). Projections produced by the [Care Policy and Evaluation Centre \(London School of Economics and Political Science\)](#) estimate that, by 2030, almost 11,500 people in Wiltshire aged 65 and above will be living with dementia, driven primarily by an aging population and increased life expectancy.

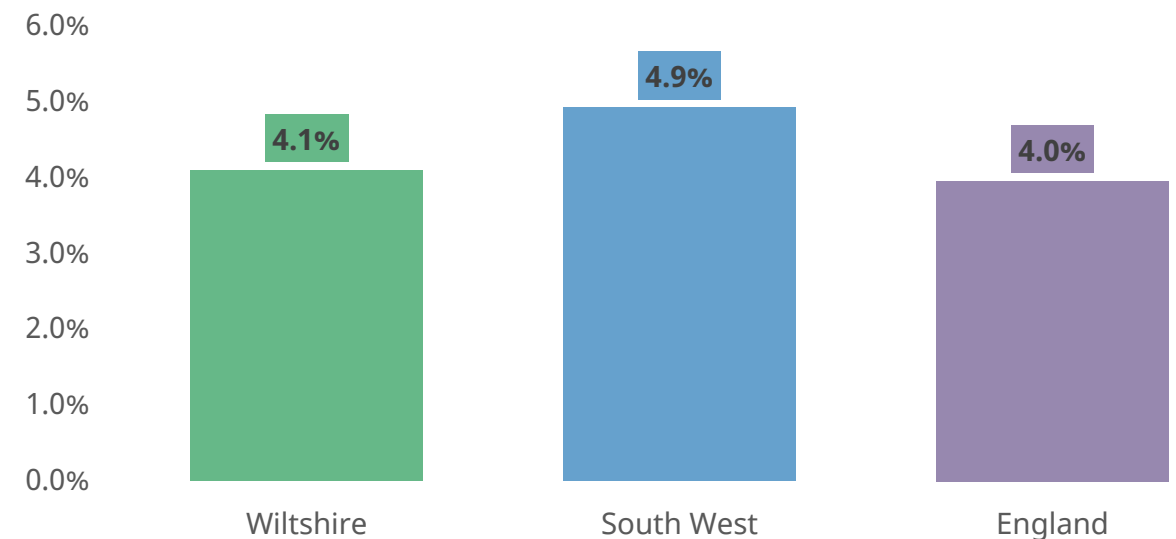
Whilst there is currently no cure, a dementia diagnosis (particularly at an early stage) can help people access the right care, treatment and support. It can further help them, along with relatives, carers and healthcare staff to work effectively together and plan accordingly to improve individual health and care outcomes. Further information about dementia, including how to identify symptoms, as well as advice on available treatment, care and support options is available on the [Alzheimer's Society website](#).

Diseases and ill health: Chronic kidney disease

Prevalence of chronic kidney disease: Percentage of patients aged 18 years and over with chronic kidney disease recorded on practice disease registers
Geographical comparison 2016/17 - 2020/21



Prevalence of chronic kidney disease: Percentage of patients aged 18 years and over with chronic kidney disease recorded on practice disease registers
Geographical comparison 2020/21

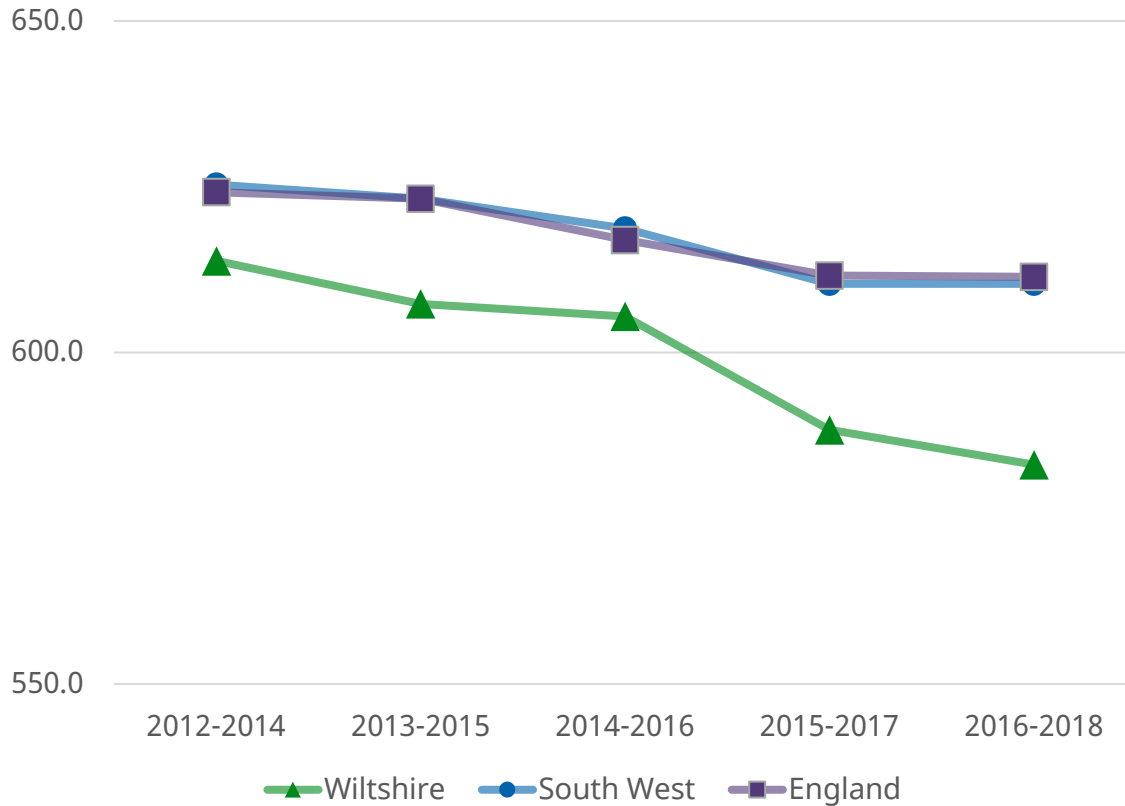


Chronic kidney disease (CKD or chronic renal disease) is a long-term condition where kidney function is impaired and is usually caused by (a combination of) other conditions that put a strain on the kidneys. These include hypertension (high blood pressure), diabetes, high cholesterol as well as kidney infections and/or inflammation. Often associated with getting older, chronic kidney disease cannot always be prevented. There are steps however that can be taken to reduce the potential risk of developing it including eating healthily, taking regular exercise, stopping smoking, limiting alcohol intake as well as proactively managing any underlying health conditions (such as those named above).

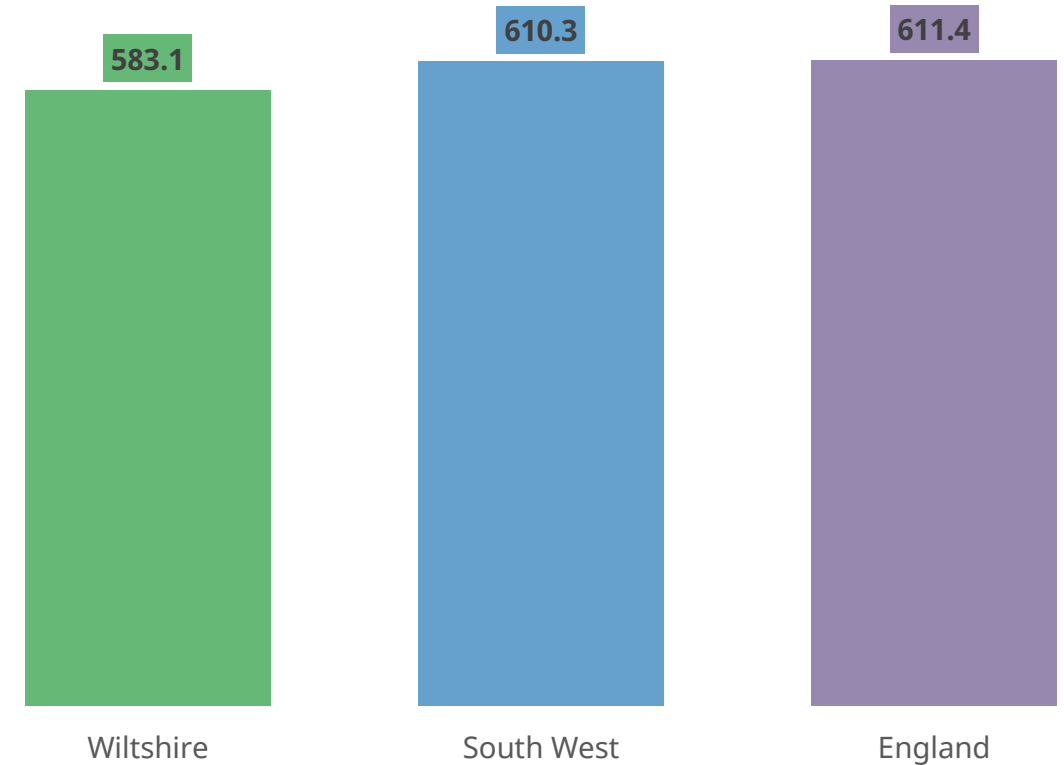
The prevalence of diagnosed chronic kidney disease in Wiltshire has remained fairly static between 2017/18 – 2020/21. In 2020/21, around 16,500 people aged 18 and over in Wiltshire had a recorded diagnosis of the condition, representing 4.1% of the local population within this age range registered with a GP. Whilst this is similar to England, it is slightly lower than the South West. Further information about chronic kidney disease, including how to identify and manage symptoms as well as available treatment options is available on the [NHS website](#)

Diseases and ill health: Cancer

Incidence of all cancers: Rate per 100,000 population
Geographical comparison 2012-14 - 2016-2018



Incidence of all cancers: Rate per 100,000 population
Geographical comparison 2016-2018



According to [Cancer Research UK](#), there over 370,000 new cancer cases annually, equivalent to around 1,000 new cases per day.

In Wiltshire, the incidence of cancer (new cases of cancer, counted once when the cancer is diagnosed) has remained consistently below cancer incidence rates recorded across the South West region as well as throughout England since 2012-2014. In 2016-2018 (the most recent Local Authority data available at the time of writing), the incidence of diagnosed cancer in Wiltshire was 583.1 per 100,000 population, lower than rates recorded across the South West and England.

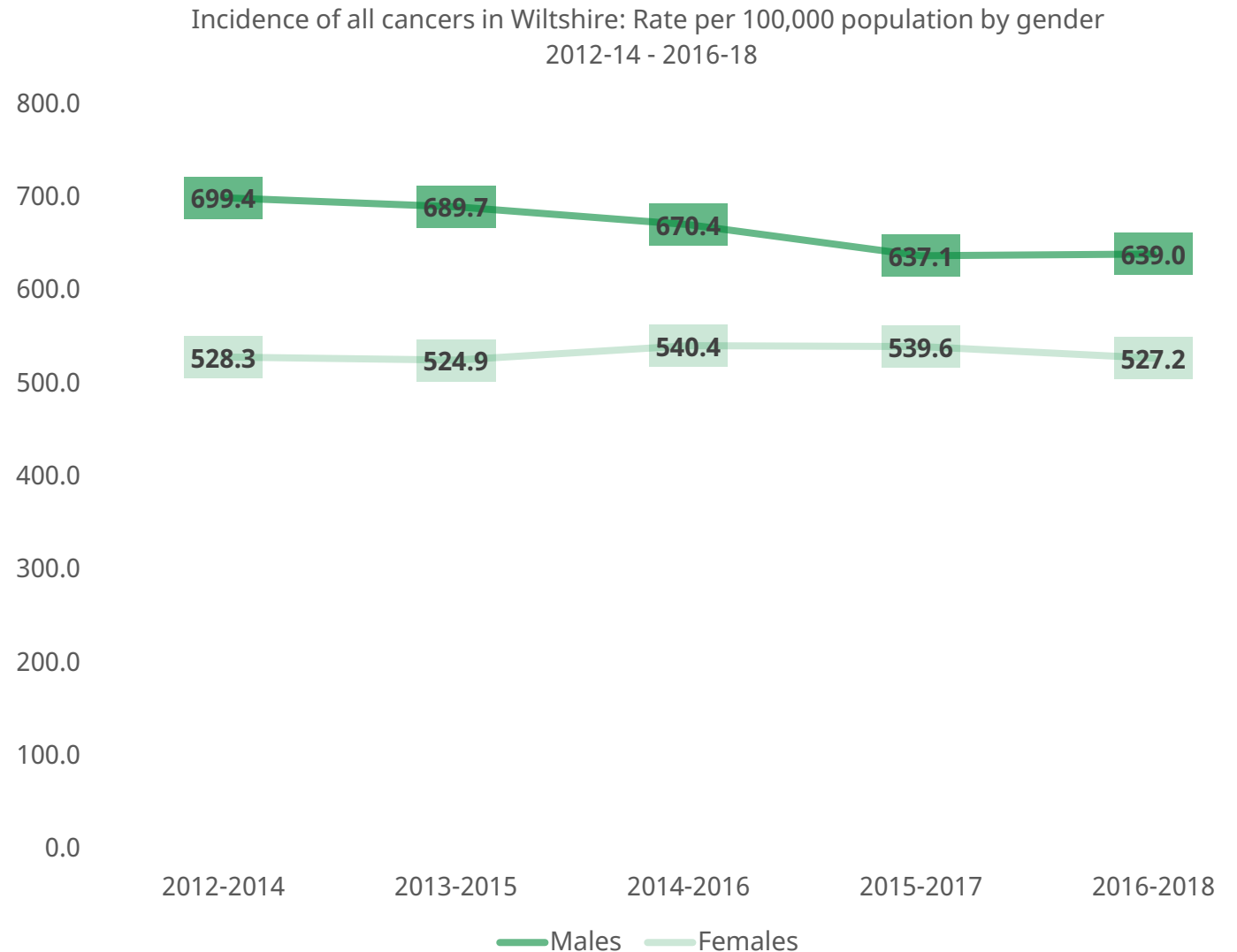
Diseases and ill health: Cancer

Diagnosed cancer incidence rates in Wiltshire are consistently higher in males than females and this mirrors the trend throughout the UK. Cancer Research UK highlight that every year in the UK, around 187,000 men and around 179,000 women receive a cancer diagnosis.

The Cancer Research UK report '[Cancer in the UK: Socio economic deprivation](#)', published during the pandemic in September 2020, estimated that there are in excess of 30,000 cancer cases in the UK that are attributable to socio-economic deprivation.

There are a number of reasons why this may be the case for populations experiencing higher levels of deprivation, including:

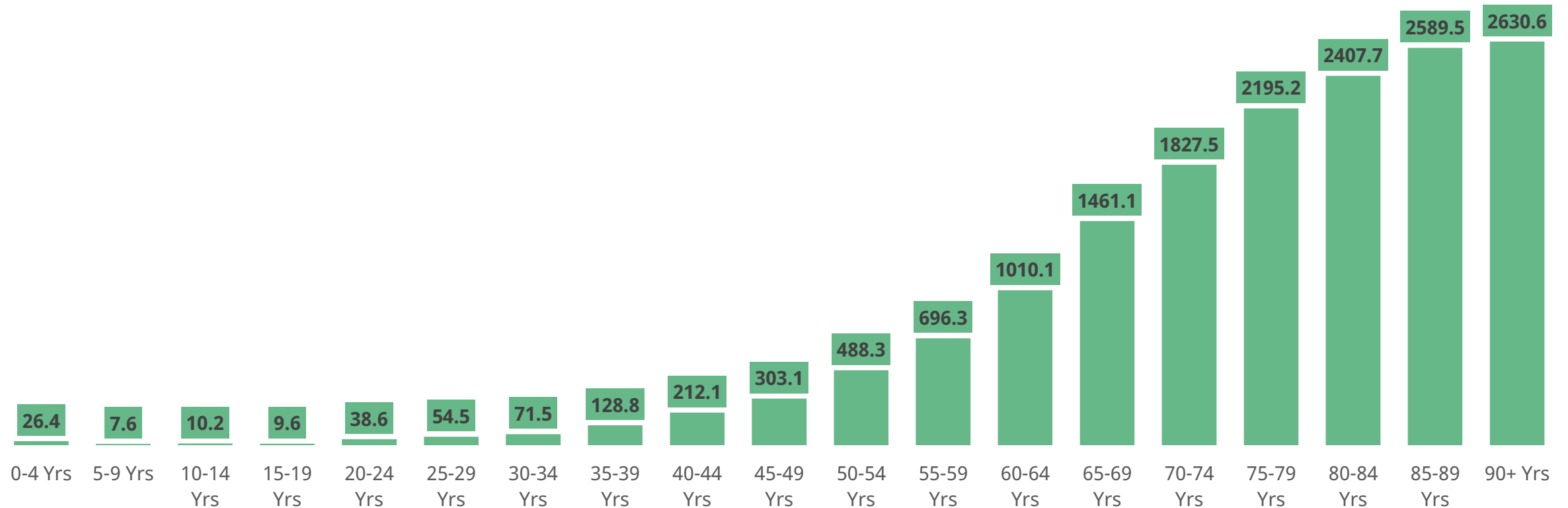
- An elevated prevalence of cancer risks including lifestyle factors such as smoking, poor diet and obesity
- Lower participation in cancer screening programmes
- Decreased awareness of the signs and symptoms of cancer
- Increased barriers to seeking and/or accessing help and care
- Heightened risk of a cancer diagnosis at a later stage which has the effect of limiting effective treatment options. The likelihood of presenting through a clinical emergency route (such as A&E) is 50% higher for people in the most deprived populations in the UK compared to the least deprived. Diagnosis via this route is also associated with poorer health outcomes including a worsened patient experience and lower survival rates.



Diseases and ill health: Cancer

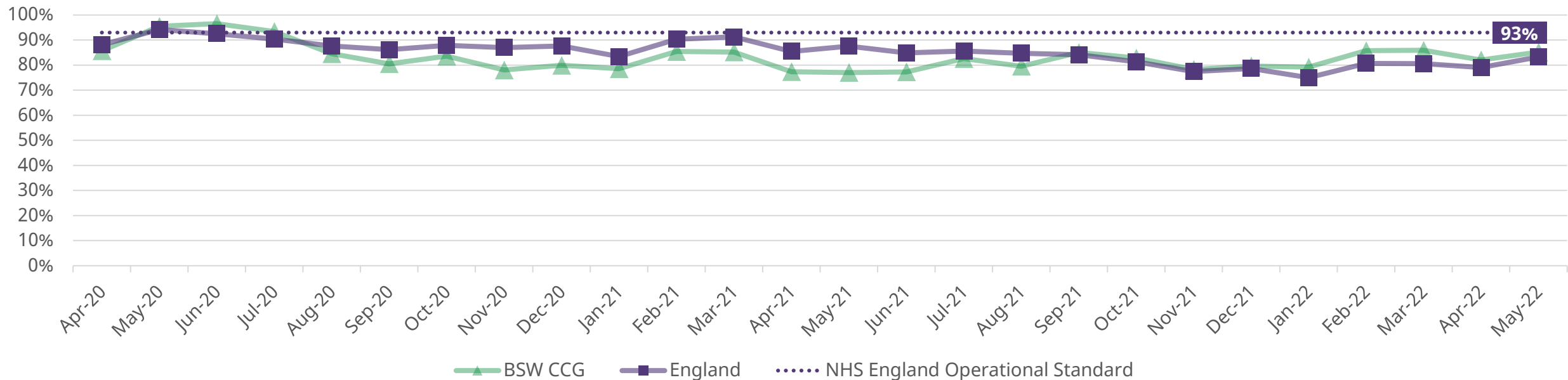
Age can also play a role in the development of cancer. Broadly, the likelihood of a cancer diagnosis increases with age, however this can vary in relation to different, specific types of cancer. In Wiltshire in 2016-2018, the incidence rate of diagnosed cancers rises quite markedly in persons aged 60 years and over (to rates of over 1,000 per 100,000 population compared with rates of approximately 700 per 100,000 population and below in the younger age bands). According to Cancer Research UK, just over third (35%) of all cancers in the UK are diagnosed in people aged 75 years and over.

Incidence of all cancers in Wiltshire: Rate per 100,000 population by five year age band
2016-2018



Diseases and ill health: Cancer waiting times

Cancer waiting times: Two week wait from GP urgent referral to first consultant appointment
 Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group and England comparison
 April 2020 - May 2022



Early diagnosis is key in the successful treatment of cancer. Urgent referrals can be made by GPs if they suspect that a patient may have cancer and in England, this means patients should be seen by a consultant within 2 weeks following the initial referral. Cancer waiting time data is not available at Local Authority level, yet it is possible to examine this data nationally as well as by Clinical Commissioning Group (CCG). The chart above shows the percentage of patients in Bath and North East Somerset, Swindon and Wiltshire CCG (BSW CCG) and England that were seen by a consultant within two weeks of an urgent cancer referral, compared with the NHS England standard of 93%.

Between August 2020 – August 2021 (at the height of the pandemic), the percentage of patients in BSW CCG seen by a consultant within a two week window averaged 81%. This is below proportions recorded in England as well the NHS England standard. Proportions have broadly improved in BSW CCG since September 2021, however, they have remained below the 93% NHS England ambition. Whilst Covid-19 undoubtedly had a major impact on the number of patients accessing NHS cancer referral services, [NHS England](#) report that in the twelve month period between March 2021 – February 2022, almost 3 million patients were referred for cancer checks nationally, representing an increase of over 10% on the 2.4 million patients referred prior to the pandemic.

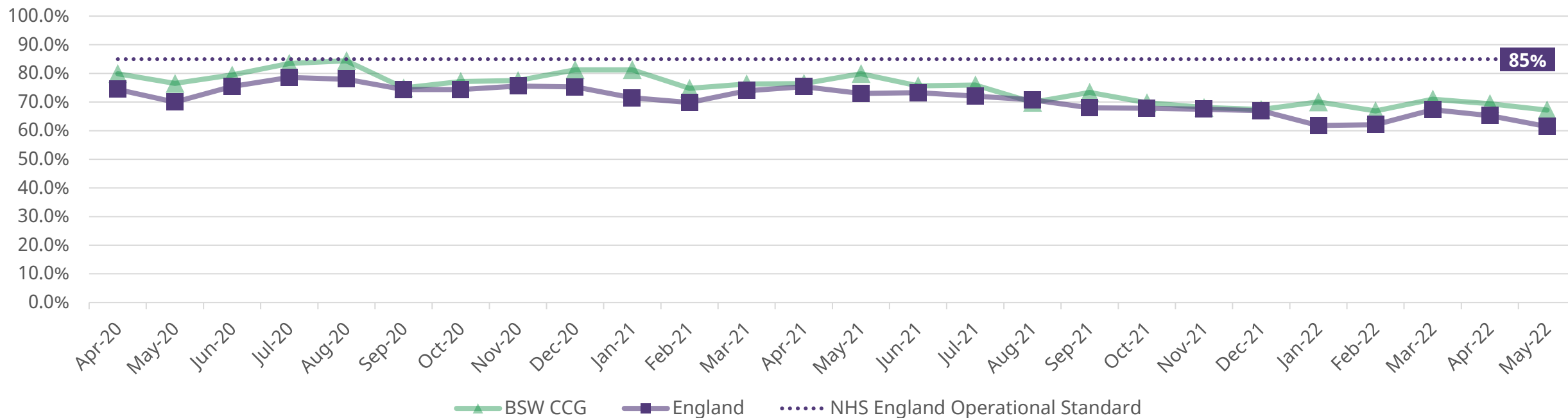


Diseases and ill health: Cancer waiting times

The two month (62 day) cancer waiting time standard prescribes that patients on urgent cancer referral pathways should not wait more than two months to start treatment. It measures the time from when the hospital receives an urgent referral for suspected cancer to the patient beginning treatment if cancer is detected.

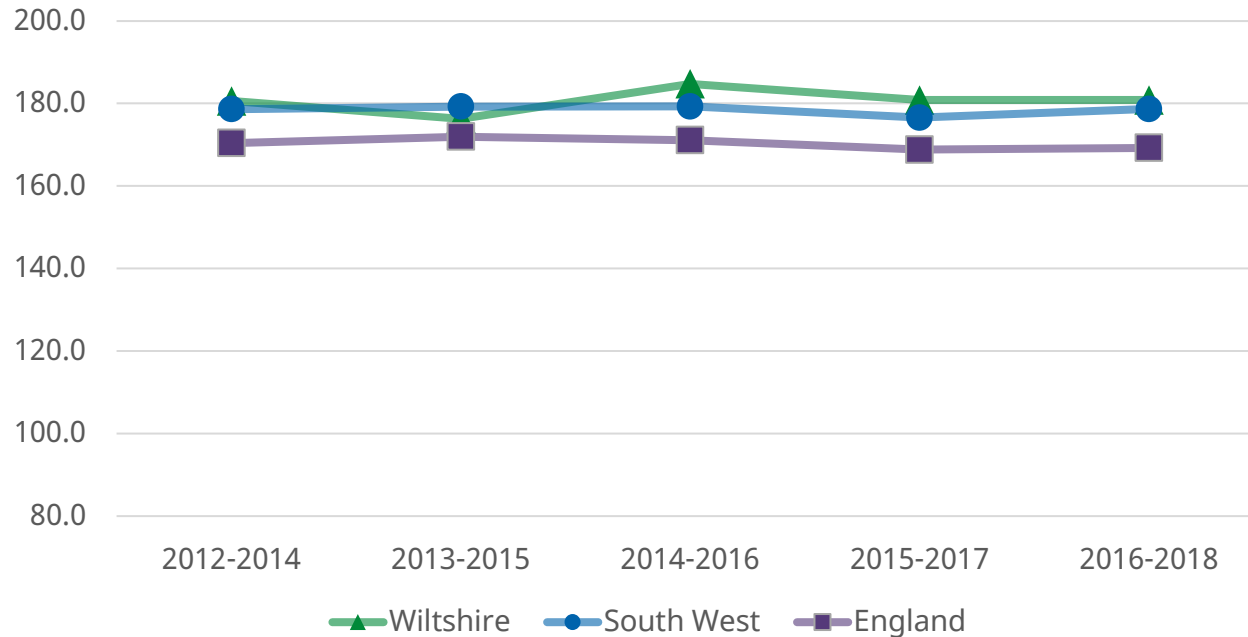
According to [Cancer Research UK](#), more than 90% of patients in the UK who are urgently referred by their GP for suspected cancer will not receive a cancer diagnosis. The chart below shows the percentage of patients in Bath and North East Somerset, Swindon and Wiltshire CCG (BSW CCG) and England that commenced treatment for cancer within two months of an urgent GP cancer referral following a positive diagnosis. This is compared against the NHS England operational standard of 85%. Whilst proportions in BSW CCG have broadly remained above those reported throughout England between April 2020 – May 2022 (averaging 75% in BSW CGG compared with an average of 71% in England over this time frame), they have remained consistently below the NHS England requirement of 85%.

Cancer waiting times: Two month wait from GP urgent referral to first treatment for cancer
Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group and England comparison
April 2020 - May 2022

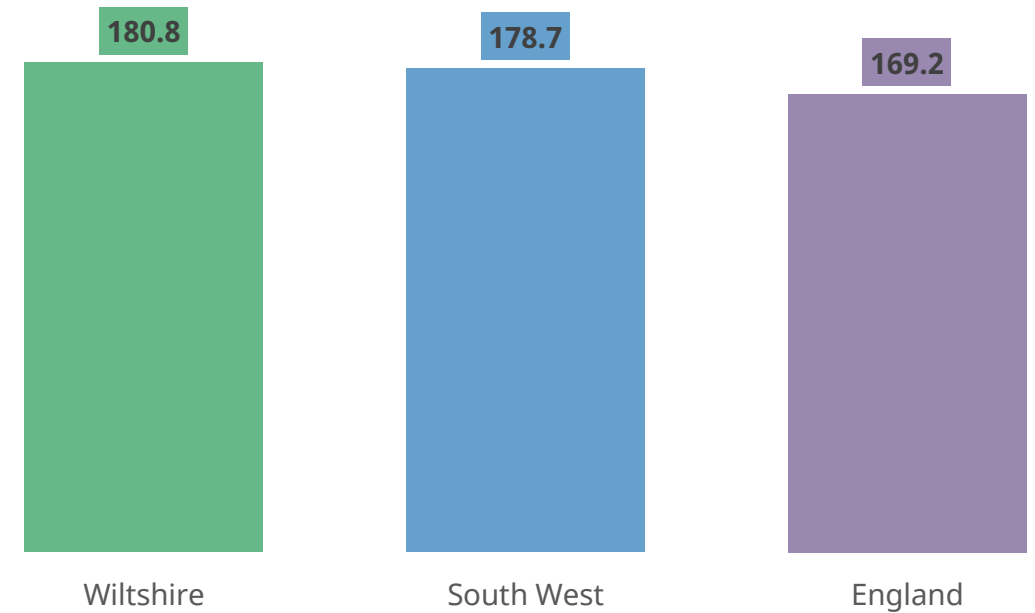


Diseases and ill health: Breast cancer

Incidence of breast cancer in females: Rate per 100,000 population
Geographical comparison 2012-14 - 2016-2018



Incidence of breast cancer in females: Rate per 100,000 population
Geographical comparison 2016-2018



Breast cancer is the most common cancer in the UK. Whilst it does affect men, it is significantly more common amongst women with around 1 in 7 females in the UK being diagnosed with it during their lifetime. As with other types of cancer, the likelihood of developing breast cancer increases with age. Women aged 50 years and over experience higher rates in the UK and this is also reflected in Wiltshire. In 2016-2018, incidence rates of diagnosed breast cancer in Wiltshire rose markedly in women over 50 with the highest rates recorded in the 90 years and over (505.6 per 100,000 population) and 65-69 year (483.6 per 100,000 population) age bands. Breast cancer risk can also be heightened by having had breast cancer previously and/or a family history of the disease as well as lifestyle factors including weight, physical inactivity, alcohol consumption and smoking.

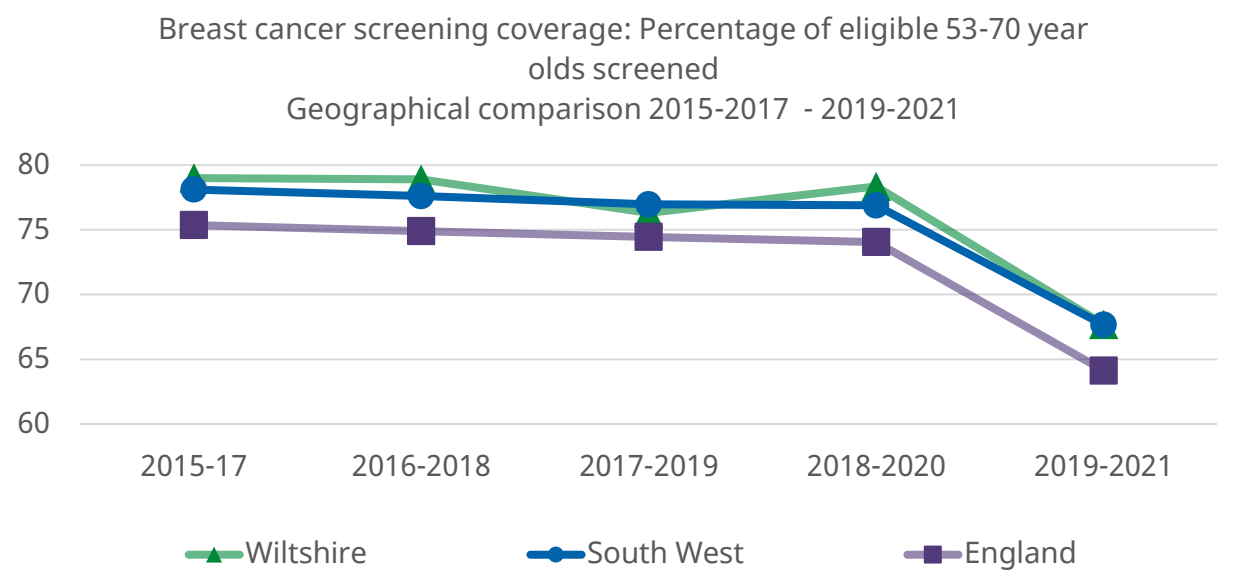
In Wiltshire, the incidence of diagnosed breast cancer (new cases of cancer, counted once when the cancer is diagnosed) in females has remained relatively stable between 2012-2014 and 2016-2018. The incidence of diagnosed breast cancer in females in Wiltshire in 2016-2018, stood at a rate of 180.8 per 100,000 population. This is similar to the rate recorded across the South West yet higher than that recorded throughout England.

Diseases and ill health: Breast cancer screening

Anyone registered with a GP as female between the ages of 50-71 will receive a postal invitation for breast screening as part of the NHS breast screening programme.

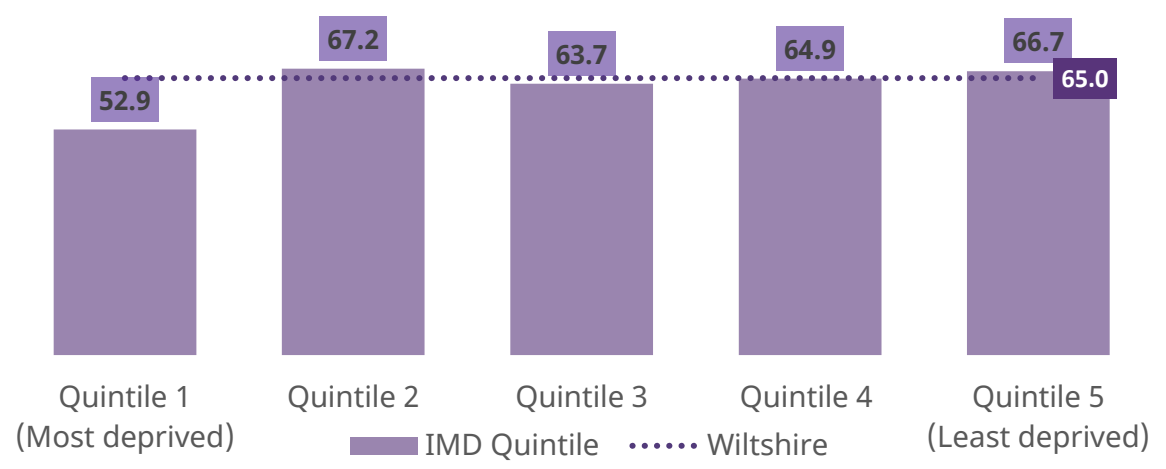
This programme aims to detect the signs and symptoms of breast cancer early and eligible persons within this age range are currently invited to participate in breast screening every three years until the age of 71.

Members of trans and non binary communities can either be invited automatically, or specifically request screening appointments through their GP surgery. Persons registered with a GP as female over the age of 71 are not automatically invited for screening, but regular screening is still available upon request to local NHS breast screening services. Further information on NHS breast screening including eligibility and how to request an appointment is available on the [NHS website](#)

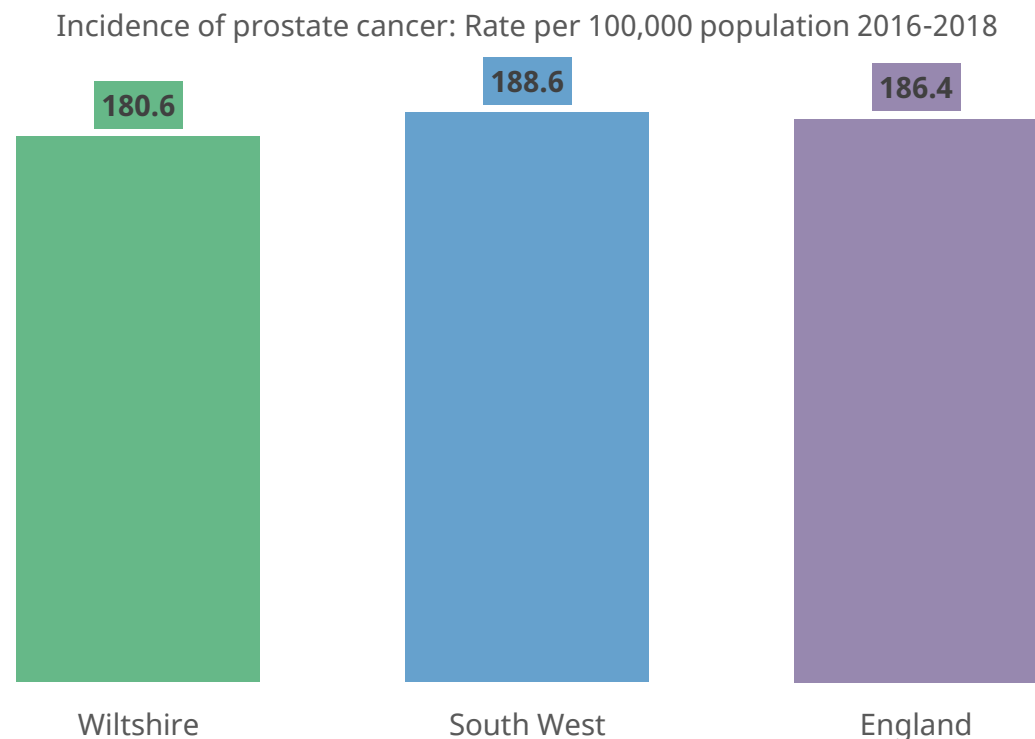
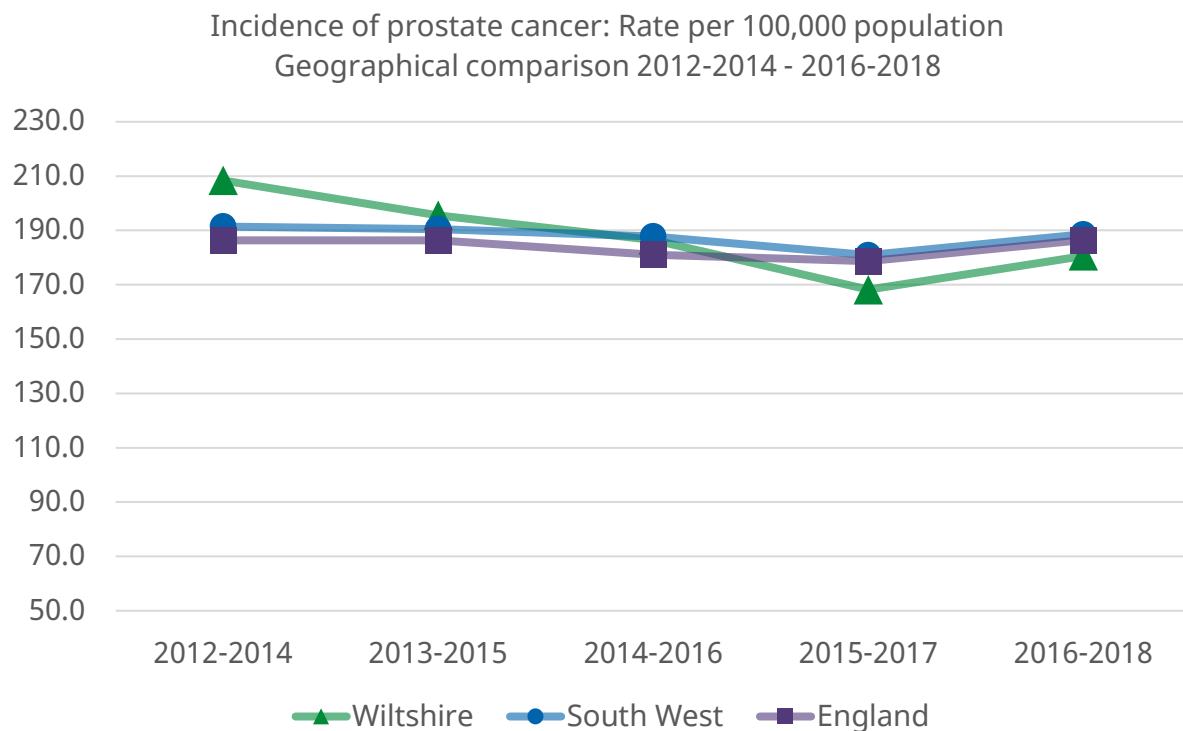


The proportion of eligible individuals successfully screened in Wiltshire, as in other areas, declined significantly during the pandemic, from 78% to 68%. This low rate is expected to rise as services begin to recover from the pressures of the pandemic. However, there has also been a longer term trend toward slightly lower rates of breast cancer screening, both in Wiltshire and nationally. Wiltshire's rate on this measure (53-70 year olds) was over 80% in 2008-10 and has fallen almost year on year since then, reaching a pre-pandemic low of 76% in 2017-19. The chart to the left shows GP level data presented by the national deprivation rank of the areas in which the GP's registered patients live. The figures are for the 36 month period to April 2021 and include eligible 50-70 year olds, so are not comparable with the local authority level data above. The chart shows, however, a significantly lower level of screening among individuals living in areas of Wiltshire ranked in the most deprived 20% of national areas (LSOAs). Breast screening is estimated to save 1,400 lives per year in England, and inequalities in the screening programme therefore place individuals living in more deprived areas at higher risk of mortality.

Percentage of eligible 50-70 year olds in Wiltshire screened for breast cancer in the last 36 months: 3 year coverage as at April 2021 by national deprivation quintile



Diseases and ill health: Prostate cancer



Prostate cancer is the most common cancer amongst UK males with 1 in 6 men being diagnosed with it during their lifetime. In the UK, the likelihood of developing prostate cancer increases with age with higher rates recorded in males in the 75-79 year age group. This is mirrored in Wiltshire with incidence of diagnosed prostate cancer rising markedly in males aged 60 years and over in 2016-2018, the highest rates (873.5 per 100,000 population) evident in the 75-79 year age range. [Cancer Research UK](#) report that ethnicity can also be a contributory factor (with this form of cancer being more common in black-African males in the UK) as can a family history of the disease. Some inherited genes can increase the likelihood of developing prostate cancer, although this accounts for a comparatively small number of this form of cancer.

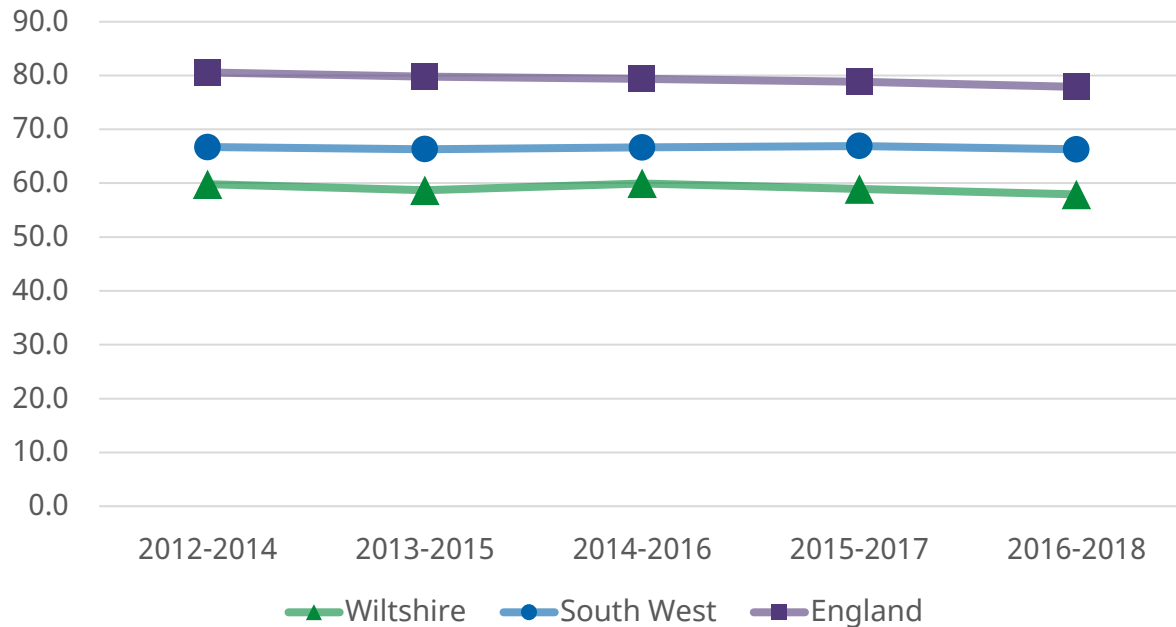
In Wiltshire, the incidence of diagnosed prostate cancer (new cases of cancer, counted once when the cancer is diagnosed) steadily reduced between 2012-2014 and 2015-2017, subsequently rising again in 2016-2018. The incidence of diagnosed prostate cancer in Wiltshire in 2016-2018, stood at a rate of 180.6 per 100,000 population, similar to rates recorded throughout England and the South West.

Diseases and ill health: Lung cancer

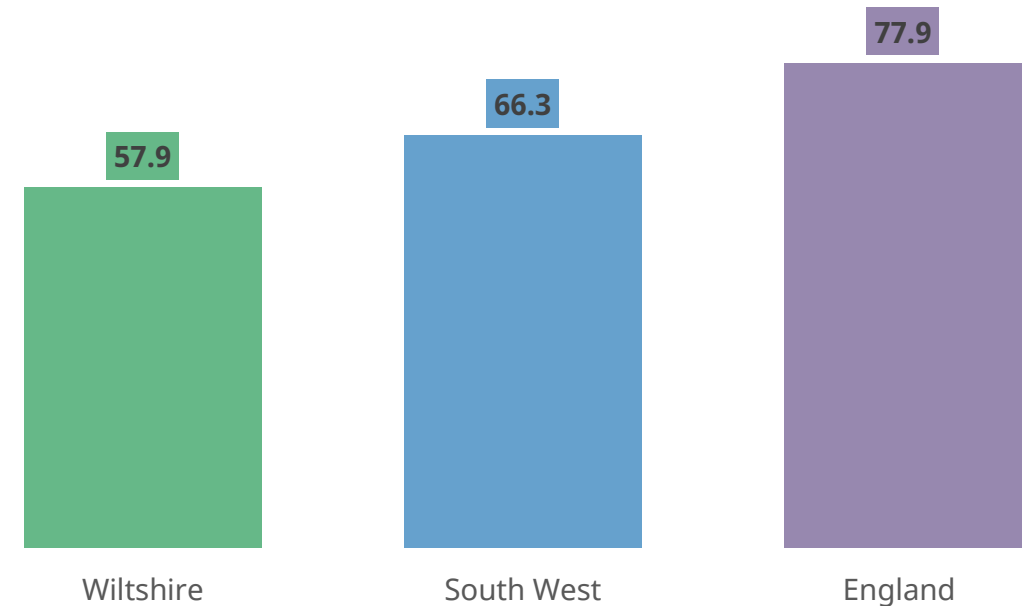
Diagnosed in around 48,500 people annually, lung cancer is the third most common cancer in the UK. Smoking is the most significant cause, contributing to more than 70% of lung cancer cases. Other factors that can elevate risk include heightened exposure to certain (potentially occupation related) chemicals (such as asbestos, diesel engine exhaust and silica), previous cancer treatment, family history and age. In the UK, almost half (45%) of persons diagnosed with lung cancer are aged 75 and above. In Wiltshire in 2016-2018, rates of diagnosed lung cancer rose in persons aged 65 years and over, with the highest rates recorded in the 75-79 year age group (316.5 per 100,000 persons). Further, rates are consistently higher in males in Wiltshire (68.5 per 100,000 population, 2016-2018), compared with females in the county (47.3 per 100,000 population)

In Wiltshire, the incidence of lung cancer (new cases of cancer, counted once when the cancer is diagnosed) has remained stable between 2012-2014 and 2016-2018, and below rates recorded across the South West and England over the same time period. In 2016-2018 in Wiltshire, the incidence rate of diagnosed lung cancer was 57.9 per 100,000 population, lower than rates recorded in both the South West and England as a whole.

Incidence of lung cancer: Rate per 100,000 population
Geographical comparison 2012-2014 - 2016-2018



Incidence of lung cancer: Rate per 100,000 population
Geographical comparison 2016-2018

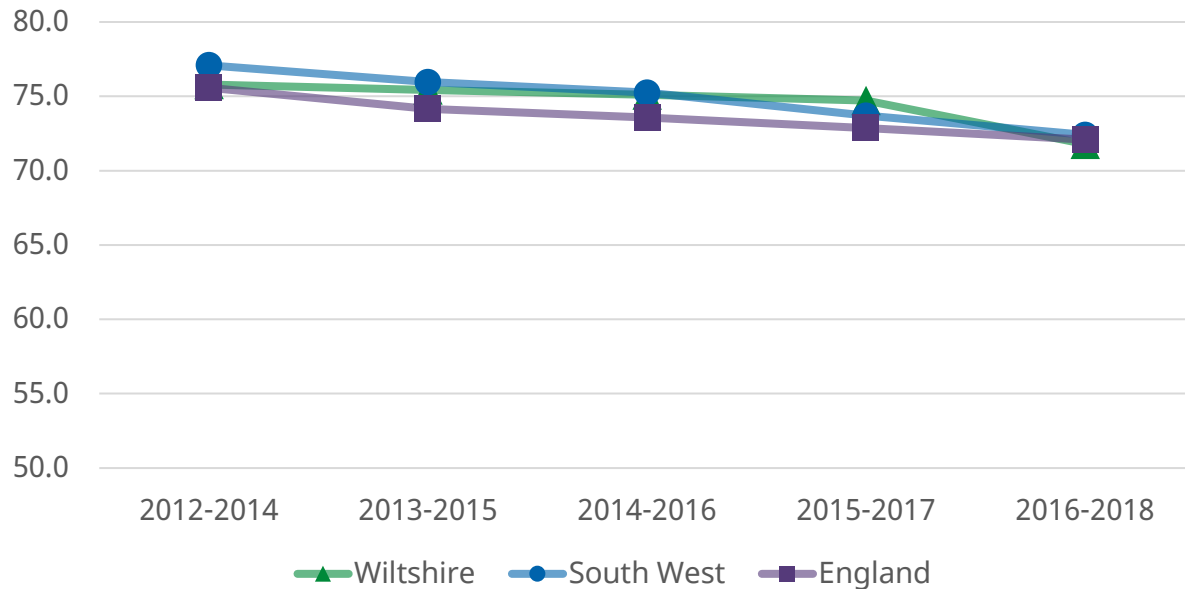


Diseases and ill health: Bowel cancer

Bowel cancer (also known as colorectal cancer) is the fourth most common cancer in the UK. [Cancer Research UK](#) estimates that around 42,900 people are diagnosed with it in the UK annually and the likelihood of developing it increases with age. In 2016-18 in Wiltshire, the incidence rates of diagnosed bowel cancer notably increased in persons aged 60 years and over, with the highest rates (453.1 per 100,000 population) evident in persons in the 85-89 year age group. Whilst bowel cancer affects both men and women, in Wiltshire incidence rates are consistently higher in males than females (in 2016-2018, incidence of this type of cancer was 88.2 per 100,000 population in males compared with 55.4 per 100,000 population in females). Apart from age, other risk factors can include a family history of the disease or the existence of some medical conditions (including ulcerative colitis and Crohn's disease). Lifestyle factors can also play a contributory role in the form of diet (eating too little fibre or higher levels of red and/or processed meat), weight, physical activity levels as well as smoking and alcohol consumption.

In Wiltshire, the incidence of diagnosed bowel cancer (new cases of cancer, counted once when the cancer is diagnosed) remained stable between 2012-2014 to 2015-17, declining slightly in 2016-2018. The incidence of diagnosed bowel cancer in Wiltshire in 2016-2018, stood at a rate of 71.8 per 100,000 population, similar to rates recorded throughout England and the South West.

Incidence of bowel cancer: Rate per 100,000 population
Geographical comparison 2012-2014 - 2016-2018



Incidence of bowel cancer: Rate per 100,000 population
Geographical comparison 2016-2018



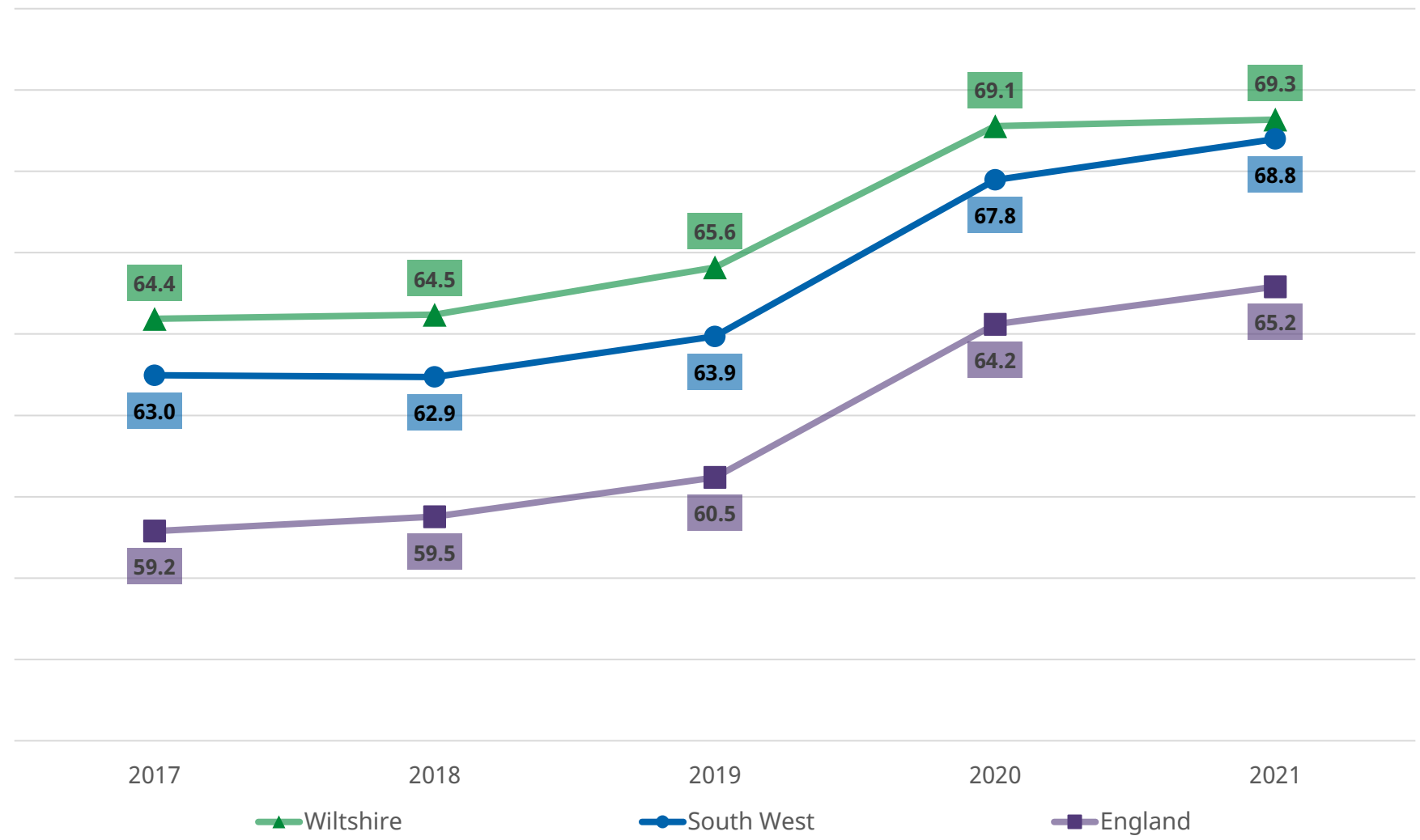
Diseases and ill health: Bowel cancer screening

The NHS bowel screening aims to detect bowel cancer, as well as changes that could lead to its development, early. Screening consists of the provision of a bowel cancer screening kit (also known as a FIT - Faecal Immunochemical Test) every two years to eligible persons.

In England, you need to be aged 60-74 years and registered with a GP to receive the testing kit, although NHS England is gradually expanding the programme to include persons aged over 50 years. The test is done at home and the kit contains both instructions of what to do as well as a prepaid envelope to enable participants to send the sample to the hospital for analysis.

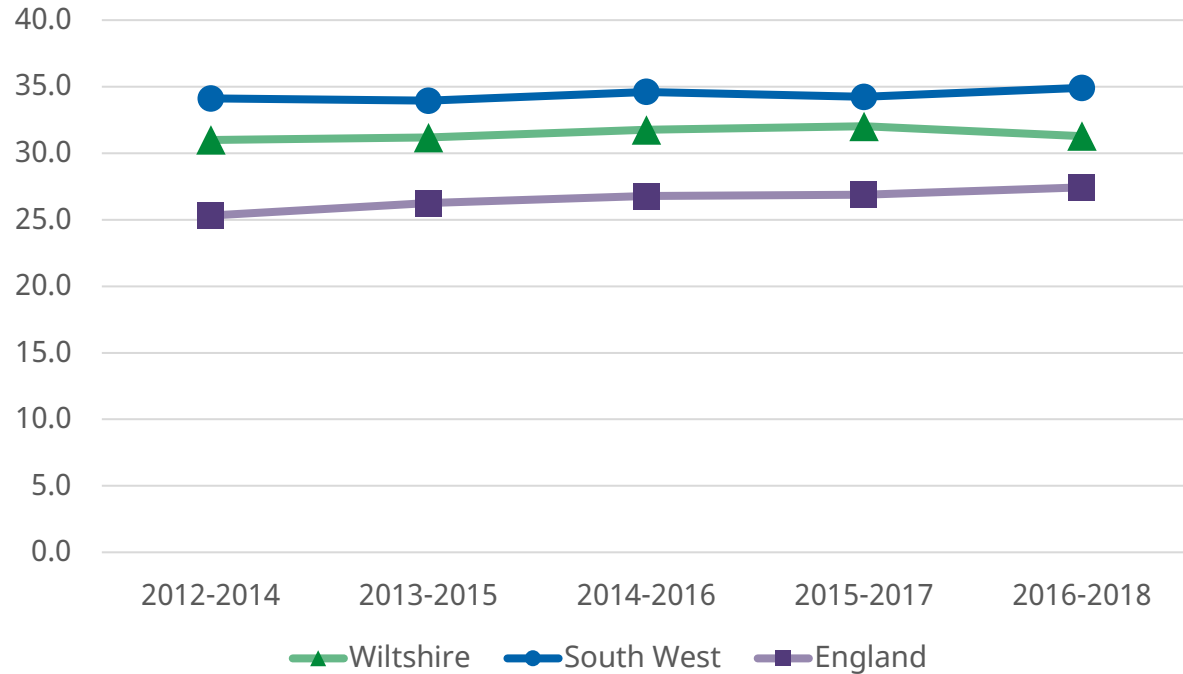
The chart shows Wiltshire, the South West and England's bowel cancer screening coverage since 2017. The postal nature of this screening programme appears to mean that bowel cancer screening did not see the significant drop in coverage that affected in-person screening programmes during the pandemic. Wiltshire has historically had higher coverage than England and the South West, but in 2021 the South West's coverage was very close to Wiltshire's.

Bowel cancer screening coverage: Percentage of eligible 60 to 74 year olds
Geographical comparison 2017 - 2021

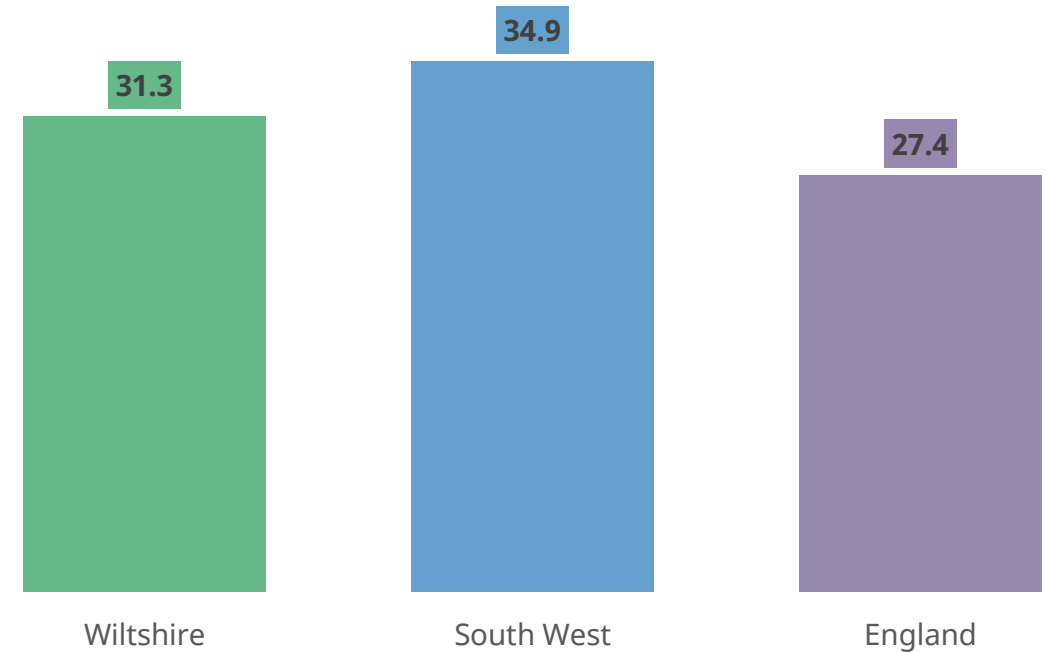


Diseases and ill health: Skin cancer

Incidence of skin cancer: Rate per 100,000 population
Geographical comparison 2012-2014 - 2016-2018



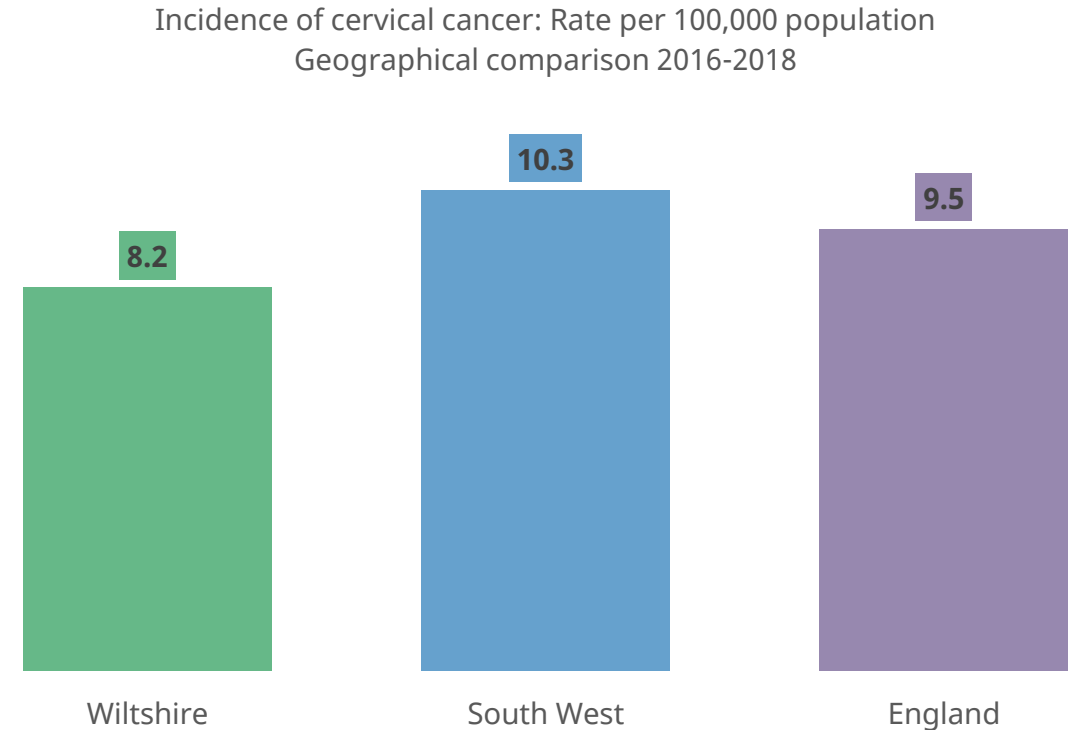
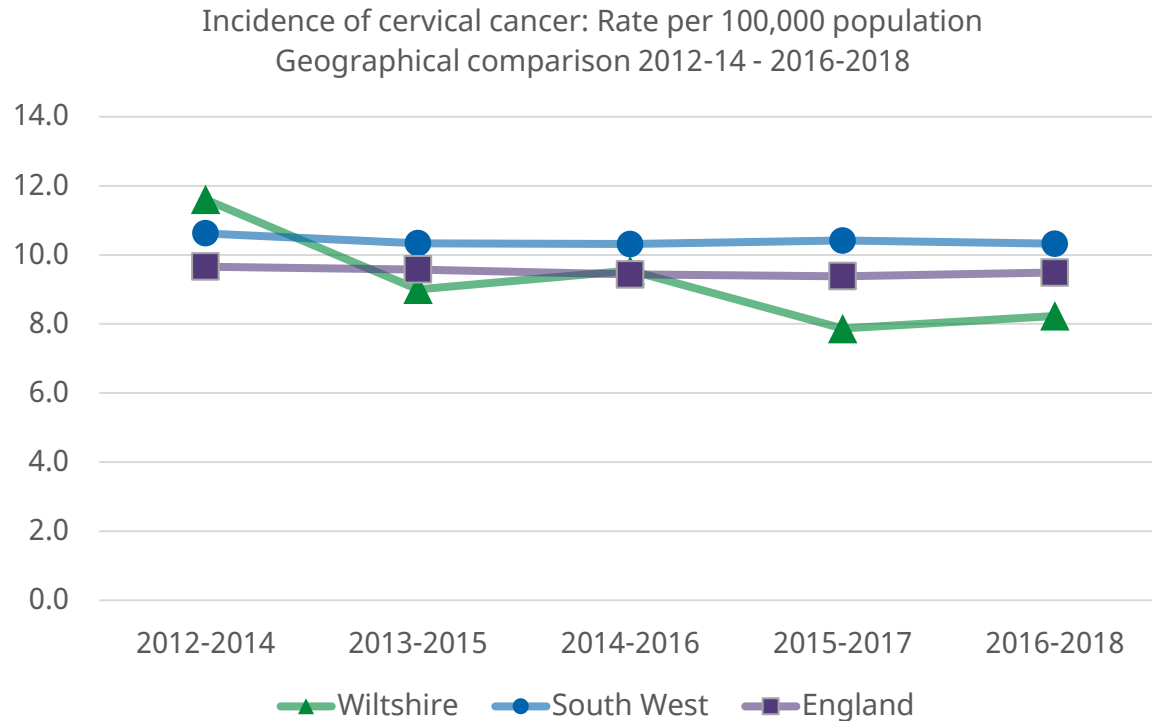
Incidence of skin cancer: Rate per 100,000 population
Geographical comparison 2016-2018



There are two main types of skin cancer, non melanoma (this is more common, more readily treatable and develops in the upper layers of the skin) and melanoma (this is less common, is potentially more serious and develops in cells in the skin called melanocytes found in the deep layer of the epidermis). Ultraviolet radiation from the sun or sunbeds is the prime cause of skin cancer. This may be long term exposure, or short periods of intense sun exposure and burning. Other risk factors include age, family history, having had skin cancer previously and, more rarely, the existence of certain skin conditions.

In Wiltshire, the incidence of skin cancer (new cases of cancer, counted once when the cancer is diagnosed) has been broadly stable between 2012-2014 and 2016-2018, below rates recorded in the South West, but higher than rates throughout England. In 2016-2018, the incidence rate of recorded skin cancer in Wiltshire was 31.3 per 100,000 population, lower than rates in the South West but higher than in England.

Diseases and ill health: Cervical cancer

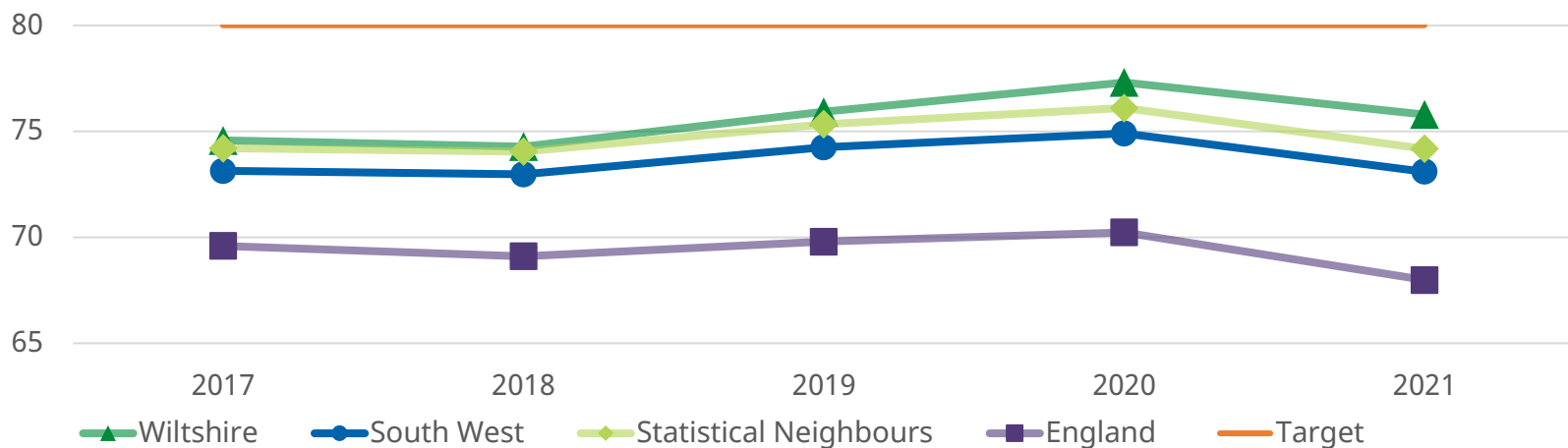


[Cancer research UK](#) report that cervical cancer is the 14th most common cancer in women in the UK and occurs when abnormal cells in the lining of the cervix grow in an uncontrolled way. It is more common in females in younger age groups with more than half of UK annual cervical cancer cases being diagnosed in females aged 45 and below. The same is true in Wiltshire. In 2016-18 rates of diagnosed cervical cancer in the county were more pronounced in women aged between 20-49 years with the highest rates being recorded in the 40-44 and 45-49 year bands (23.1 per 100,000 population and 19.4 per 100,000 population respectively). If not detected at an early stage, cancer cells can gradually grow into surrounding tissues and affect other areas of the body.

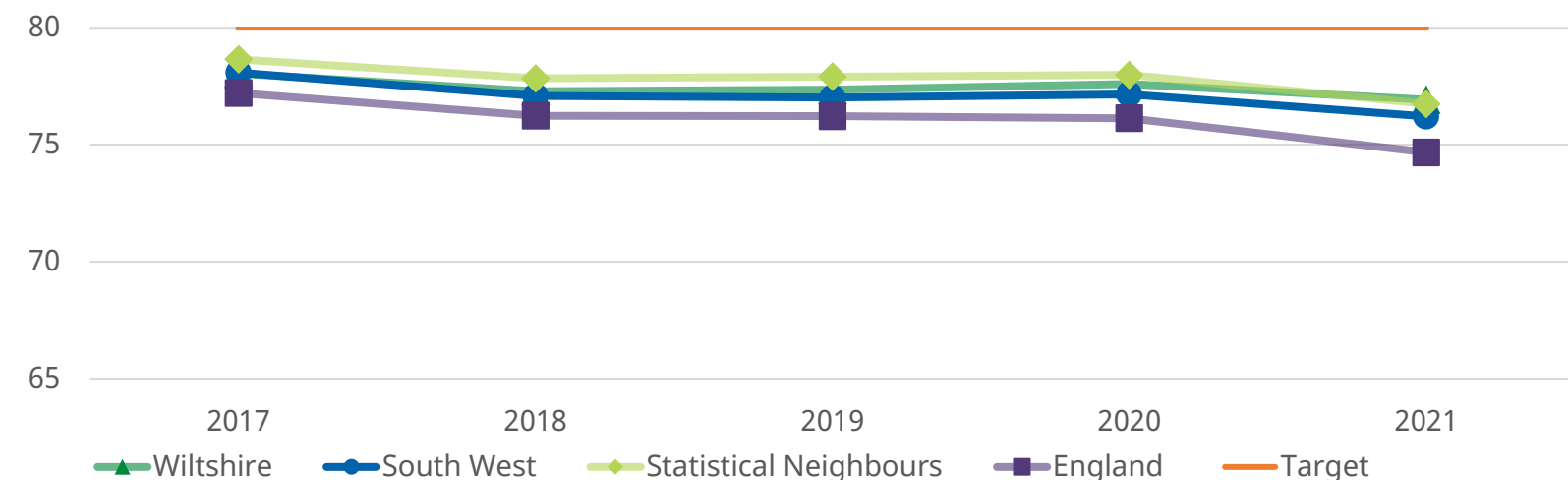
In Wiltshire, the incidence of cervical cancer (new cases of cancer, counted once when the cancer is diagnosed) has gradually declined since 2012-14 and has remained below cervical cancer incidence rates recorded across the South West region as well as throughout England since 2015-2017. In 2016-2018, the incidence of diagnosed cervical cancer in Wiltshire was 8.2 per 100,000 population, lower than rates recorded throughout England and the South West.

Diseases and ill health: Cervical cancer screening

Cervical cancer screening coverage: Percentage of eligible 25-49 year olds screened within target period (3.5 years) Geographical Comparison 2017 - 2021



Cervical cancer screening coverage: Percentage of eligible 50-64 year olds screened within target period (5.5 years) Geographical Comparison 2017 - 2021



The NHS cervical screening programme is available to women, members of trans and non binary communities in the 25-64 year age range. In England, 25-49 year olds registered with a GP are invited for cervical screening every three years. Thereafter, cervical screening is offered every five years until the age of 64.

The programme aims to detect symptoms or changes as early as possible in order to prevent the development of cervical cancer and tests for a virus called human papilloma virus (HPV). High risk HPV can cause cervical cells to become abnormal.

Pre-cancerous cell changes as well as early cervical cancers don't necessarily always present with symptoms which is why regular cervical screening is important. Where symptoms are present, they can include

- Pain or discomfort during sex
- Vaginal discharge or unusual vaginal bleeding
- Pain in the pelvis area (between the hip bones)

Wiltshire's cervical screening coverage remains slightly higher than the South West and England averages but below the standard of 80% for both 25-49 and 50-64 year olds. The charts show a long-term minimal increase in coverage among 25 to 49 year olds (with a decrease in 2021 likely due to the pressures of the pandemic). Among 50 to 64 year olds in Wiltshire there was a reduction in coverage between 2017 and 2018, and then small increases until 2020. For both age groups, coverage is lower in the more deprived areas of Wiltshire.

Diseases and ill health: Infectious diseases and vaccination

The World Health Organization (WHO) says:

“The two public health interventions that have had the greatest impact on the world’s health are clean water and vaccines.”

Since vaccines were introduced in the UK, infectious diseases like smallpox, tetanus and polio that historically caused the death or disability of millions of people are either gone or seen very rarely. Other diseases like measles and diphtheria have been reduced by up to 99.9% since their vaccines were introduced.

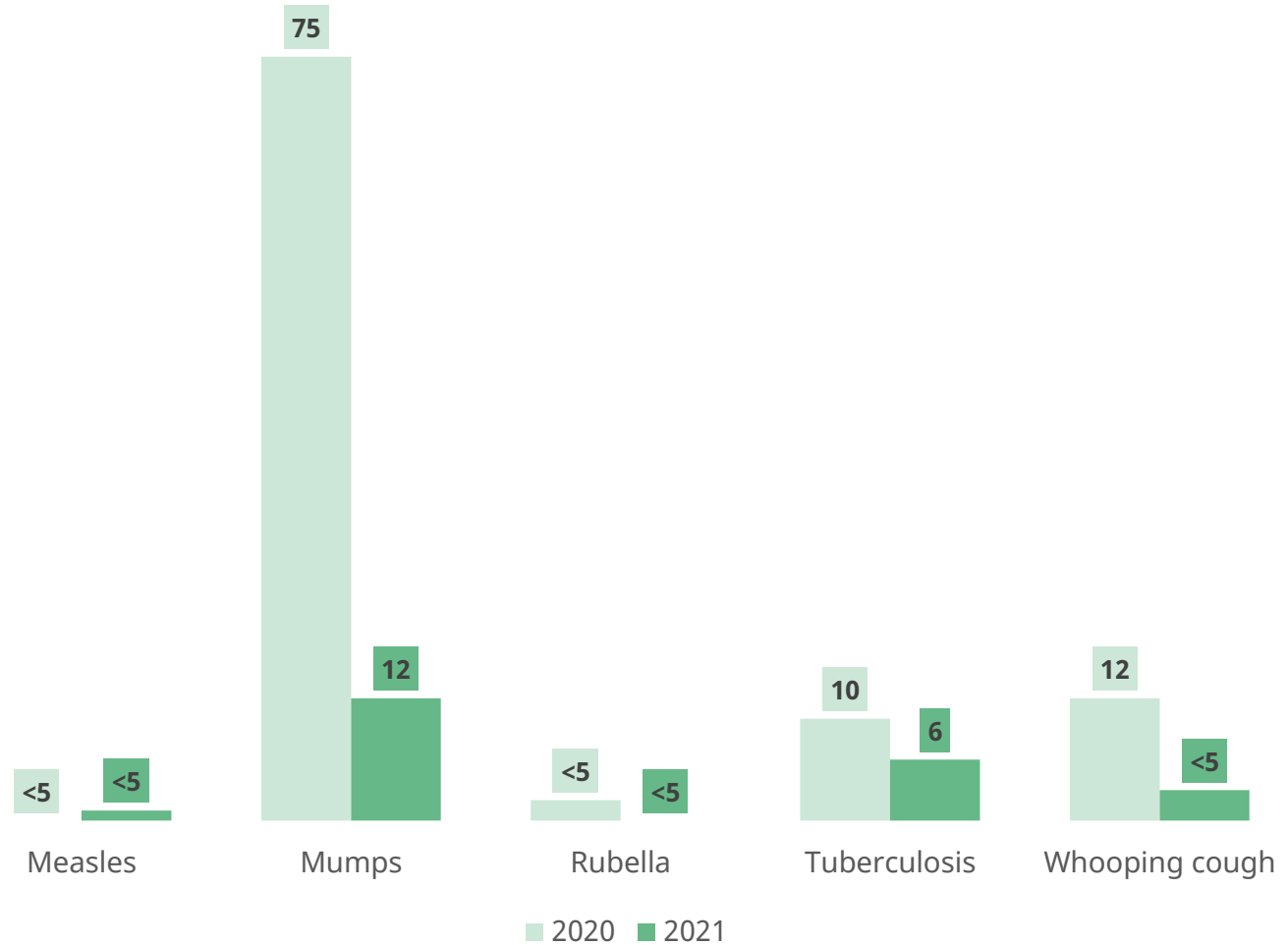
There are several immunisations that are offered to the residents of Wiltshire as part of the UK national schedule. The uptake of these vaccines is shown on the next two pages.

In 2021, infectious disease incidence was lower in Wiltshire than in previous years, as a result of the Covid-19 prevention measures that reduced transmission. The chart on this page shows notifications to the UK Health Security Agency of several key vaccine-preventable infectious diseases.

There are now indications that incidences of many of these diseases are rising again. By the end of July 2022, the 2021 annual totals in the chart on this page had already been matched or exceeded for all diseases shown here except tuberculosis. While a proportion of statutory notifications do not turn out to be the reported infection, the overall trend in Wiltshire is for an increase in these diseases in 2022.

The latest information on Covid-19 cases in Wiltshire can be found on the government tracker: [Cases in Wiltshire | Coronavirus in the UK \(data.gov.uk\)](#)

Statutory Notifications of Key Vaccine-Preventable Infections in Wiltshire
2020 and 2021



Diseases and ill health: Early childhood vaccine coverage

In 2020/21, Wiltshire was above the national 95% target on many of the childhood baseline vaccines, and showed improvements from coverage in 2017/18. However, as in previous years, coverage of the rotavirus vaccine, MenB booster, Dtap/IPV booster and MMR2 were below the national 95% target.

Age of child	Population vaccination coverage (%)	Wiltshire				South West
		2017/18	2018/19	2019/20	2020/21	2020/21
1 year	Dtap / IPV / Hib (protects against diphtheria, pertussis, tetanus, polio, haemophilus influenzae type b)	96.2	96.3	97.1	96.5	94.8
	MenB (protects against invasive meningococcal disease capsule group B most commonly presenting as septicaemia and/or meningitis)	95.7	95.8	96.7	96.2	94.7
	PCV (protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis)	96.5	96.3	97.3	NA	NA
	Rotavirus (Rota) (protects against gastroenteritis)	94.1	93.9	94.1	94.1	92.8
2 years	Dtap / IPV / Hib	96.2	97.4	97.0	97.5	95.8
	MenB booster	NA	93.2	94.0	94.8	92.5
	MMR for one dose (protects against measles, mumps and rubella)	94.0	95.1	95.4	95.7	93.3
	PCV booster	94.3	95.2	95.4	95.4	93.3
	Hib / MenC booster (boosts protection against haemophilus influenzae type b and meningitis C)	94.3	95.1	95.4	95.5	93.2
5 years	DTaP/IPV booster	89.2	91.1	91.0	92.4	89.7
	MMR for one dose	95.1	96.3	96.3	97.0	96.0
	MMR for two doses	89.1	91.5	91.9	93.1	91.2

Diseases and ill health: Flu, school age and adult vaccine coverage

Efforts to improve flu vaccine coverage alongside delivery of the Covid-19 vaccines appear to have achieved strong results in Wiltshire, with all groups showing above target coverage in 2020/21

Flu vaccine coverage	Wiltshire				South West	Target
	2017/18	2018/19	2019/20	2020/21	2020/21	
2-3 year olds	54.2	54.3	56.7	69.8	65.6	65.0
Primary school aged children (4-11 years)	NA	NA	69.3	72.8	68.6	65.0
At risk individuals aged <65 years	51.8	50.8	48.5	60.6	57.2	55.0
65+ year olds	74.5	74.6	75.3	85.6	82.8	75.0

The Covid-19 pandemic led to all educational settings closing from 23 March 2020 (some schools remained partially open for children of key workers) and the delivery of all school-aged immunisation programmes, including the human papillomavirus vaccine (HPV) programme, were paused in line with UK government advice. Once the Covid-19 lockdown restrictions were eased, all providers were able to offer some school-based immunisations catch-up ahead of the 2020/21 academic year. There is still work required to increase uptake to the 90% target for all immunisations given to young people. Uptake of the shingles and pneumococcal polysaccharide vaccine (PPV) in older adults also remain below target in Wiltshire:

Young person and adult vaccine coverage	Wiltshire				South West	Target
	2017/18	2018/19	2019/20	2020/21	2020/21	
HPV vaccination coverage for one dose (females aged 12-13 years)	93.9	91.3	22.9	83.3	75.0	90.0
HPV vaccination coverage for one dose (males aged 12-13 years)	NA	NA	17.9	76.9	69.6	90.0
HPV vaccination coverage for two doses (females aged 13-14 years)	89.2	88.2	83.8	33.4	46.4	90.0
Meningococcal ACWY conjugate vaccine (14-15 years)	90.7	90.4	90.2	83.8	77.3	90.0
Shingles vaccination coverage (71 years)	NA	54.6	52.7	NA	NA	60.0
PPV (65+ years)	70.8	70.8	71.4	72.2	70.6	75.0

The latest data on Covid-19 vaccination in Wiltshire can be found on the government tracker: [Vaccinations in Wiltshire | Coronavirus in the UK \(data.gov.uk\)](#)

Diseases and ill health: Sexually transmitted infections (STIs)

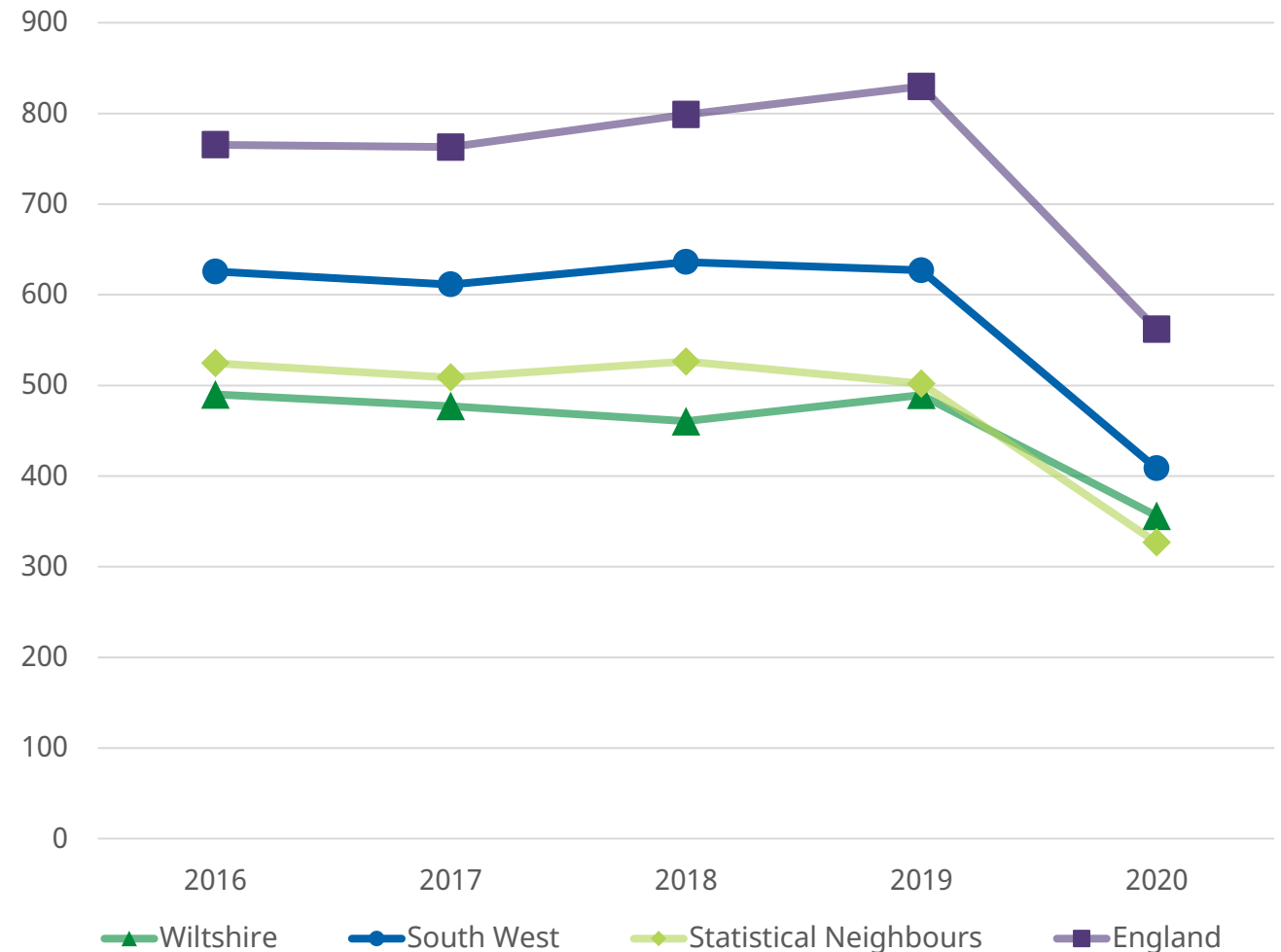
Sexual health is an important matter to both individuals and communities. Most adults are sexually active and sexual health needs vary according to factors such as age, gender, sexual orientation, and ethnicity. Access to high quality sexual health services and quick access to treatment and interventions improves the health and wellbeing of both individuals and populations.

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and sexually transmitted infections (STIs), teenage conceptions and abortions. The highest burden is borne by women, men who have sex with men (MSM), teenagers, young adults and black and minority ethnic groups. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

Wiltshire aims to be a place where all individuals and communities are informed, enabled, motivated, and empowered to be able to protect themselves and others from acquiring an STI or blood-borne virus (BBV). Individuals should be able to make informed decisions when considering contraceptive choices and have easier access to them. We want to ensure that everyone can have safe sexual experiences, free of coercion, discrimination, and violence by ensuring sexual rights are protected, respected and fulfilled.

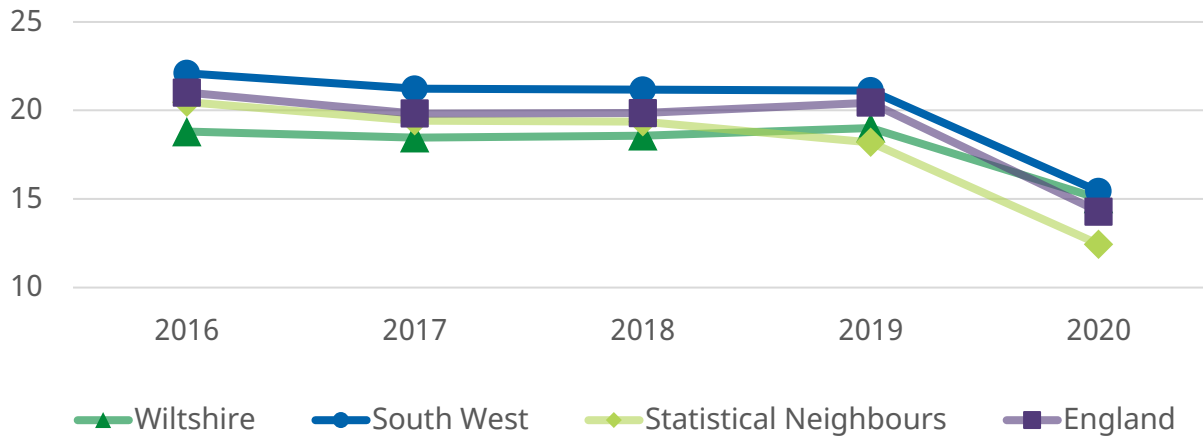
Diagnosis rates of STIs should be interpreted with caution. A high diagnosis rate is indicative of a high burden of infection, however, a low diagnosis rate may be explained by other factors as well, such as low testing rates. Between 2016 and 2019, the overall STI diagnosis rates in Wiltshire and the South West remained fairly unchanged, compared to a significant rise in the England rate. In 2020, all areas saw a sharp decrease associated with the effects of the Covid-19 pandemic.

All new STI diagnoses: Rate per 100,000 population
Geographical comparison 2016-2020



Diseases and ill health: Chlamydia

Chlamydia screening: Proportion aged 15-24 years
Geographical comparison 2016-2020

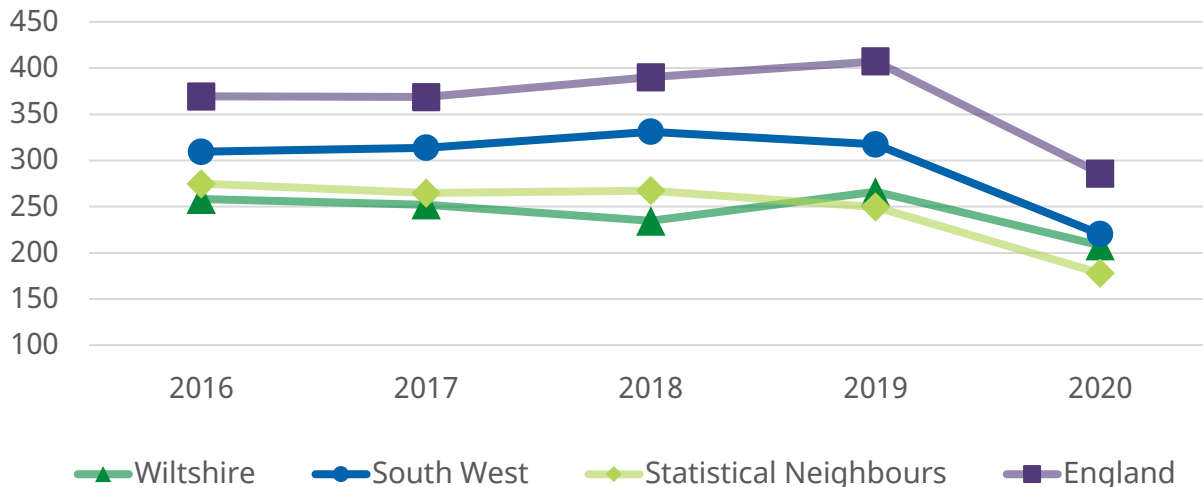


Chlamydia causes avoidable sexual and reproductive ill-health. While chlamydia infections are more commonly found among young adults aged under 25 years, women and men aged 25 years and over are also at risk of chlamydia (bottom right).

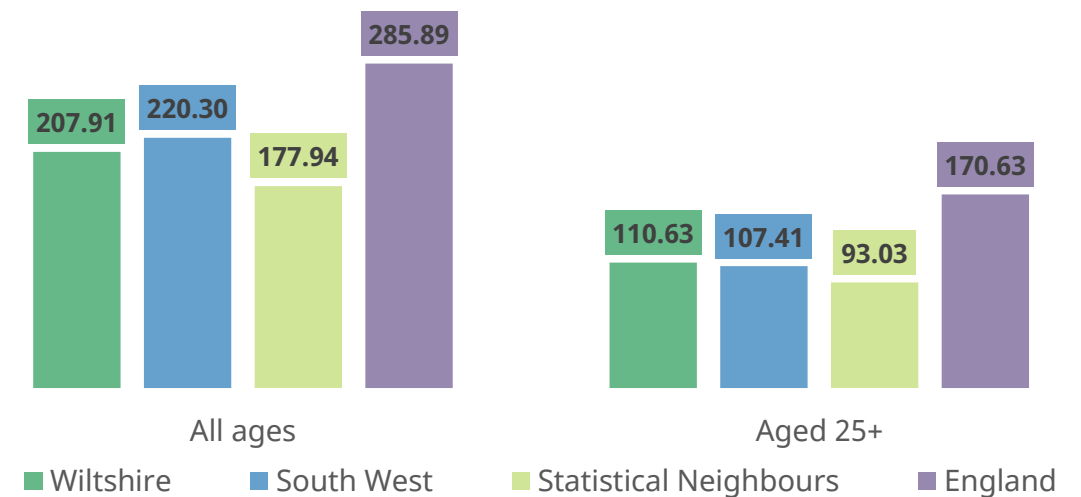
Diagnosis rates should be interpreted with caution. A high diagnosis rate is indicative of a high burden of infection, however, a low diagnosis rate may be explained by other factors as well, such as low testing rates.

Wiltshire, statistical neighbours, the South West and England all saw a decline in the rates of testing of 15-24 year olds in 2020 (top left). It's unclear how much of the reduction in the diagnostic rate in 2020 (bottom left) was due to this reduction in testing and how much was due to changed sexual behaviours during the pandemic.

Chlamydia diagnostic rate per 100,000 population (all ages)
Geographical comparison 2016-2020



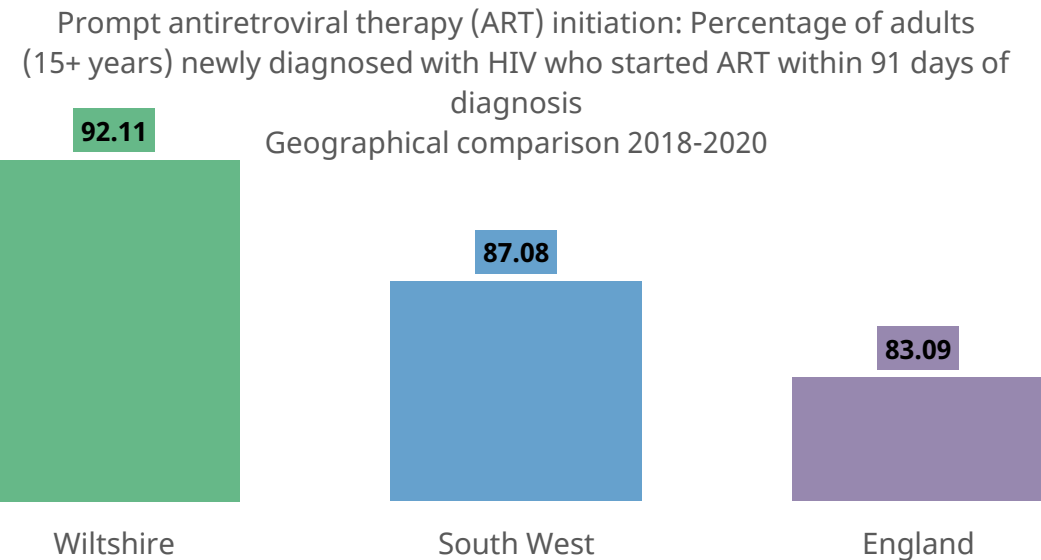
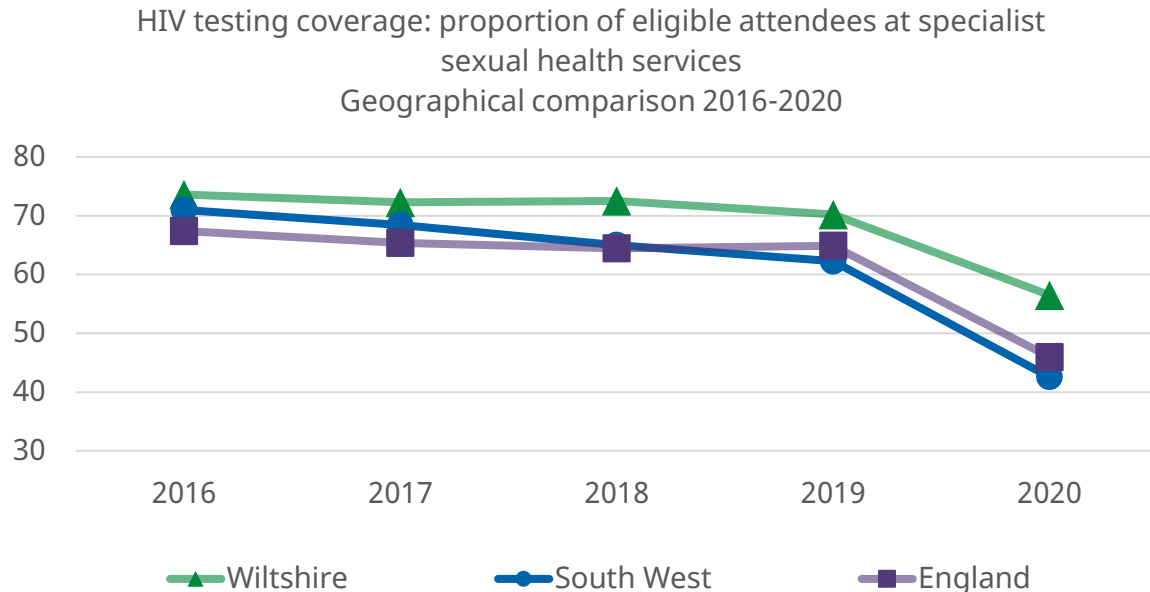
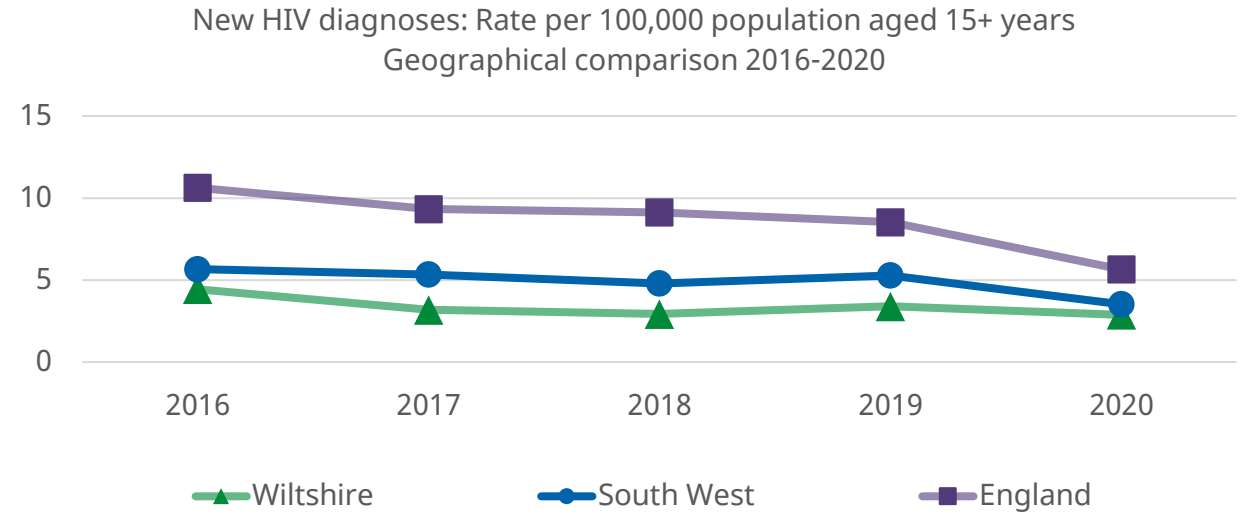
Chlamydia diagnostic rate per 100,000 population by age
Geographical comparison 2020



Diseases and ill health: HIV

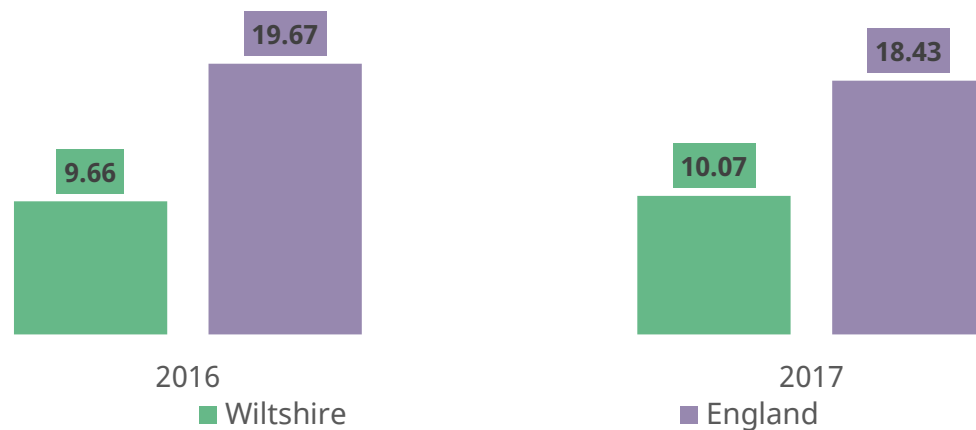
New HIV diagnoses are not synonymous with incidence, but the rates provide insight into onward HIV transmission and consequently allow targeting efforts to reduce transmission. Although the majority of HIV diagnoses are made in genitourinary medicine (GUM) services, HIV testing has been introduced in a variety of different medical services and non-medical settings, including the expansion of self-sampling/self-testing.

Prompt treatment initiation reduces the risk of onward HIV infection. Successful antiretroviral therapy (ART) decreases a person's viral load and HIV transmission does not occur when the viral load is undetectable. This has been the basis of the 2016 [Undetectable = Untransmittable \(U=U\)](#) campaign endorsed by 790 organisations worldwide including key stakeholders for HIV prevention in the UK.

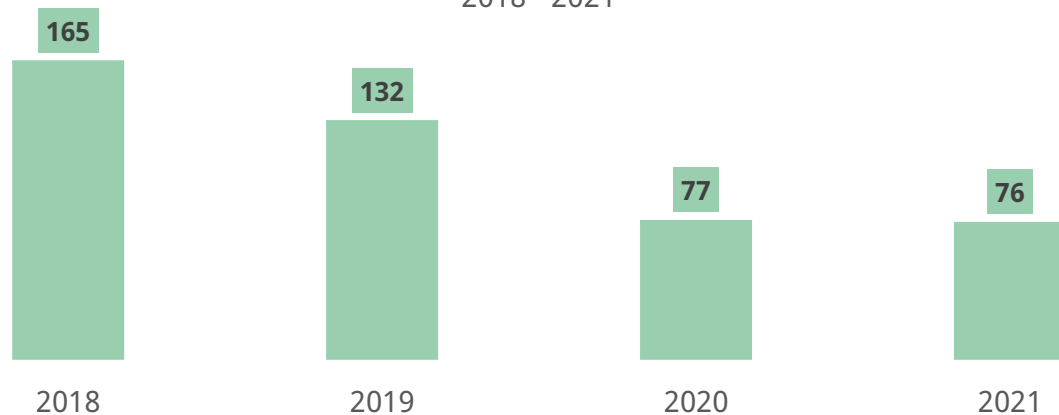


Diseases and ill health: Hepatitis C

Hepatitis C detection: Rate per 100,000 population
Geographical comparison 2016 - 2017



Number of new diagnoses of hepatitis C
CCG area
2018 - 2021



■ Bath and NE Somerset, Swindon & Wiltshire CCG (Wessex ODN, mapped to CCG by postcode)

Hepatitis C increases people’s risk of developing serious long term disease. It is estimated that around a third of people infected with this virus will eventually develop liver cirrhosis, and face an increased risk of developing liver cancer.

The government is committed to the elimination of hepatitis C by 2030. The achievement of this requires patients to be identified and provided with antiretroviral treatment. The latest public data (top chart) shows a detection rate in Wiltshire of around 10 per 100,000 population which was equivalent to 48 new cases in 2017 (44 in 2016).

This rate was around half that seen in England, which may reflect differences in the demographics of the populations, as hepatitis C is more prevalent in specific vulnerable groups, like people who inject drugs (PWID) and people who experience homelessness; or it may reflect differences in the approaches to testing.

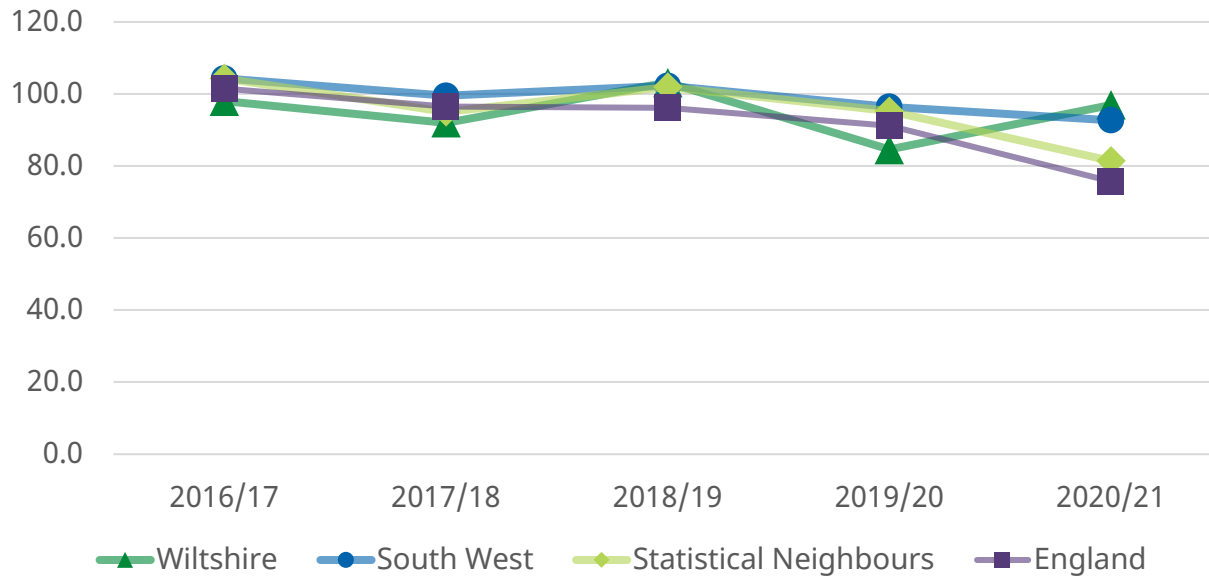
Secure data monitored by the UK Health Security Agency indicates that numbers of new diagnoses of hepatitis C in the Bath and North East Somerset, Swindon & Wiltshire CCG area of the Wessex operational delivery network (ODN) fell between 2018 and 2019, and further decreased during the pandemic.

Changes to hepatitis C services were made at pace in 2020, including moves to online consultations and expanded community outreach testing, to enable ongoing access to care and treatment during the pandemic. It is not yet clear how these innovative approaches have impacted different groups in Wiltshire. Hepatitis C predominantly affects socially disadvantaged and/or marginalised groups who already experience poor health outcomes, and there remains a critical need to evaluate the local impact of these recent changes to services.

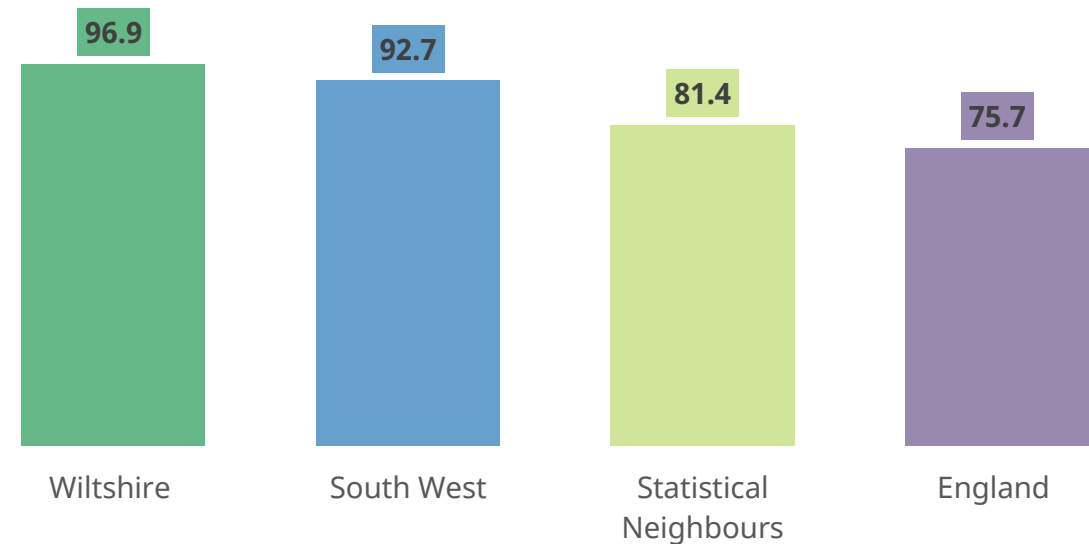
Access to the secure HCV testing and treatment dashboard may be requested by professionals via the gov.uk website: [Hepatitis C testing and treatment dashboard - GOV.UK \(www.gov.uk\)](https://www.gov.uk/hepatitis-c-testing-and-treatment-dashboard)

Diseases and ill health: Unintentional and deliberate injuries in 0-14 year olds

Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years: Rate per 10,000 population
Geographical comparison 2016/17 - 2020/21



Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years: Rate per 10,000 population
Geographical comparison 2020/21



Accidents and injuries amongst children and young people represent a significant public health issue. They are a leading cause of hospitalisation, ill health and even premature mortality within younger populations that can often be prevented.

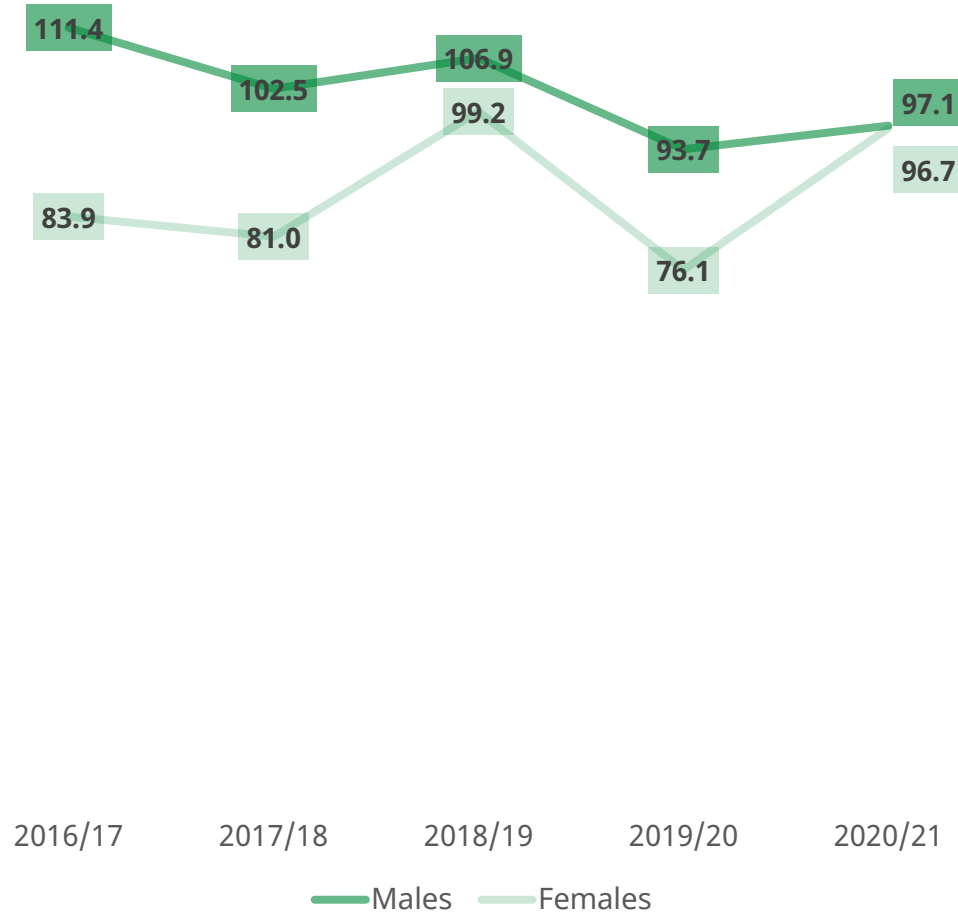
In the UK according to [RoSPA](#), children aged 5 years and under are at an elevated risk of incurring injury in the home. Falls are responsible for the majority of non fatal injuries whilst the highest number of deaths result from accidents that result in choking, strangulation or suffocation. Many accidents in domestic settings can be prevented through a combination of factors including heightened awareness of risks and hazards, home adjustments and increased product safety.

The rate of hospital admissions caused by unintentional and deliberate injuries in 0-14 year olds in Wiltshire rose from 84.5 per 10,000 in 2019/20 to 96.9 per 10,000 in 2020/21. There were approximately 900 hospital admissions of this nature in 2020/21 in Wiltshire and whilst the Wiltshire rate in this year is similar to that recorded in the South West, it is higher than the rates reported by statistical neighbours as well as in England.

Diseases and ill health: Unintentional and deliberate injuries in 0-14 year olds

Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years in Wiltshire by gender:

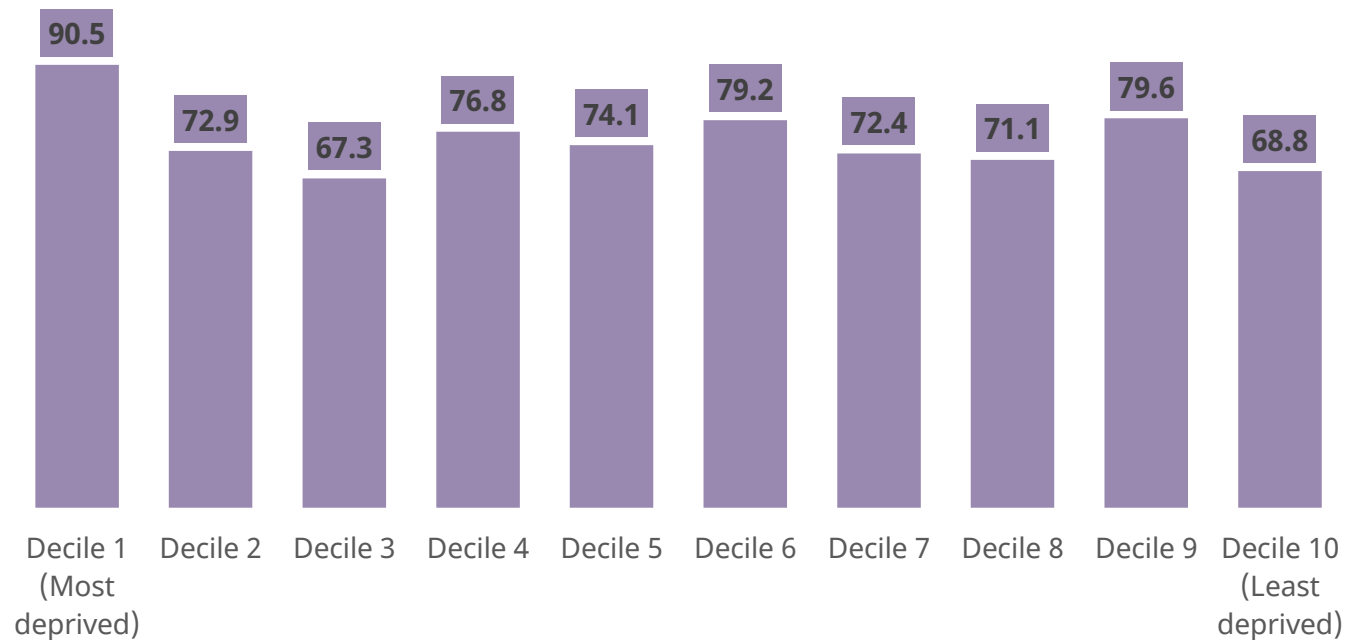
Rate per 10,000 population
2016/17 - 2020/21



Rates of hospital admissions caused by unintentional and deliberate injuries in 0-14 year olds in Wiltshire are consistently higher in males than females, although reported rates in females in Wiltshire rose quite markedly in 2020/21.

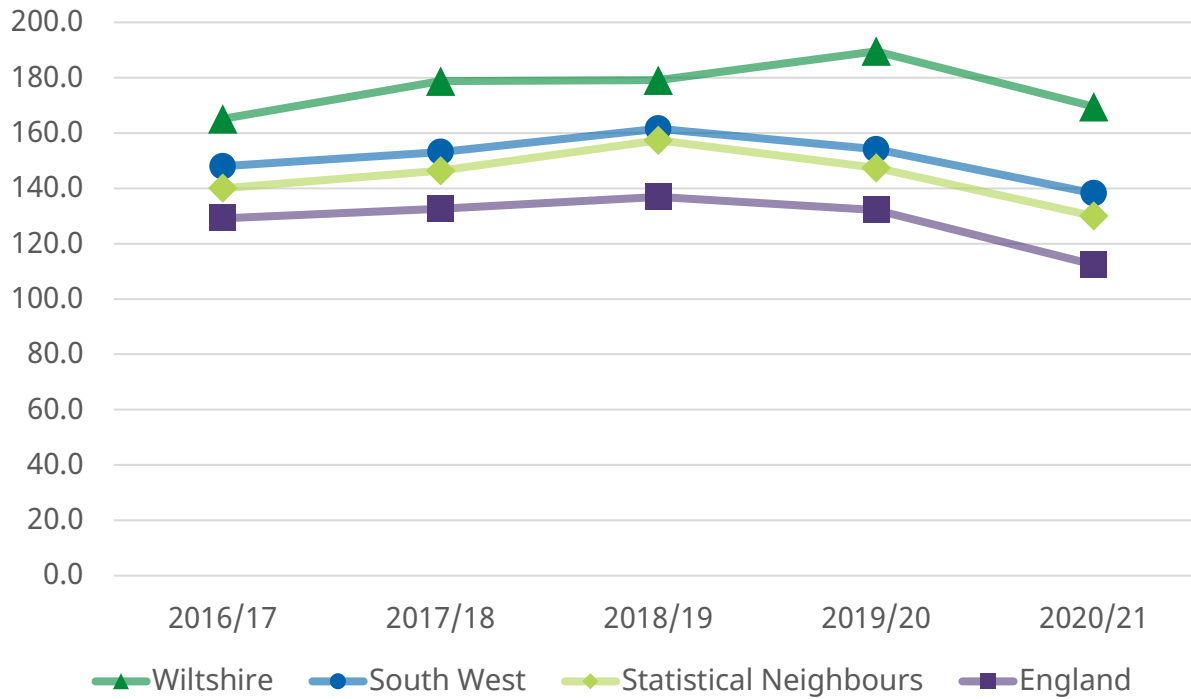
In the absence of Wiltshire level deprivation information, analysis of national deprivation data in relation to this metric (below) indicates in 2020/21, admission rates were higher in the most deprived decile (the 10% most deprived areas nationally).

Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years in England by national deprivation decile: Rate per 10,000 population 2020/21



Diseases and ill health: Unintentional and deliberate injuries in 15-24 year olds

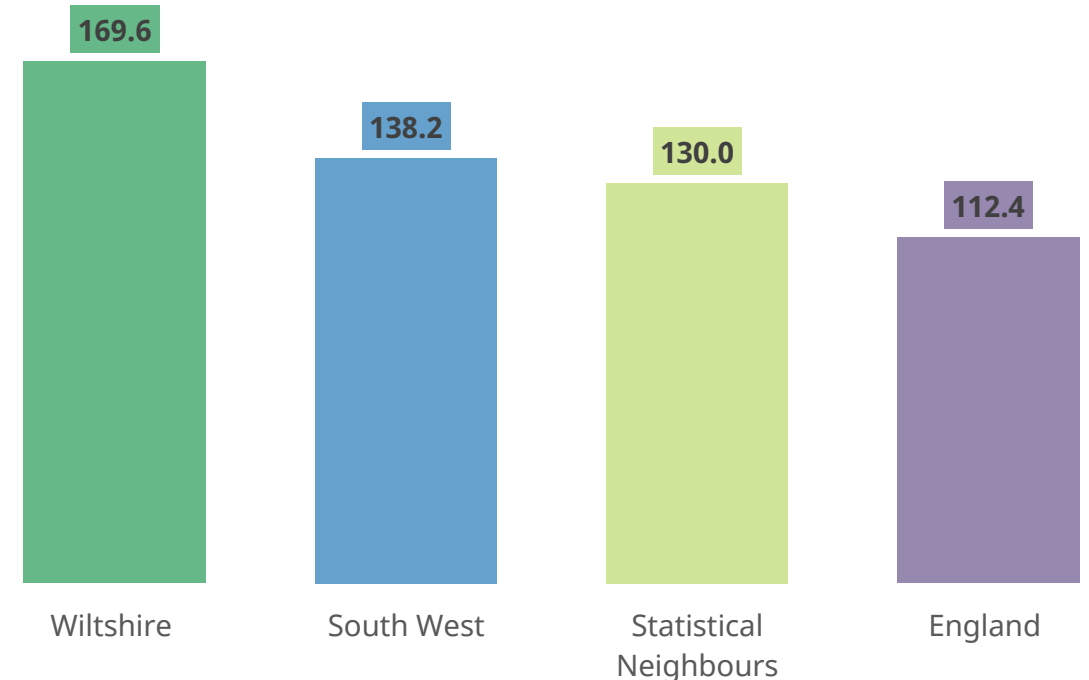
Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years: Rate per 10,000 population
Geographical comparison 2016/17 - 2020/21



Injuries are a significant cause of hospitalisation and ill health amongst young people. Injuries sustained early in life can also be a major cause of long term physical and mental health issues that can sometimes prevail into adulthood.

Rates of hospital admissions as a result of unintentional and deliberate injuries in young people aged 15-24 years Wiltshire gradually increased between 2016/17 - 2019/20, decreasing slightly in 2020/21.

Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years: Rate per 10,000 population
Geographical comparison 2020/21



In 2020/21, just over 800 hospital admissions were recorded for unintentional and deliberate injuries within the 15-24 year age group in Wiltshire, equivalent to a rate of 169.6 per 10,000 population. This is higher than rates recorded in the South West, by statistical neighbours and across England in the same year.

Rates of hospital admissions in relation to this indicator in Wiltshire have been consistently higher than those reported in England since prior to 2016/17.

Diseases and ill health: Unintentional and deliberate injuries in 15-24 year olds

Hospital admissions caused by unintentional and deliberate injuries in 15-24 year olds is a composite indicator that acknowledges some of the risks that young people can experience as they develop and grow.

Unintentional injuries are those that are sustained accidentally, as a result of falls, through sports or road traffic collisions, or through accidents in the home for instance.

Deliberate injuries include injuries resulting from assaults (for example) as well as deliberate self-harm.

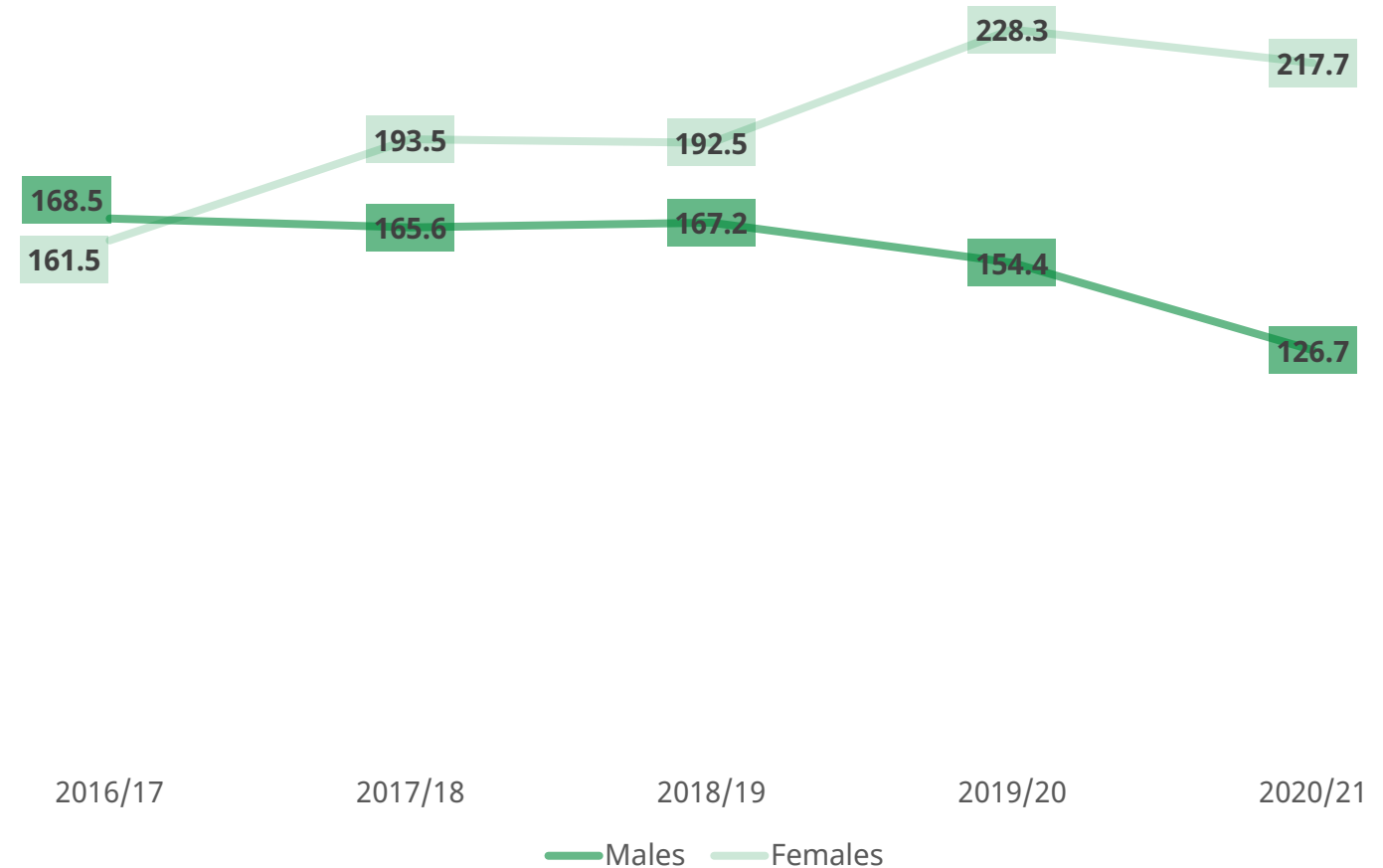
Rates of hospital admissions caused by unintentional and deliberate injuries in 15-24 year olds in Wiltshire have been consistently higher in females compared with males since 2017/18 and the gap appears to have widened more significantly since 2019/20.

Historical local analysis conducted in relation to this indicator well in advance of the pandemic found that almost half of admissions were from causes considered intentional.

Females within the 15-24 years age group were more likely to be admitted for injuries arising from deliberate causes whilst males within this age range were more likely to be admitted for injuries resulting from unintentional or accidental causes.

Further information relating to deliberate injury can be found in later in this report, in the section entitled '[Self harm](#)'.

Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years in Wiltshire by gender: Rate per 10,000 population
2016/17 - 2020/21

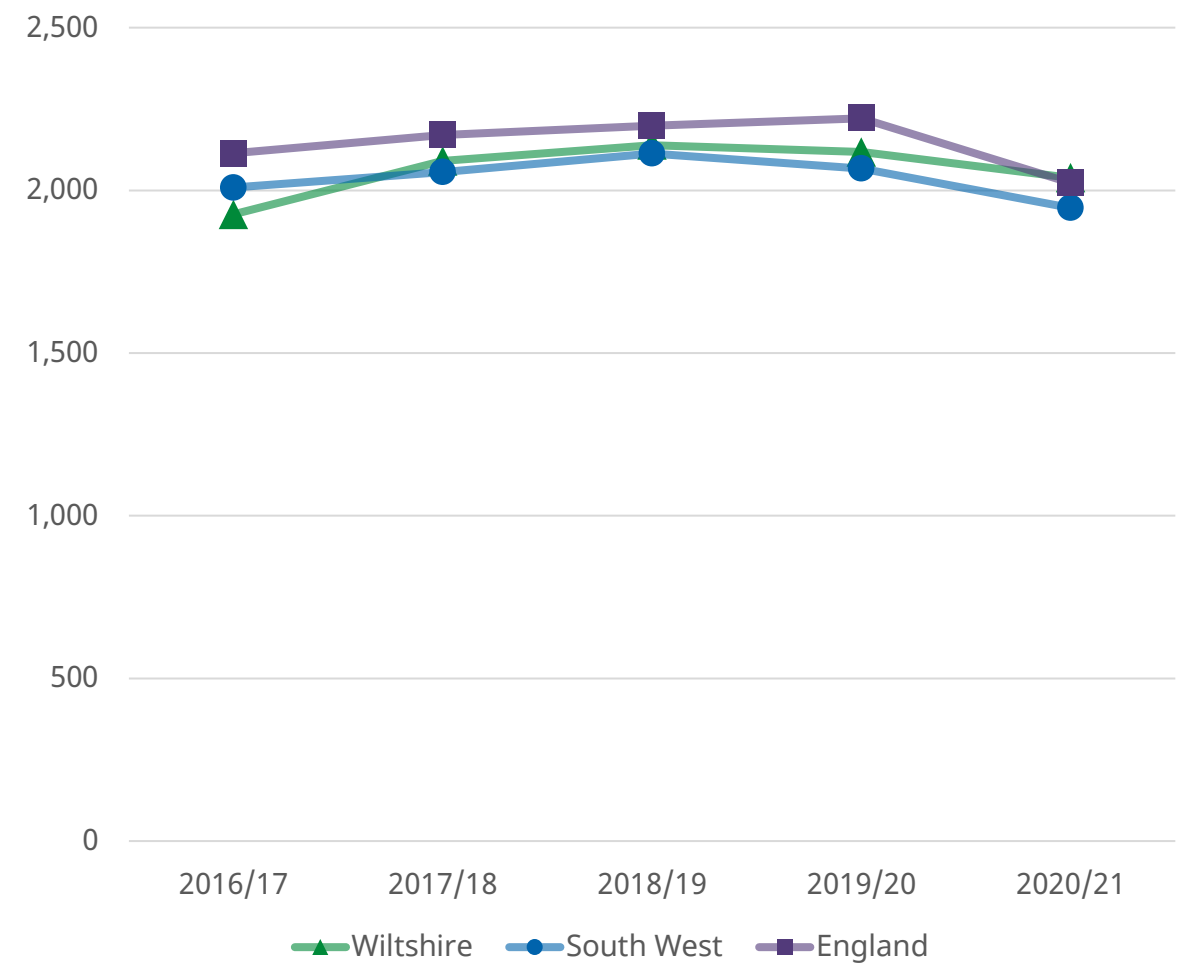


Diseases and ill health: Falls in over 65 year olds

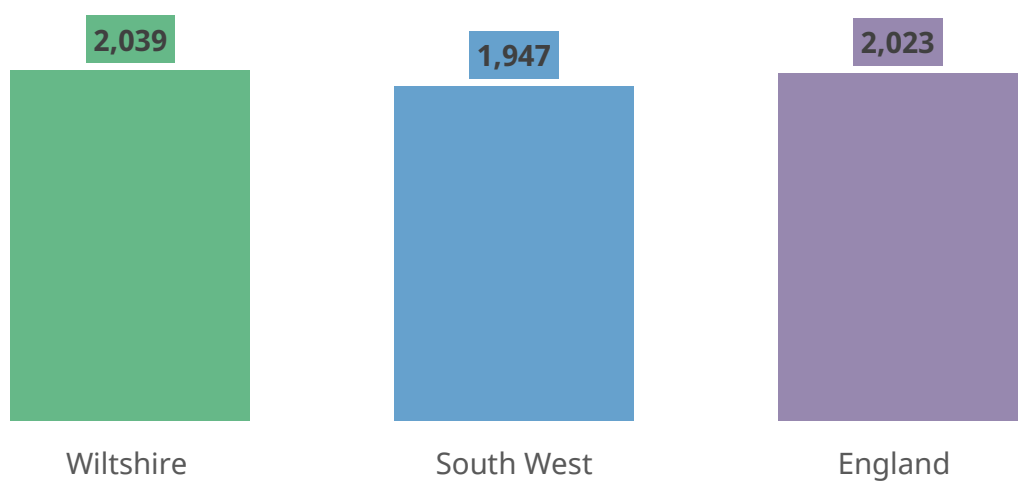
Anyone can experience a fall at any time of life, however the likelihood increases as we age. [The Office for Health Improvement and Disparities](#) indicates that, nationally, around a third of people aged 65 years and over and approximately half of people aged over 80, fall at least once a year. There are numerous, inter-related reasons for this heightened risk including muscle weakness, poor balance, visual impairment and environmental hazards.

Rates of emergency hospital admissions as a result of falls in persons aged 65 years and over in Wiltshire rose consistently between 2016/17 – 2018/19, from which point they have gradually reduced. In 2020/21, the Wiltshire rate stood at 2,039 per 100,000 population. Whilst this is similar to the England rate, it is higher than that reported across the South West in the same time period.

Emergency hospital admissions due to falls in persons aged 65 years and over: Rate per 100,000 population
Geographical comparison 2016/17 - 2020/21

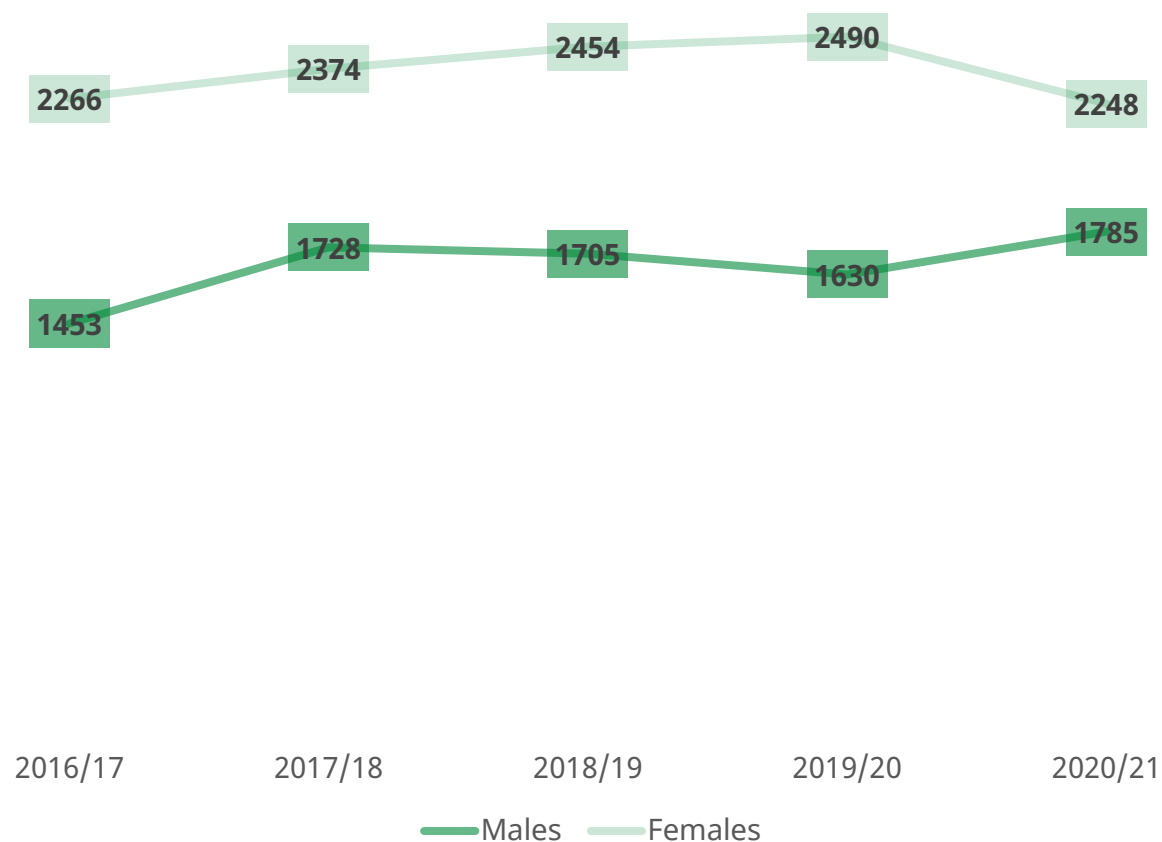


Emergency hospital admissions due to falls in persons aged 65 years and over: Rate per 100,000 population
Geographical comparison 2016/17 - 2020/21



Diseases and ill health: Falls in over 65 year olds

Emergency hospital admissions due to falls in persons aged 65 years and over in Wiltshire by gender: Rate per 100,000 population
2016/17 - 2020/21



Injuries as a result of falls can range in severity and fractures are more common in people with low bone mineral density (a condition associated with osteoporosis).

Poor mobility, low body weight, a diet lacking in calcium and vitamin D, smoking, alcohol consumption and some long term conditions (such as diabetes) are also factors that can increase the risk of sustaining a fracture from a fall.

The impact of a fall can be wide ranging in terms of injury and ill health in the first instance, to issues associated with compromised independence and reduced confidence.

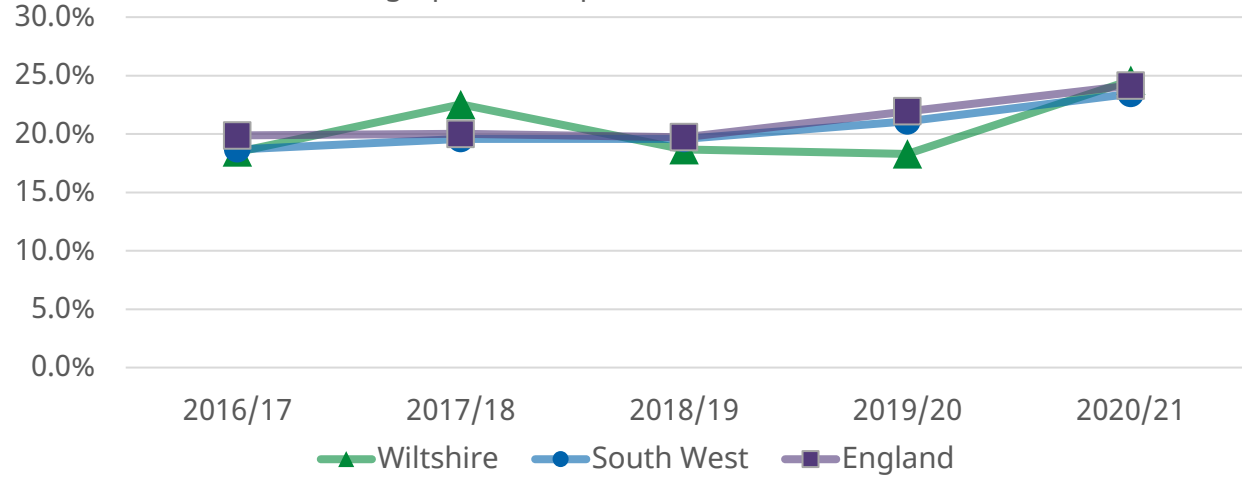
Emergency hospital admissions due to falls in persons aged 65 years and over in Wiltshire are consistently higher in females compared with males.

Community health and social care professionals as well as persons in caring roles can help to reduce the risk of falls, particularly in persons in older age groups by:

- Encouraging physical activity and regular eye and ear checks
- Facilitating social connection (with local groups and community providers)
- Promoting healthy behaviours, including eating a balanced, healthy diet, reducing alcohol intake and increasing water consumption
- Increasing awareness of the benefits of physical activity for adults and older adults, particularly in relation to the importance of exercises that help to improve strength and balance.

Diseases and ill health: Anxiety

Self reported wellbeing: Estimated percentage of persons with a high anxiety score
Geographical comparison 2016/17 - 2020/21



Anxiety is a feeling of unease, worry or fear. It can last for short or prolonged periods and can vary in severity. All of us will experience feelings of anxiety during our lives, particularly in commonly stressful situations such as job interviews or exams. In these scenarios, feeling anxious can be perfectly normal. For some however, feelings of worry, dread or panic can be more persistent and/or harder to control. This can have a detrimental impact on daily life as well as mental and physical health.

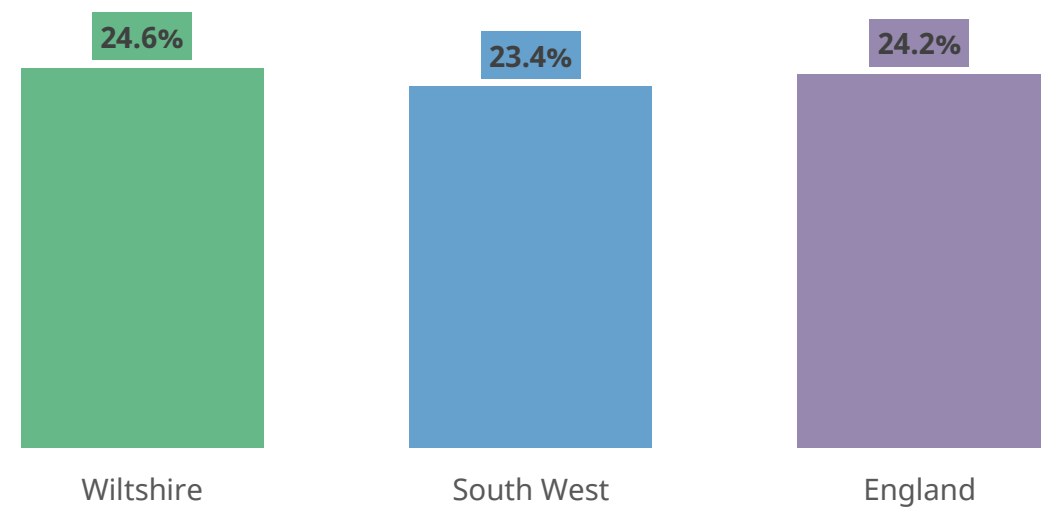
There are a number of treatments that can help to reduce or manage anxiety including self help resources, talking therapies and medication. Further information about anxiety, including available treatments can be found on the [Mind.org.uk website](https://www.mind.org.uk).

These charts are derived from data collected in the Annual Population Survey (APS) by the Office for National Statistics (ONS). They show the estimated percentage of people (aged 16 and over) living in residential households with higher levels of anxiety. Estimates are based on responses scoring 6-10 in relation to the question 'Overall, how anxious did you feel yesterday?' (where 0 is not anxious and 10 is the highest level of anxiety).

Estimated levels of anxiety based on the APS in Wiltshire rose by just over 6% in 2020/21 compared to 2019/20. The pandemic and it's associated social restrictions are likely to have impacted on this and socio economic pressures arising from the current cost of living crisis could see the proportion of people experiencing anxiety rise further.

In 2020/21, it is estimated that almost a quarter (24.6%) of people aged 16 and over living in private residential households in Wiltshire reported elevated levels of anxiety, similar to estimates in the South West and England.

Self reported wellbeing: Estimated percentage of persons with a high anxiety score
Geographical comparison 2020/21

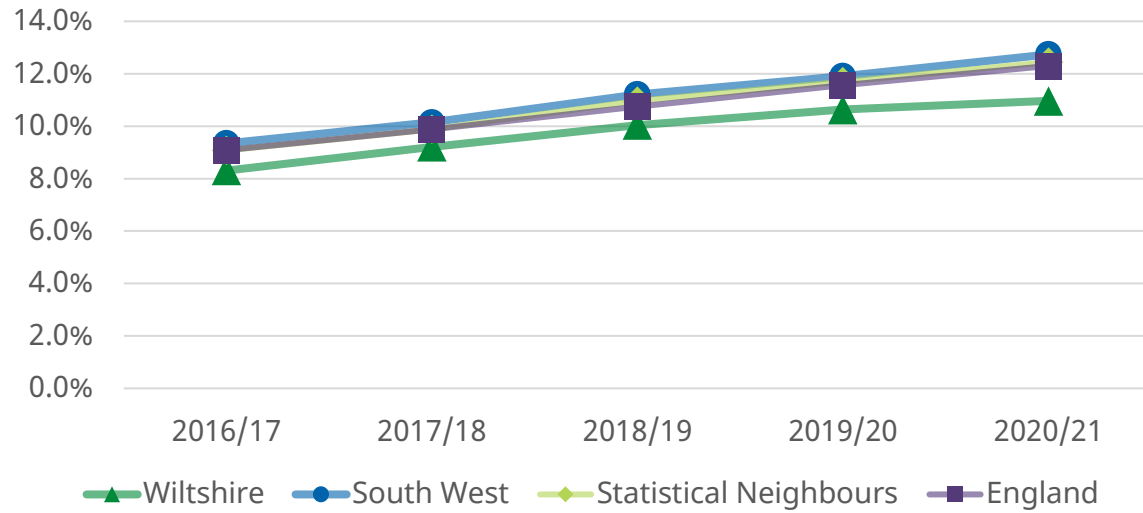


Diseases and ill health: Depression

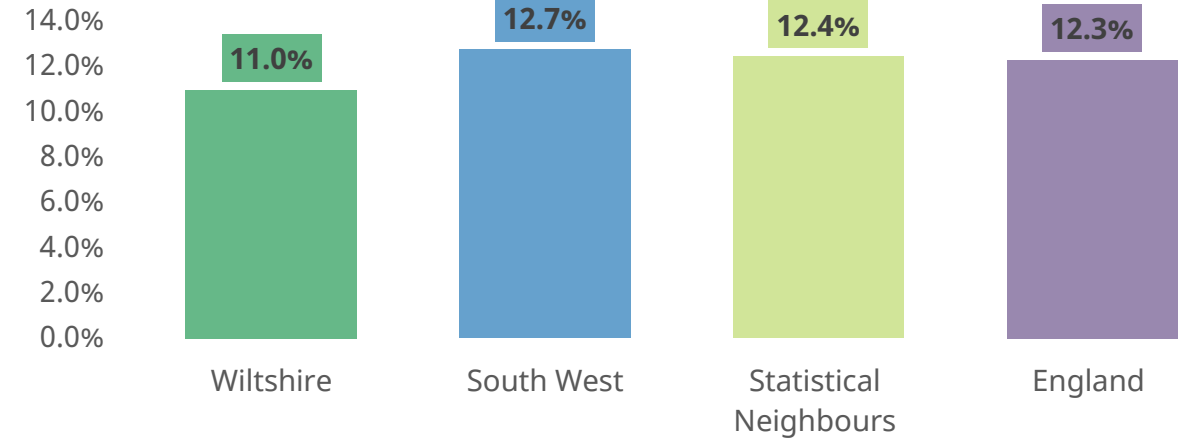
In very broad terms, depression is a clinical mental health condition where persons experience prolonged low mood. It affects people in differing ways and causes a variety of symptoms that can significantly impact on daily life. These include persistent feelings of unhappiness or hopelessness, low self-esteem, lack of energy and problems with eating and/or sleeping.

Depression can range in severity, from comparatively mild (feeling continuously low in spirit) to it's most severe where a person may feel that life is no longer worth living. It's causes are varied and complex. It can sometimes be triggered by a significant life event or emotional experience such as bereavement, relationship breakdown or loss of employment. It may also arise due to a family history of the condition and sometimes, it can present itself for no obvious, discernible reason.

Prevalence of depression: Percentage of patients aged 18 years and over with depression recorded on practice disease registers
Geographical comparison 2016/17 - 2020/21



Prevalence of depression: Percentage of patients aged 18 years and over with depression recorded on practice disease registers
Geographical comparison 2020/21

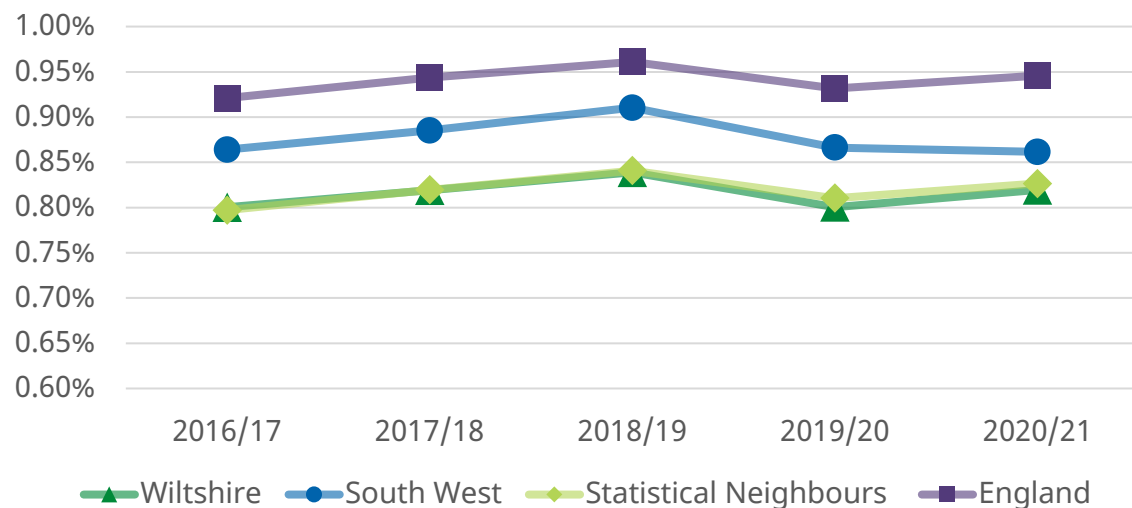


Depression prevalence in Wiltshire has risen incrementally since prior to 2016/17. This mirrors the trend seen regionally, nationally and by statistical neighbours, albeit at a lower level. In 2020/21, almost 44,000 people in Wiltshire had a recorded diagnosis of depression, equivalent to 11% of the local population registered with a GP. This is lower than proportions recorded in the South West, in England and by statistical neighbours. The pandemic and related lockdown measures are likely to have impacted on depression prevalence in 2020/21 whilst current pressures as a result of rising living costs could see the proportion of people experiencing depression and/or accessing treatment and support services rise further.

As with anxiety, there are a number of treatments that can help to reduce or manage depression. Recommended treatment options are based on the severity of the condition and can include self help, lifestyle changes, talking therapies and medication. Further information about depression, including available treatments can be found on the [NHS website](#).

Diseases and ill health: Severe mental health conditions

Prevalence of severe mental health conditions: Percentage of patients with serious mental health conditions recorded on practice disease registers
Geographical comparison 2016/17 - 2020/21



Prevalence of severe mental health conditions: Percentage of patients with serious mental health conditions recorded on practice disease registers
Geographical comparison 2020/21



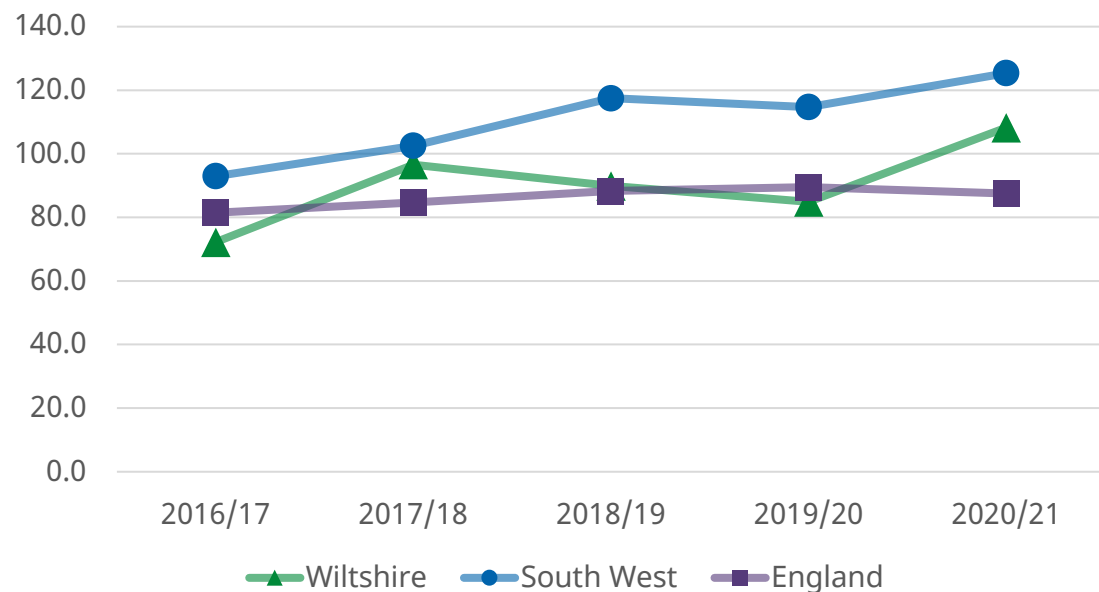
Severe mental health conditions are defined here as schizophrenia, bi polar disorder and other psychoses. Persons diagnosed with severe mental health conditions will have their own unique symptoms and experiences, but, very broadly, symptoms can include hallucinations, delusions and/or confused or disturbed thoughts. Severe mental health conditions such as those named above can be extremely debilitating and can severely negatively impact both psychological and physical long term health.

In [Health matters: reducing inequality in mental illness](#), the Office for Health Improvement and Disparities highlight that people living with severe mental health conditions are more likely to experience significant inequalities. These include poorer health outcomes such as reduced life expectancy, increased smoking prevalence as well as higher rates of poverty, homelessness, incarceration, social isolation and unemployment. Issues such as these could potentially be further adversely affected by pressures attributable to the current cost of living crisis.

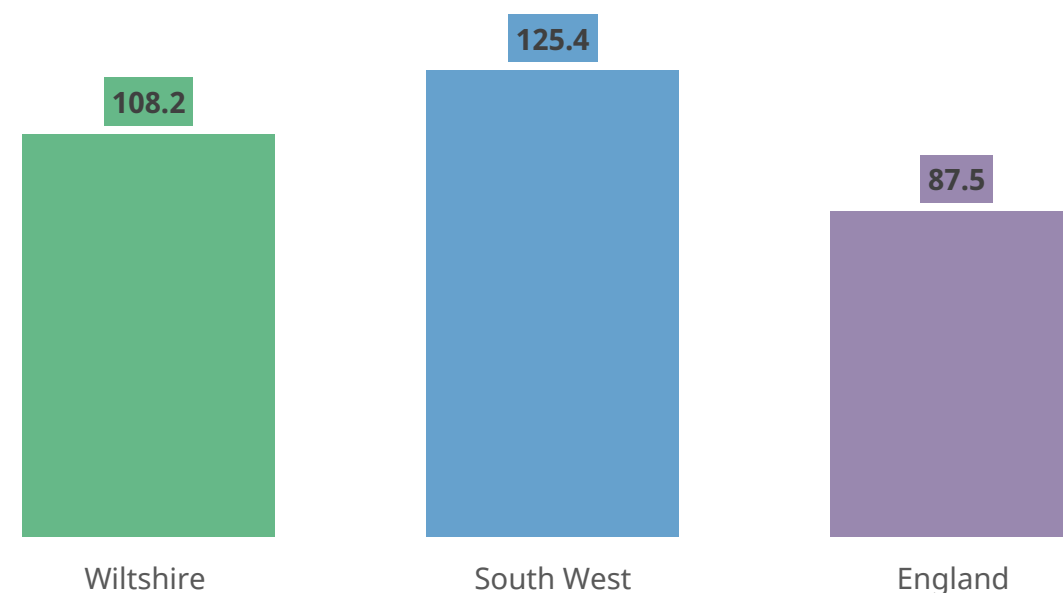
The prevalence of diagnosed severe mental health conditions in Wiltshire has remained relatively stable between 2016/17 – 2020/21. Whilst prevalence levels in Wiltshire are closely similar to those of statistical neighbours and the South West, they have remained below those recorded nationally. In 2020/21, around 4,000 persons were recorded with diagnosed severe mental health conditions in Wiltshire equivalent to less than 1% (0.82%) of the local population registered with a GP.

Diseases and ill health: Mental health conditions in under 18 year olds

Hospital admissions due to mental health conditions in persons under 18 years: Rate per 100,000 population
Geographical comparison 2016/17 - 2020/21



Hospital admissions due to mental health conditions in persons under 18 years: Rate per 100,000 population
Geographical comparison 2020/21

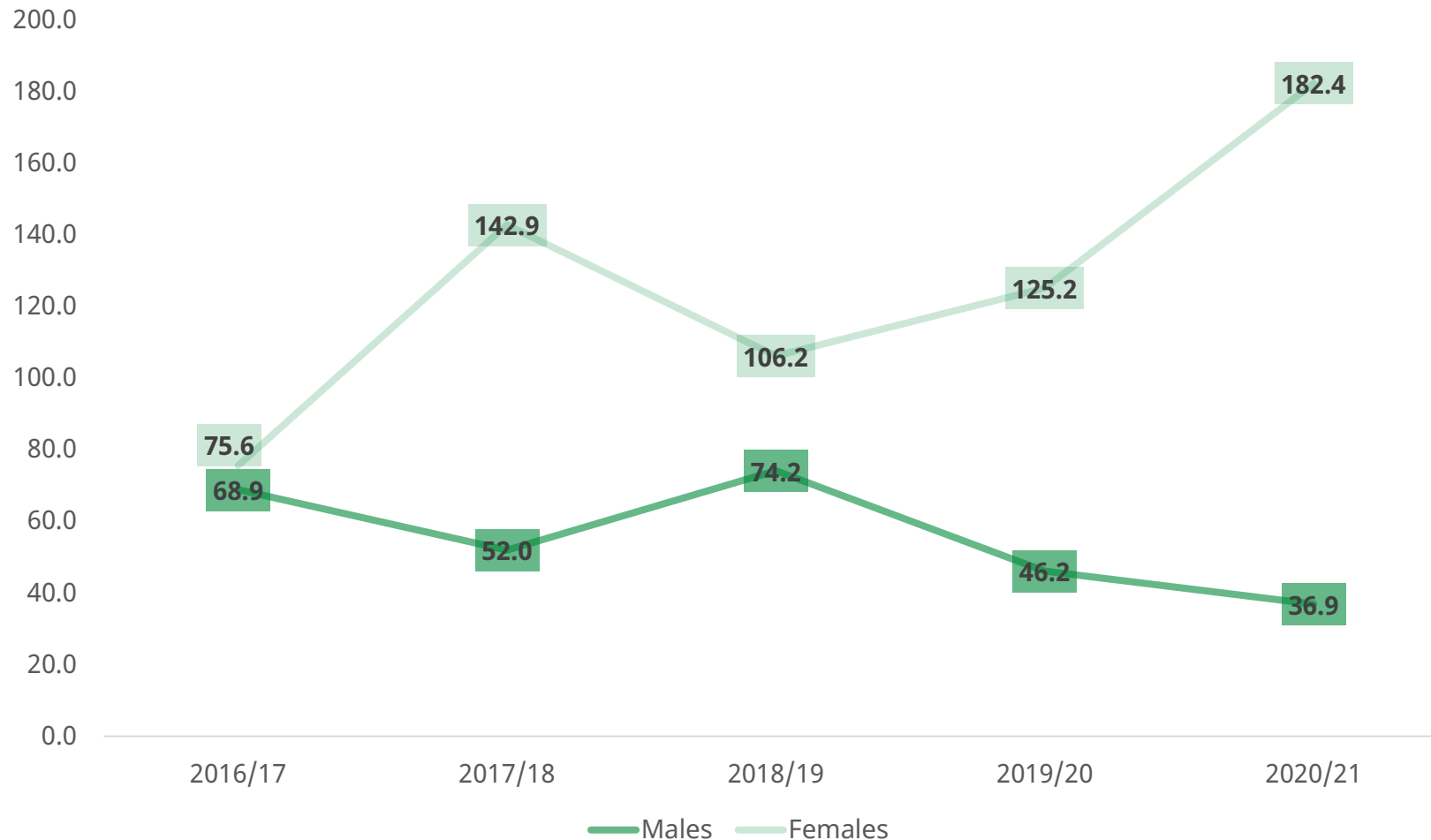


According to the [Office of Health Improvement and Disparities](#), half of adults with long-term mental health issues will have experienced their first symptoms in adolescence, often before the age of 14. Children and young people who suffer with mental health conditions are also more likely to be at a heightened risk of self-harming and/or misusing substances. Failure to diagnose, treat and sensitively support children and young people with mental health disorders at the earliest opportunity can have a devastating impact on their future, resulting in poorer health outcomes.

Hospital admissions due to mental health conditions in under 18 year olds in Wiltshire rose to their highest recorded rate for five years in 2020/21 following a period of fluctuation between 2016/17 – 2019/20. This could be attributable, at least in part, to the impact of the Covid-19 pandemic. In 2020/21, around 100 hospital admissions were recorded relating to mental health conditions in the under 18 year age group in Wiltshire, equivalent to a rate of 108.2 per 100,000 population. This is significantly higher than the rate reported in England but lower than that in the South West.

Diseases and ill health: Mental health conditions in under 18 year olds

Hospital admissions due to mental health conditions in persons under 18 years in Wiltshire by gender: Crude rate per 100,000 population
2016/17 - 2020/21



The hospital admissions due to mental health conditions in persons aged under 18 years metric covers a multitude of mental health conditions that range in severity, complexity and causes.

Conditions within this indicator definition include (and this is not exhaustive), disease or injury that causes cerebral dysfunction, schizophrenia, mood disorders (such as bi-polar disorders and depression), personality disorders, disorders linked to psychoactive substance or alcohol abuse, eating disorders and conditions associated with heightened stress including obsessive compulsive disorder and anxiety.

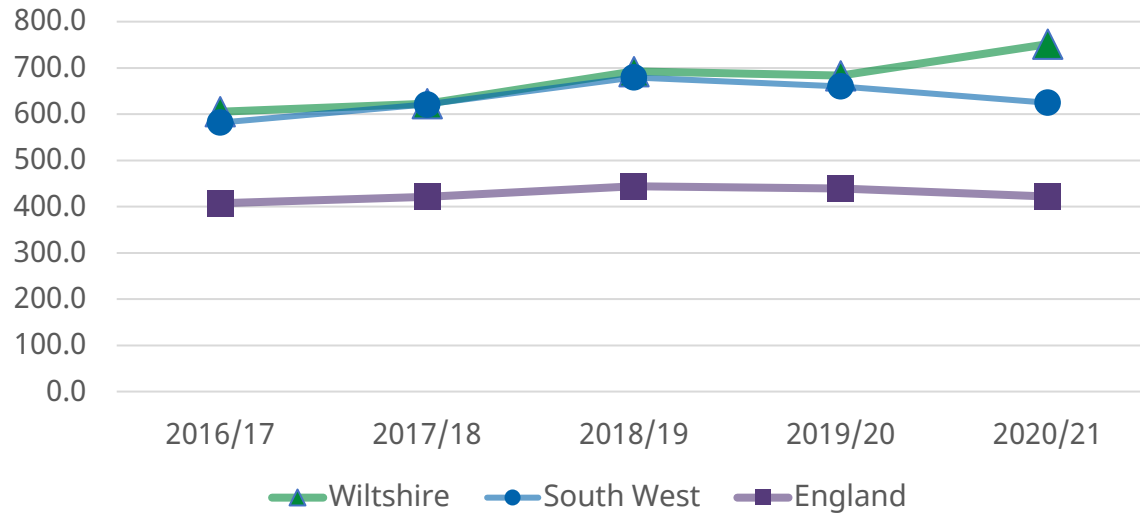
In Wiltshire, rates of hospital admissions of this kind have been notably and consistently higher in young females compared with young males since 2017/18.

The gap also looks to be widening with admission rates in young females markedly rising between 2018/19-2020/21. Conversely rates amongst young males have consistently declined over the same time frame.

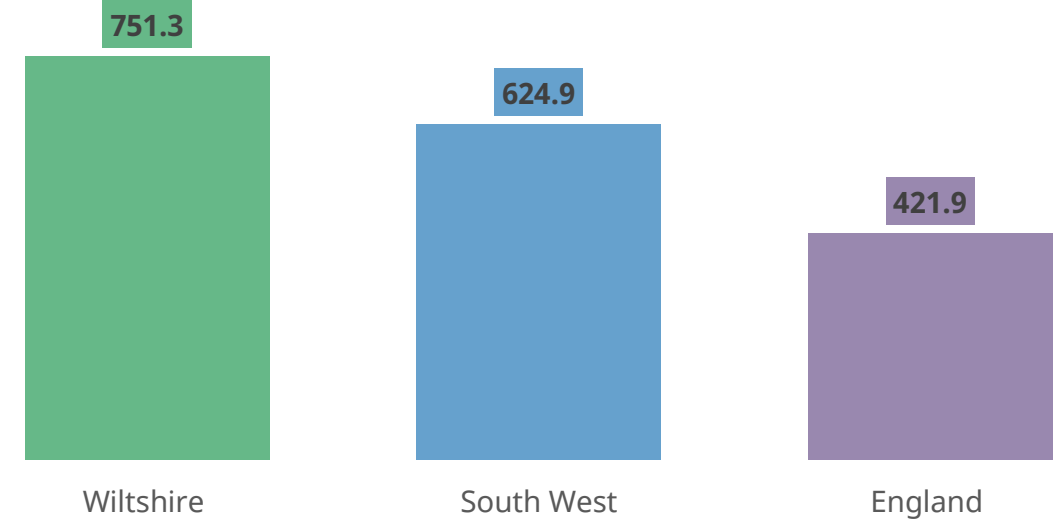
In 2020/21, just over 80% of hospital admissions of this nature involved females compared with just over 50% in 2016/17.

Diseases and ill health: Self harm

Hospital admissions as a result of self harm in children and young people aged 10-24 years: Rate per 100,000 population
Geographical comparison 2016/17 - 2020/21



Hospital admissions as a result of self harm in children and young people aged 10-24 years: Rate per 100,000 population
Geographical comparison 2020/21



Self-harm is an intentional act of self-poisoning (with for example, medication, alcohol or other harmful substances) or self-injury (often by cutting), irrespective of motive. There are numerous, complex reasons why children and young people may try to harm themselves and it can be a way of coping with or expressing overwhelming emotional distress. Self-harm can be seriously detrimental to the health and wellbeing of children and young people, both psychologically and physically. Paracetamol poisoning can cause acute liver failure whilst self-cutting not only results in scarring, but can also lead to permanent damage to tendons and nerves.

Admissions to hospital following an episode of self-harm alone are unlikely to provide a fully representative picture of the extent of the issue of self-harm at local, regional and national levels. This is due to the fact that there will be individuals who self-harm that do not seek help or present via other routes. These can include clinical pathways such as urgent treatment centres, NHS 111 and GP services as well as support services provided through organisations such as schools, universities and (mental health) charities.

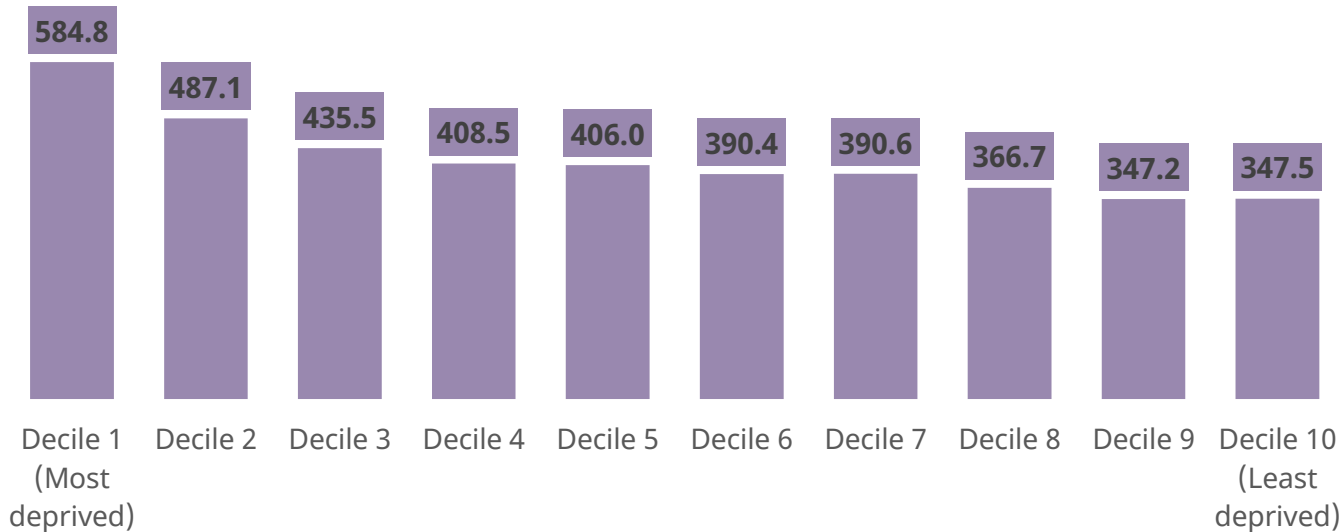
Hospital admissions as a result of self-harm in 10-24 year olds in Wiltshire rose to their highest rate in five years in 2020/21 following a period of sustained, gradual increase between 2016/17 – 2019/20. In 2020/21, almost 600 hospital admissions were recorded relating to self-harm in 10-24 year olds in Wiltshire, equivalent to a rate of 751.3 per 100,000 population. This is significantly higher than rates reported in both the South West as well as England.

Diseases and ill health: Self harm

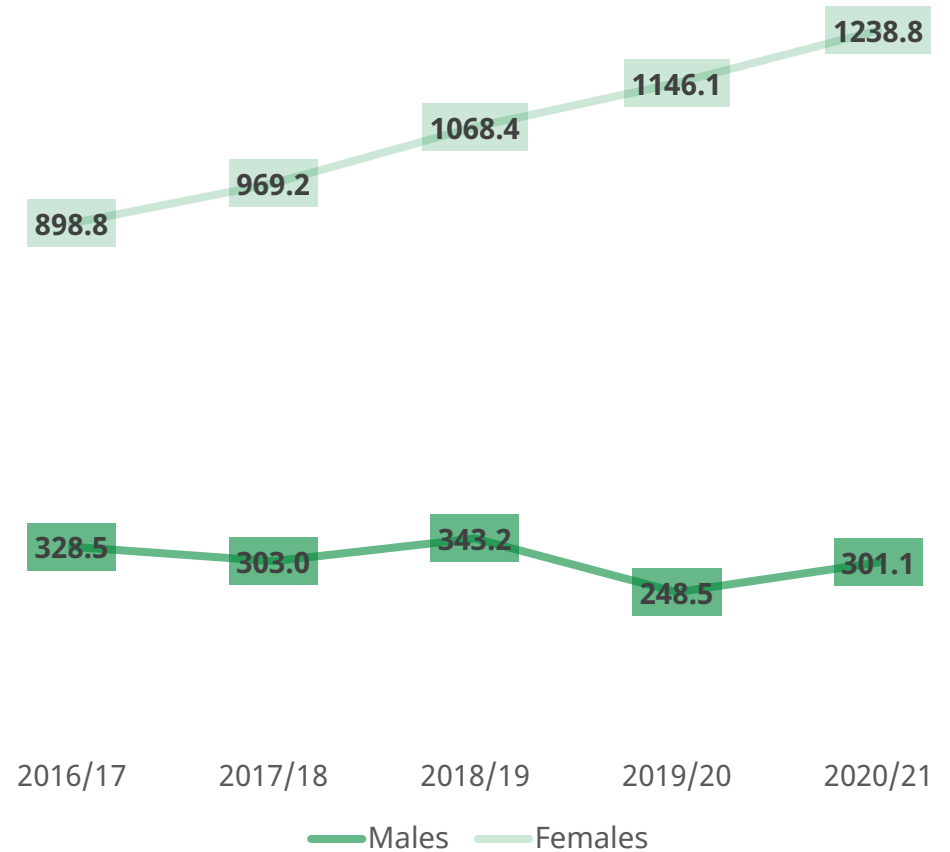
Rates of hospital admissions due to self harm in 10-24 year olds have historically been consistently and significantly higher in young females in Wiltshire compared with young males and this is reflective of national and regional trends. Admission rates in females have been rising annually since 2016/17 whilst rates amongst males have remained broadly stable. In 2020/21, just over 80% of hospital admissions of this nature involved young females compared with approximately 70% in 2016/17.

In the absence of Wiltshire level deprivation information, analysis of national deprivation data in relation to this metric (below) indicates in 2020/21, admission rates were higher in the most deprived decile (the 10% most deprived areas nationally).

Hospital admissions as a result of self harm in children and young people aged 10-24 years in England by national deprivation decile: Rate per 100,000 population 2020/21



Hospital admissions as a result of self harm in children and young people aged 10-24 years in Wiltshire by gender: Rate per 100,000 population 2016/17 - 2020/21



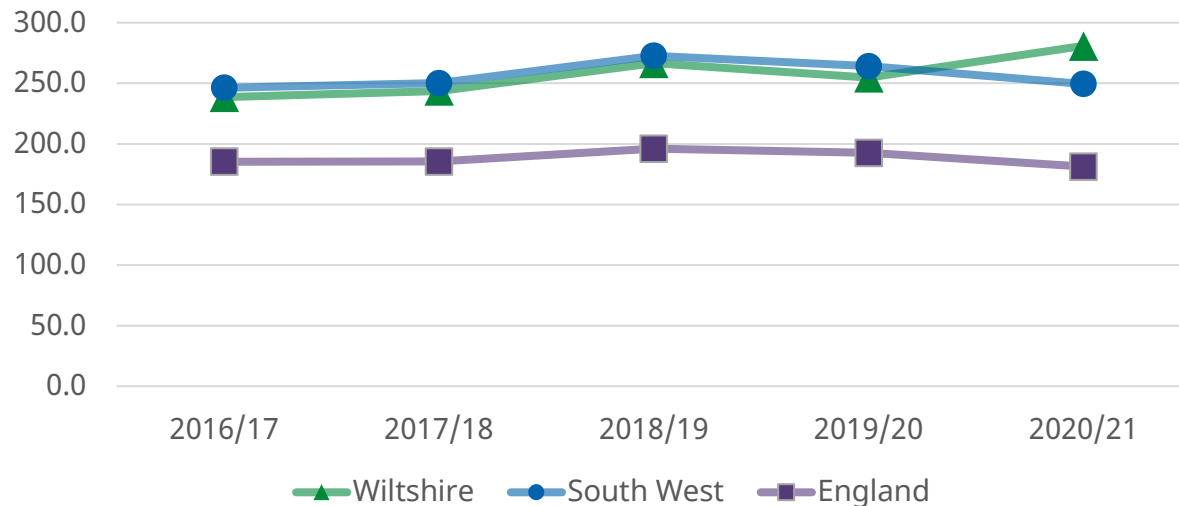
Diseases and ill health: Self harm

The charts below show comparative rates for emergency hospital admissions as a result of intentional self harm for persons of all ages (as opposed to 10-24 years olds shown on the preceding slides). Self-harm is often an expression of acute personal distress and there is a significant, heightened potential risk of future suicide in persons that display self harming behaviours.

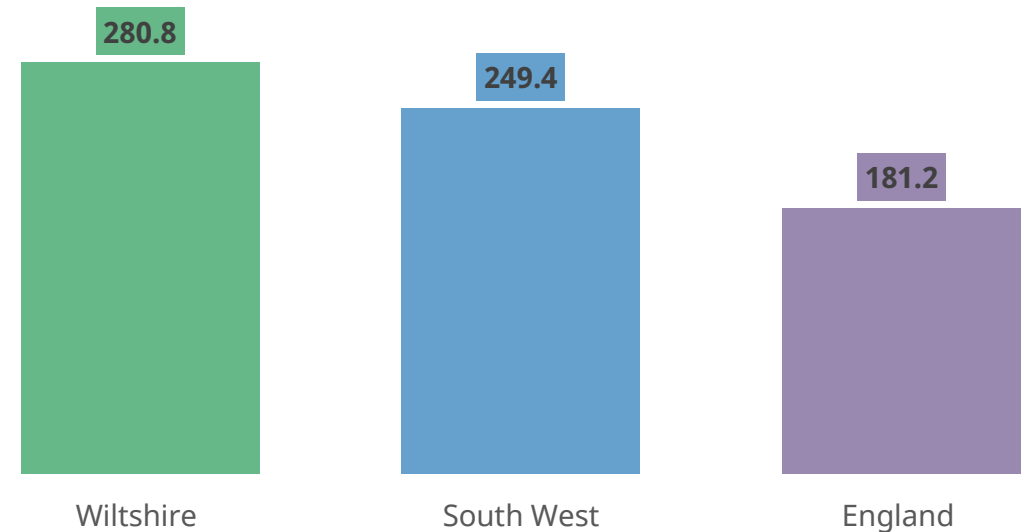
Hospital admissions as a result of self harm in Wiltshire rose to their highest rate in five years in 2020/21 following a period of fluctuation between 2016/17 – 2019/20. In 2020/21, just over 1,300 hospital admissions relating to self harm were recorded in Wiltshire, representing a rate of 280.8 per 100,000 population. This is significantly higher than rates reported in the South West and England.

In it's 2022 report 'Understanding emergency hospital admissions for self harm in the South West', the Office for Health Improvement and Disparities (OHID) indicate that whilst further research is required to determine whether increased rates are due to a higher prevalence of self harm, hospital admissions may be influenced to some degree by the configuration of local services. Close adherence to NICE guidance and/or limited local availability of alternative support services may necessitate practices that result in higher hospital admission rates.

Emergency hospital admissions as a result of intentional self harm:
Rate per 100,000 population
Geographical comparison 2016/17 - 2020/21

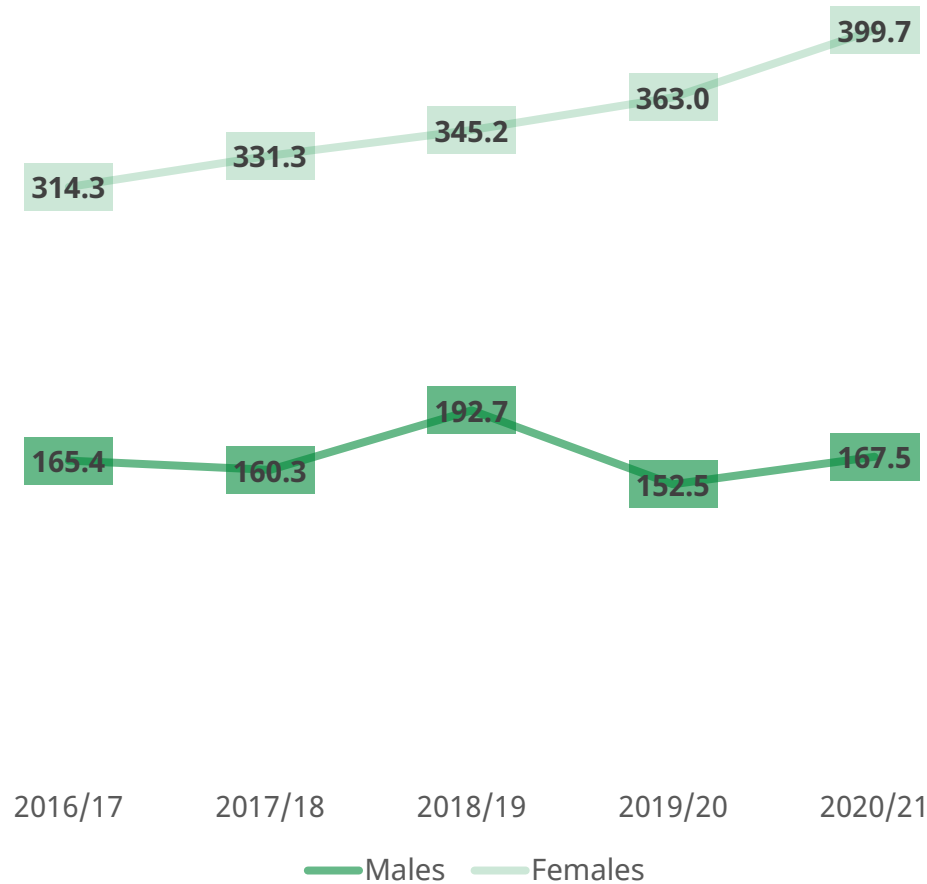


Emergency hospital admissions as a result of intentional self harm:
Rate per 100,000 population
Geographical comparison 2020/21



Diseases and ill health: Self harm

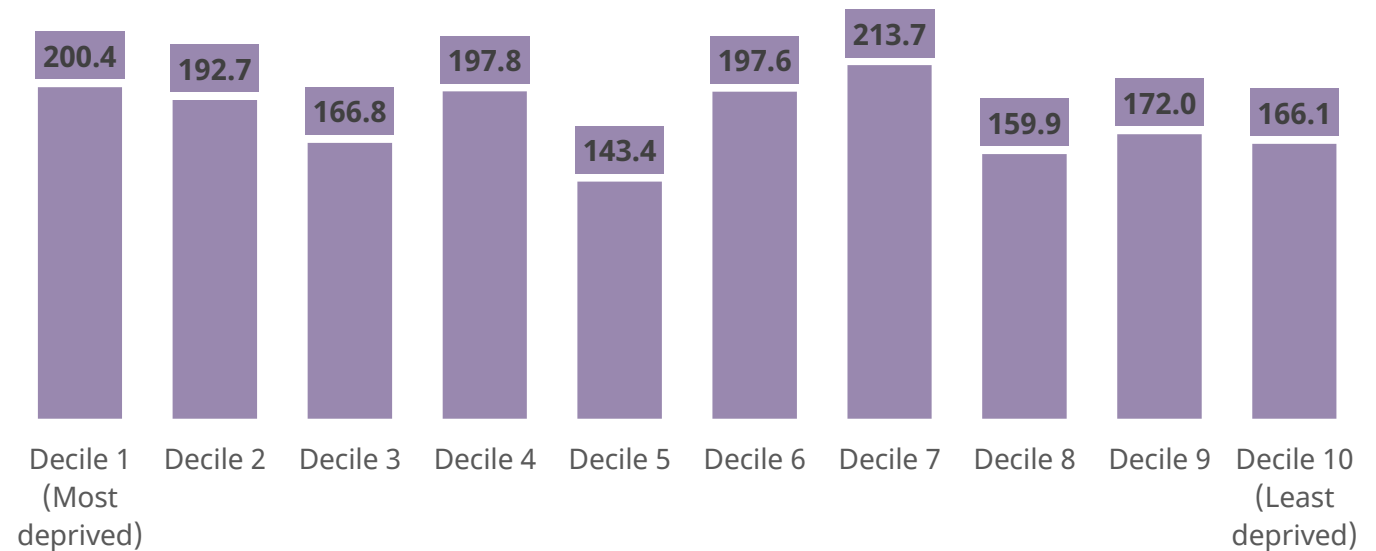
Emergency hospital admissions as a result of intentional self harm in Wiltshire by gender: Rate per 100,000 population
2016/17 - 2020/21



As with the 10-24 year old age group, rates of hospital admissions due to self harm in the wider population are significantly more pronounced in females in Wiltshire compared with males, mirroring both the regional and national picture. Admission rates in females have been steadily rising since 2016/17 whilst rates amongst males have tended to fluctuate at a much lower level. In 2020/21, 70% of hospital admissions of this nature involved females, consistent with the previous year.

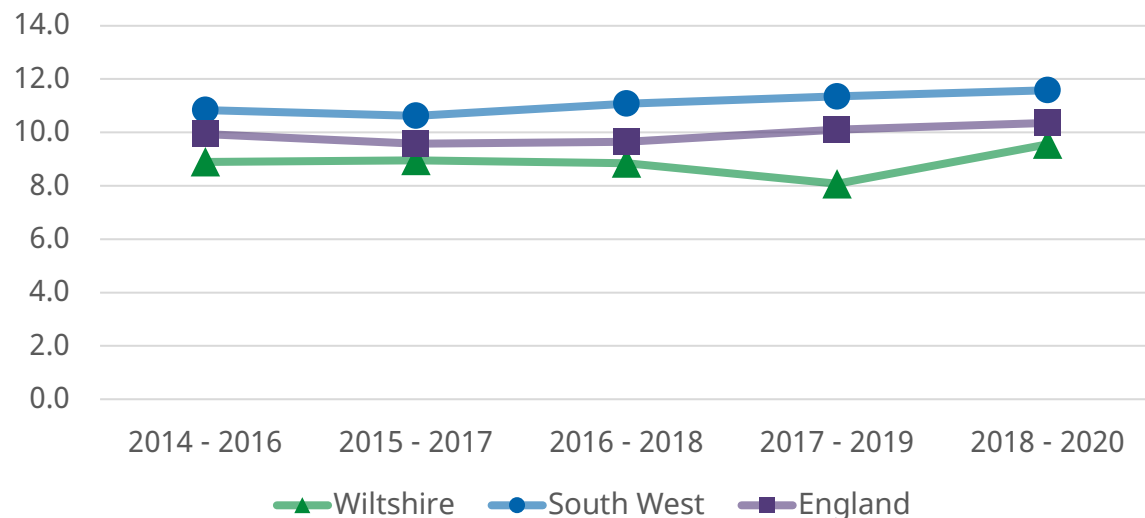
In the absence of Wiltshire level deprivation information, analysis of national deprivation data in relation to this metric (below) indicates in 2020/21, admission rates were the highest in decile 7 (the fourth least deprived areas nationally) closely followed by decile 1 (the most deprived decile, the 10% most deprived areas nationally).

Emergency hospital admissions as a result of intentional self harm in England by national deprivation decile: Rate per 100,000 population
2020/21

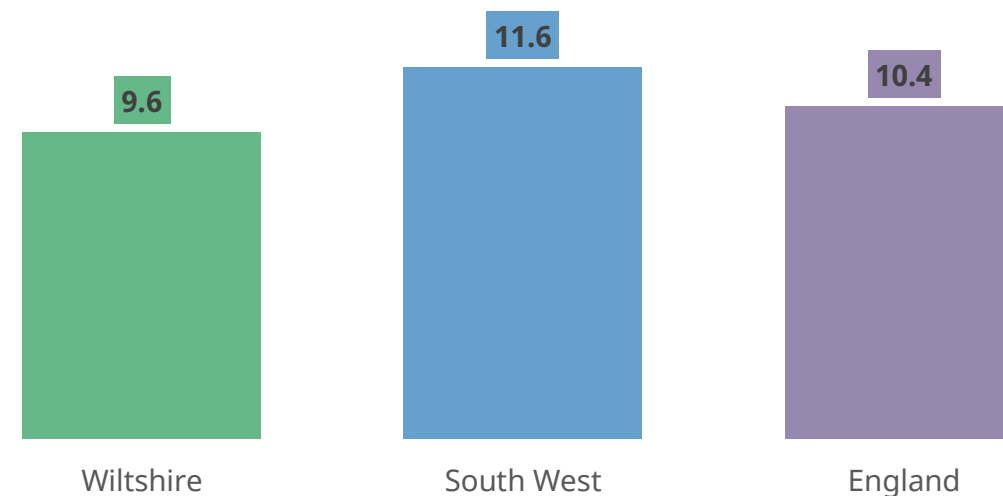


Diseases and ill health: Suicide

Suicides: Rate per 100,000 population
Geographical comparison 2014-2016 - 2018-2020



Suicides: Rate per 100,000 population
Geographical comparison 2018-2020



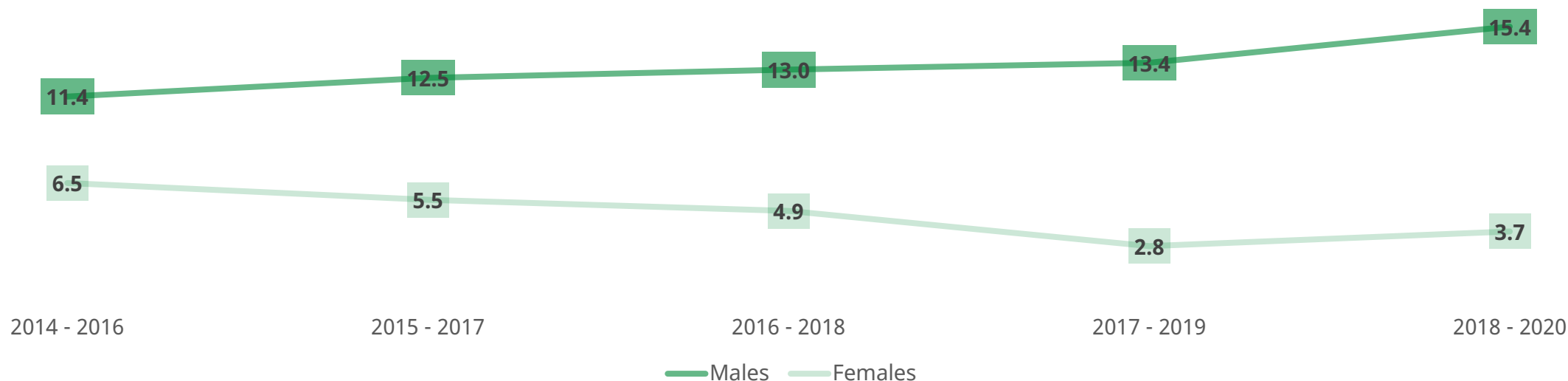
Suicide is a sensitive and complex issue that can have devastating long term effects on relatives, friends and wider communities. Whilst there are often a multitude of reasons why someone may choose to take their own life, suicide can result when a person feels overwhelmed by what they are experiencing and can see no other way to cope.

Working closely with the police, Wiltshire has recently developed a real time suspected suicide surveillance system to rapidly identify any emerging trends in relation to suicides within the county. This allows for additional data gathering to both guide and focus tailored interventions. The multi agency Wiltshire Suicide Reduction Group, (including colleagues from Wiltshire Police, Wiltshire Council, Avon and Wiltshire Mental Health Partnership, South West Ambulance Service, The Samaritans, MOD, Wiltshire Parent Carer Council and others) is also currently in the process of updating the Suicide Reduction Action Plan. This aims to address local priorities to prevent suicides through a consistent, collaborative approach. These workstreams run parallel to work with Bath and North East Somerset, Swindon and Wiltshire Integrated Care Partnership that focuses on the provision of postvention support (bereavement support for those affected by suicide).

The rate of suicides in Wiltshire rose slightly in 2018-2020 following a period of relative stability between 2014-2016 – 2017-2019. In the aggregated time period 2018-2020 the rate of recorded suicides in Wiltshire stood at 9.6 per 100,000 population. This is similar to the rate reported in England yet lower than across the South West.

Diseases and ill health: Suicide

Suicides in Wiltshire: Rate per 100,000 population by gender
2014-2016 - 2018-2020



In [Mental health: population factors](#), the Office for Health Improvement and Disparities highlight that the risk of suicide is more pronounced for certain groups. These include those with a history of self harm, people in the care of mental health services or in contact with the criminal justice system, people working in certain occupations (such as doctors, nurses, farmers and agricultural workers) and young and middle aged men.

The rate of suicide is significantly higher in males in Wiltshire and this is true both regionally and nationally. Suicide rates amongst males have been steadily rising since 2014-2016 whilst rates amongst females have steadily declined between 2014-2016 – 2017-2019, rising again in 2018-2020. In the most recent aggregated time period, 2018-2020, around 120 suicides were recorded in Wiltshire, almost 80% of which pertained to males. The suicide rate in males was approximately four times higher than that recorded in females in the same time period.

[Annual figures produced by the ONS](#) show that in 2021 throughout England and Wales the age-specific suicide rate was highest amongst males aged between 50 - 54 years (22.7 deaths per 100,000), whilst amongst females, rates were highest in the 45-49 year age group (7.8 deaths per 100,000).

Diseases and ill health: Data sources and references

Section title	Reference title	Data source	Date	Link
Prevalence of specific diseases	Chart: Prevalence of specific diseases or long term physical health conditions: Percentage of patients with specific diseases or long term physical health conditions recorded on disease practice registers	Quality and outcomes framework, NHS Digital	2020/21	Quality and outcomes framework, NHS Digital
Coronary heart disease	Charts: Prevalence of coronary heart disease: Percentage of patients with coronary heart disease recorded on practice disease registers	Quality and outcomes framework, NHS Digital, Via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Hypertension	Charts: Prevalence of hypertension: Percentage of patients with hypertension recorded on practice disease registers	Quality and outcomes framework, NHS Digital, Via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Hypertension (2)	Chart: Prevalence of hypertension in Wiltshire: Percentage of patients with hypertension recorded on practice disease registers by Wiltshire deprivation quintile	Wiltshire Intelligence Team using data from quality and outcomes framework, NHS Digital	2020/21	Quality and outcomes framework, NHS Digital
Stroke and transient ischaemic attack	Charts: Prevalence of stroke or transient ischaemic attack: Percentage of patients with stroke or transient ischaemic attack recorded on practice disease registers	Quality and outcomes framework, NHS Digital, Via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Chronic obstructive pulmonary disease (COPD)	Chart: Prevalence of chronic obstructive pulmonary disease (COPD): Percentage of patients with chronic obstructive pulmonary disease on practice registers	Quality and outcomes framework, NHS Digital	2020/21	Quality and outcomes framework, NHS Digital

Diseases and ill health: Data sources and references

Section title	Reference title	Data source	Date	Link
Chronic obstructive pulmonary disease (COPD)	Chart: Prevalence of chronic obstructive pulmonary disease (COPD) in Wiltshire: Percentage of patients with chronic obstructive pulmonary disease recorded on practice registers by Wiltshire deprivation quintile	Wiltshire Intelligence Team using data from quality and outcomes framework, NHS Digital	2020/21	Quality and outcomes framework, NHS Digital
Asthma	Chart: Prevalence of asthma: Percentage of patients aged 6 years and over with asthma recorded on disease practice registers	Quality and outcomes framework, NHS Digital	2020/21	Quality and outcomes framework, NHS Digital
Diabetes	Charts: Prevalence of diabetes: Percentage of patients aged 17 years and over with diabetes recorded on disease practice registers	Quality and outcomes framework, NHS Digital, Via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
NHS Health Checks	Charts: Offered, received and uptake of NHS Health Checks	OHID	2014/15 - 2021/22 (line charts) 2017/18 - 2021/22 (column chart)	Productive Healthy Ageing Profile - OHID (phe.org.uk)
Dementia	Charts: Prevalence of dementia: Percentage of patients with dementia recorded on practice disease registers	Quality and outcomes framework, NHS Digital, Via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Dementia	Charts: Estimated dementia diagnosis rate: Percentage of persons aged 65 years and over with dementia estimated to have a diagnosis	Quality and outcomes framework, NHS Digital, Via the OHID Fingertips tool	2018 - 2022	Public health profiles - OHID (phe.org.uk)

Diseases and ill health: Data sources and references

Section title	Reference title	Data source	Date	Link
Chronic kidney disease	Charts: Prevalence of chronic kidney disease: Percentage of patients aged 18 years and over with chronic kidney disease recorded on practice disease registers	Quality and outcomes framework, NHS Digital, Via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Cancer	Charts: Incidence of all cancers	National cancer registration and analysis service (NCRAS), NHS Digital	2012 – 2014 - 2016 - 2018	NHS National cancer registration and analysis service (NCRAS)
Cancer waiting times	Chart: Two week wait from GP urgent referral to first consultant appointment	Cancer waiting times, NHS England	April 2020 - May 2022	NHS England cancer waiting times
Cancer waiting times	Chart: Cancer waiting times: Two month wait from GP urgent referral to first treatment for cancer	Cancer waiting times, NHS England	April 2020 - May 2022	NHS England cancer waiting times
Breast cancer	Charts: Incidence of breast cancer in females	National cancer registration and analysis service (NCRAS), NHS Digital	2012 – 2014 - 2016 - 2018	NHS National cancer registration and analysis service (NCRAS)
Breast cancer screening	Chart: Breast cancer screening coverage: Percentage of eligible 53 to 70 year olds screened	OHID from NHS Digital Breast Screening Programme	2015-2021	Productive Healthy Ageing Profile - OHID (phe.org.uk)
Breast cancer screening	Chart: Percentage of eligible 50-70 year olds in Wiltshire screened for breast cancer in the last 36 months: 3 year coverage as at April 2021 by national deprivation quintile	Wiltshire Council Public Health Intelligence team using data presented by OHID at the GP practice level. Eligible patients screened as percentage of eligible patients registered with GP, by national IMD rank of LSOA of patient address	2018/19-2020/21	intelligence@wiltshire.gov.uk

Diseases and ill health: Data sources and references

Section title	Reference title	Data source	Date	Link
Prostate cancer	Charts: Incidence of prostate cancer	National cancer registration and analysis service (NCRAS), NHS Digital	2012 - 2014 - 2016 - 2018	NHS National cancer registration and analysis service (NCRAS)
Lung cancer	Charts: Incidence of lung cancer	National cancer registration and analysis service (NCRAS), NHS Digital	2012 - 2014 - 2016 - 2018	NHS National cancer registration and analysis service (NCRAS)
Bowel cancer	Charts: Incidence of bowel cancer	National cancer registration and analysis service (NCRAS), NHS Digital	2012 - 2014 - 2016 - 2018	NHS National cancer registration and analysis service (NCRAS)
Bowel cancer screening	Chart: Bowel cancer screening coverage: Percentage of eligible 60 to 74 year olds	OHID from NHS Digital Bowel Screening Programme	2017-2021	Productive Healthy Ageing Profile - OHID (phe.org.uk)
Skin cancer	Charts: Incidence of skin cancer	National cancer registration and analysis service (NCRAS), NHS Digital	2012 - 2014 - 2016 - 2018	NHS National cancer registration and analysis service (NCRAS)
Cervical cancer	Charts: Incidence of cervical cancer	National cancer registration and analysis service (NCRAS), NHS Digital	2012 - 2014 - 2016 - 2018	NHS National cancer registration and analysis service (NCRAS)
Cervical cancer screening	Charts: Cervical cancer screening coverage, all ages	OHID from NHS Digital Cervical Screening Programme	2017-2021	Public health profiles - OHID (phe.org.uk)

Diseases and ill health: Data sources and references

Section title	Reference title	Data source	Date	Link
Infectious diseases and vaccination	Chart: Statutory notifications of key vaccine-preventable infections in Wiltshire 2020 and 2021	UKHSA: Notifiable diseases: weekly reports	2020-2021	Notifiable diseases: weekly reports for 2020 - GOV.UK (www.gov.uk) and Notifiable diseases: weekly reports for 2021 - GOV.UK (www.gov.uk)
Early childhood vaccine coverage	Table: Population vaccination coverage	NHS Digital: Childhood Vaccination Coverage Statistics	2017/18 – 2020/21	Health Protection - OHID (phe.org.uk) and Childhood Vaccination Coverage Statistics - NHS Digital
Flu, school age and adult vaccine coverage	Tables: Flu vaccine coverage and Young person and adult vaccine coverage	UKHSA: ImmForm	2017/18 – 2020/21	Health Protection - OHID (phe.org.uk) and Vaccine uptake guidance and the latest coverage data - GOV.UK (www.gov.uk)
Sexually transmitted infections (STIs)	Chart: All new STI diagnoses: Rate per 100,000 population Geographical comparison 2016-2020	OHID	2016-2020	Sexual and Reproductive Health Profiles - OHID (phe.org.uk)
Chlamydia	Charts: Chlamydia screening and diagnostic rates	OHID from the GUMCAD STI and CTAD Chlamydia surveillance systems	2016-2020 (line charts) 2020 (column chart)	Sexual and Reproductive Health Profiles - OHID (phe.org.uk)
HIV	Charts: HIV testing, diagnoses and ART starts	UKHSA from GUMCAD STI Surveillance System & the HIV and AIDS Reporting System (HARS)	2016-2020 (line charts) 2018-2020 (column chart)	Sexual and Reproductive Health Profiles - OHID (phe.org.uk)
Hepatitis C	Chart: Hepatitis C detection: Rate per 100,000 population Geographical comparison 2016 - 2017	UKHSA: National Infection Service	2016-2017	Health Protection - OHID (phe.org.uk)

Diseases and ill health: Data sources and references

Section title	Reference title	Data source	Date	Link
Hepatitis C	Chart: Number of new diagnoses of hepatitis C	UKHSA: HCV testing and treatment dashboard Wessex Hep. C ODN August 2022. Section 2.1 BSW CCG (2021)	2018-2021	Not in the public domain. For details please contact: intelligence@wiltshire.gov.uk
Unintentional and deliberate injuries in 0-14 year olds	Charts: Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years	Hospital episode statistics (HES), NHS Digital via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Unintentional and deliberate injuries in 15-24 year olds	Charts: Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years	Hospital episode statistics (HES), NHS Digital via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Falls in over 65 year olds	Charts: Emergency hospital admissions due to falls in persons aged 65 years and over	Hospital episode statistics (HES), NHS Digital via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Anxiety	Charts: Self reported wellbeing: Estimated percentage of persons with a high anxiety score	Annual Population Survey (APS), Office for National Statistics (ONS) via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Depression	Charts: Prevalence of depression: Percentage of patients aged 18 years and over with depression recorded on practice disease registers	Quality and outcomes framework, NHS Digital, Via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)

Diseases and ill health: Data sources and references

Section title	Reference title	Data source	Date	Link
Severe mental health conditions	Charts: Prevalence of severe mental health conditions: Percentage of patients with serious mental health conditions recorded on practice disease registers	Quality and outcomes framework, NHS Digital, Via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Mental health conditions in under 18 year olds	Charts: Hospital admissions due to mental health conditions in persons under 18 years	Hospital episode statistics (HES), NHS Digital via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Self harm	Charts: Hospital admissions as a result of self harm in children and young people aged 10-24 years	Hospital episode statistics (HES), NHS Digital via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Self harm	Charts: Emergency hospital admissions as a result of intentional self harm	Hospital episode statistics (HES), NHS Digital via the OHID Fingertips tool	2016/17 - 2020/21	Public health profiles - OHID (phe.org.uk)
Suicide	Charts: Suicides	Suicides in the UK, Office for National Statistics (ONS) via the OHID Fingertips tool	2014-2016 - 2018 - 2020	Public health profiles - OHID (phe.org.uk)

1) Statistical neighbours

- a. The “statistical neighbours” used in this JSNA are a group of local authorities whose populations have broadly similar characteristics to the population of Wiltshire.
- b. Providing a result for our statistical neighbours provides an indication of how Wiltshire is performing on a specific indicator compared to areas with broadly similar characteristics.
- c. There are a range of “statistical neighbour” or “nearest neighbour” models available. This JSNA follows OHID’s Fingertips tools in using the 15 default areas provided by the Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours 2018 model. At the UTLA level, these are the East Riding of Yorkshire, Rutland, North Somerset, South Gloucestershire, West Berkshire, Cheshire East, Cheshire West and Chester, Shropshire, Cornwall, Bedford, Central Bedfordshire, Dorset, Buckinghamshire UA, Stockport and Solihull. Results are presented as a combined rate or as an average of the combined results for these areas.
- d. For more information, please see [Nearest Neighbour Model \(cipfa.org\)](https://www.cipfa.org) and [OHID CIPFA document](#).

2) Counts, proportions and rates (taken from [APHO: Commonly used public health statistics, 2010](#))

- a. The most basic measure used in public health is the count. This may be a count of events such as deaths or admissions to hospital, or a count of people with a particular attribute such as people who smoke. This count itself is essential information for planning the health services for prevention and/or treatment. However, to properly investigate the distribution of disease and risk factors and to make comparisons between different populations, the denominator population or population years at risk in which the count was observed must also be taken into consideration.
- b. The simplest way of doing this is to divide the numerator count by the denominator population to give a proportion or crude rate. Both proportions and rates are frequently multiplied by a scaling factor for presentation purposes, e.g. per 100,000. When this factor is 100 the statistic is usually described as a percentage.
- c. Disease and mortality rates may vary widely by age. Such variation complicates comparisons made between two populations that have different structures.
 - i. For example, consider two areas A and B with equal-sized populations and identical crude all-age death rates. At first glance they appear to have a similar mortality experience. Suppose, however, that area A has a younger age structure than area B. Given that mortality rates increase with age, one would expect the older population in area B to experience more deaths. The fact that the two have identical crude mortality rates in fact means that the younger population in area A must have a relatively worse mortality experience.
 - ii. The most comprehensive way of comparing the disease experience of two populations is to present and compare their age-specific rates. However, when the number of populations being compared increases, the volume of data that needs to be considered quickly becomes unmanageable. What is used instead is a single, easily interpreted, summary figure for each population that is adjusted to take into account its age structure. Such summary figures are calculated using age standardisation methods. It is sometimes also desirable to standardise for other variables, such as sex or level of deprivation, that may also potentially confound any comparisons.
- d. This JSNA uses a combination of counts, proportions, crude rates and directly standardised rates to describe data. Details are specified in the chart titles or citations when the method is not already in the public domain. Where the method is already published elsewhere, this source is provided in the “Data sources and references” sections.

3) Deprivation

- a. Results by deprivation quintile/decile are derived from the [Index of Multiple Deprivation \(2019\)](#)
- b. The English Indices of Deprivation (IoD) uses a collection of indicators grouped into seven deprivation domains to provide an estimate of relative deprivation levels within England. These domains are weighted to indicate their impact on deprivation and are combined into a single Index of Multiple Deprivation (IMD).
- c. The IMD is a measure of relative, not absolute, deprivation. It ranks England's 32,844 lower super output areas (LSOAs – small geographical areas sometimes known as 'neighbourhoods') in order from most to least deprived, i.e. it tells us whether LSOA A is more or less deprived than LSOA B.
- d. Wiltshire local authority area has 285 LSOAs, and these can be presented in terms of their deprivation rankings within England ("national deprivation deciles/quintiles") or in terms of their rankings within Wiltshire ("local deprivation deciles/quintiles"). Because much of Wiltshire is less deprived than England as a whole, small numbers in our more deprived national deciles/quintiles can complicate the presentation of information at this level and this JSNA presents local deprivation deciles/quintiles where appropriate. National deciles/quintiles within Wiltshire are presented in purple, and local deciles/quintiles in green.
- e. For more information, please see the "Population and deprivation" section of this JSNA.