

Director of Public Health Annual Report: Chart Book



Abertawe Bro Morgannwg University Health Board



Published July 2011

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1 Introduction

This chart book has been produced by the Public Health Wales Observatory as an appendix to the Director of Public Health Annual Report.

It updates and adds to the chart book produced by the Director of Public Health for Abertawe Bro Morgannwg University Health Board (UHB) for his Interim Annual Report. A decision was made by the Wales Directors of Public Health to use these indicators to inform their annual reports.

The Abertawe Bro Morgannwg UHB chart book indicators originated from a number of sources:

- Public Health Wales Observatory
- Vaccine Preventable Disease Programme (Public Health Wales)
- Screening Division (Public Health Wales)
- Welsh Cancer Intelligence and Surveillance Unit (Public Health Wales)

This updated chart book draws together information from the above resources and adds new information sourced from:

The Public Health Wales Observatory:

- Director of Public Health Annual Report: supporting indicators, 2011
- Demography Profile, 2009
- Lifestyle Profile, 2010
- Inequalities in mortality in Abertawe Bro Morgannwg University Health Board: interim release to support Directors of Public Health annual reports

From other sources:

- Welsh Health Survey, Welsh Assembly Government (repackaged by the Public Health Wales Observatory)
- Public Health Wales, Vaccine Preventable Disease Programme
- Screening Division (Public Health Wales)
- Welsh Cancer Surveillance and Intelligence Unit (Public Health Wales)

The indicators have been presented under the following chapter headings: demography; determinants of health; use of services and health status. A summary of key points is included at the beginning of each chapter.

Maps included in this document show data by fifths of equal range within the health board area.

Included in Appendix A are web links for the original source reports and further information to support the used in this chart book.

A glossary of some of the terms used in this chart book is included in Appendix B.

Appendix C comprises of a series of local authority area maps showing the MSOA boundaries for the health board area.

2 Demography

2.1 Demography: key points

Population structure

The population of Abertawe Bro Morgannwg UHB is estimated to have been 503 thousand in 2009. Close to 50 per cent of the Abertawe Bro Morgannwg UHB population live in the Swansea local authority area.

The age structure of the population is similar to Wales but with slightly lower proportions of persons aged under 18 years. At middle super output area level (MSOA), higher proportions of persons aged under 18 are found in Townhill; Penlan and Penderry in Swansea, as well as in parts of the south of Neath and the town of Bridgend. The areas with the lowest proportions are in the Brynmill and Sandfields areas in Swansea.

The large student population in Swansea contributes to a higher proportion aged 20 to 24 years than the Wales average.

Among the older age groups the proportion aged 75 and over is about the same as Wales. Within the health board, Bridgend has a lower proportion than Neath Port Talbot or Swansea. At the MSOA level, the highest proportions are found in the Gower, Mumbles, West Cross and Sketty areas of Swansea and in Porthcawl. The pattern is very similar in those aged 85 and over.

Population projections

The latest projections indicate that if current trends continue, the number of persons aged 65 and over resident in Abertawe Bro Morgannwg UHB will increase by 55 per cent between 2008 and 2033. The proportion aged 75 and over is projected to increase from around eight or nine per cent at local authority level to around 12 t 15 per cent over this period, the sharpest increases being in Bridgend and Neath Port Talbot. The percentage aged 85 and over is projected to double from around 2.5 percent to around five per cent by 2033.

The increase in the number of older people is likely to be associated with a rise in chronic conditions whose prevalence is strongly age-related such as circulatory and respiratory diseases and cancers. Meeting the needs of these individuals will be a key challenge for the health board. In the current economic climate, the relative (and absolute) increase in economically dependent and, in some cases, care-dependent populations will pose particular challenges to communities.

Birth rate

The General Fertility Rate (GFR) for Abertawe Bro Morgannwg UHB is almost identical to the rate for Wales and there is little variation across the local authorities within the health board although the rate for Swansea is slightly lower than Wales. At the MSOA level, there is

considerable variation. Rates are particularly low in areas of Swansea where there are high numbers of students (Brynmill, Uplands, Sketty and Killay). The areas with the highest rates are in the Townhill, Landore, Birchgrove, Mynydd Bach and Penderry areas of Swansea; and in Cornelly, Nantyffyllon and parts of the town of Bridgend.

All-cause mortality

The European age-standardised all-cause mortality rate takes into account the age structure of the population, allowing valid comparisons to be made between areas. The rate for Abertawe Bro Morgannwg UHB is higher than Wales. Within the health board, rates are higher in Neath Port Talbot and Bridgend. At the MSOA level, variation is considerable with rates ranging from 438 to 914 per 100,000 population. The lowest rates are found in the south-western suburbs of Swansea and the Gower; the highest rates are found in the Tondu and Nantyffyllon areas of Bridgend and the Landore and Townhill areas of Swansea. Among persons aged under 75 years the pattern is similar. The health board exhibits a decreasing trend in mortality in persons under 75 years from 2000 to 2009 which is generally in line with the all Wales pattern.

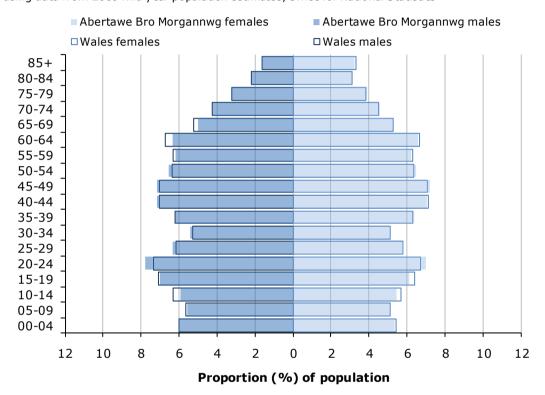
2.2 Population

2.2.1 Population by age and sex

Wales and Abertawe Bro Morgannwg University Health Board

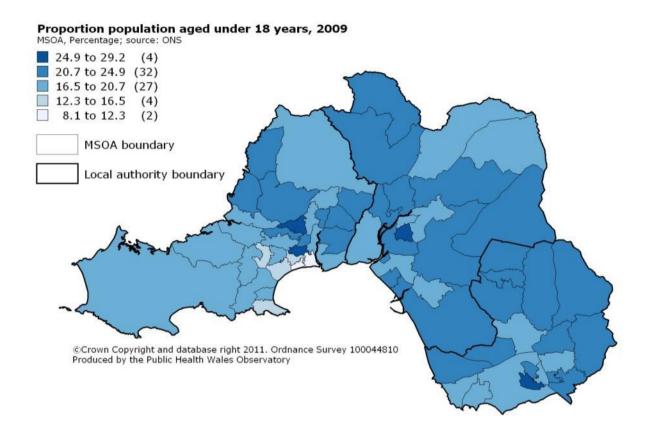
Proportion of population by age and sex Abertawe Bro Morgannwg University Health Board: 2009

Produced by the Public Health Wales Observatory using data from 2009 mid year population estimates, Office for National Statistics



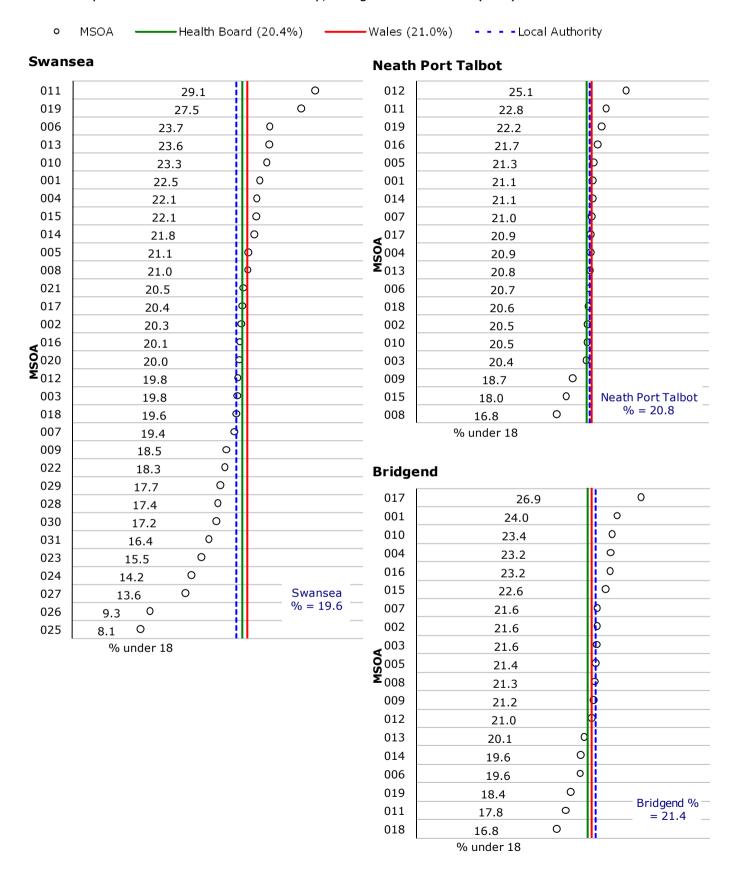
2.2.2 Population aged under 18

Middle super output areas



Percentage of population aged under 18 in Abertawe Bro Morgannwg University Health Board area, 2009

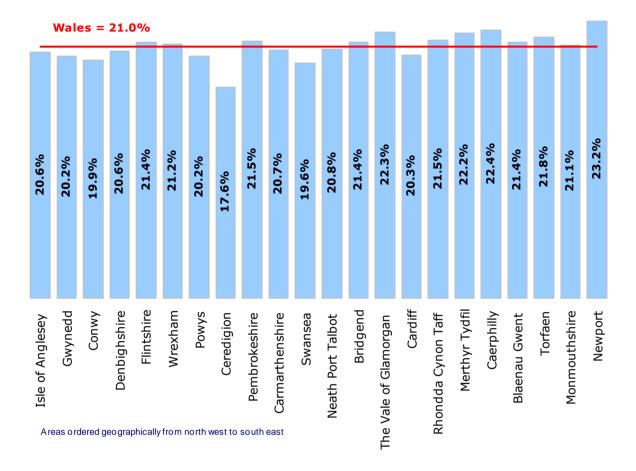
Produced by Public Health Wales Observatory, using data from ONS (MYE)



Local authorities

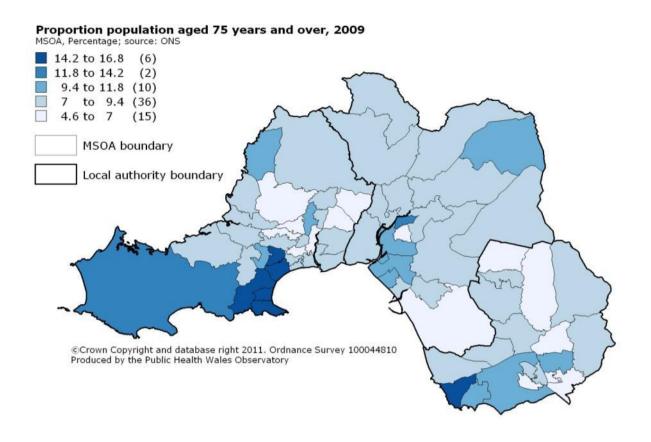
Percentage of population aged under 18 by local authority, 2009

Produced by Public Health Wales Observatory, using data from ONS (MYE)



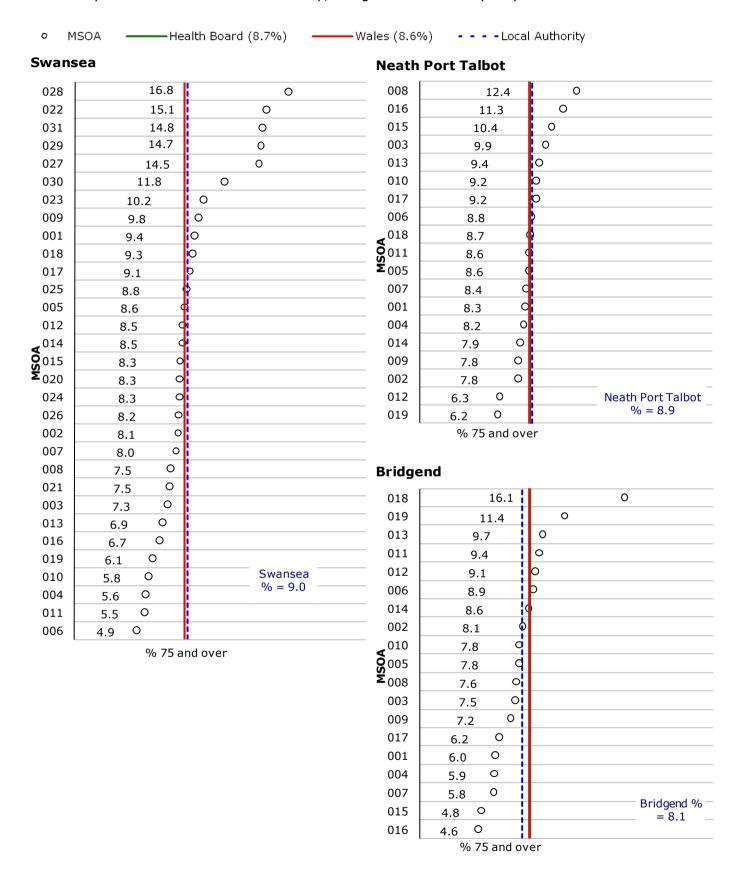
2.2.3 Population aged 75 and over

Middle super output areas



Percentage of population aged 75 and over in Abertawe Bro Morgannwg University Health Board area, 2009

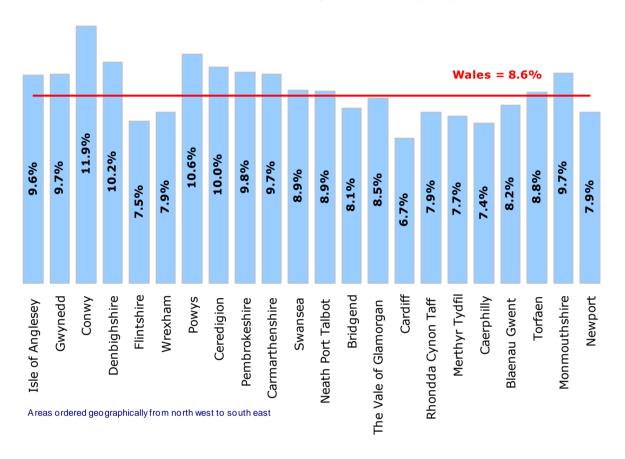
Produced by Public Health Wales Observatory, using data from ONS (MYE)



Local authorities

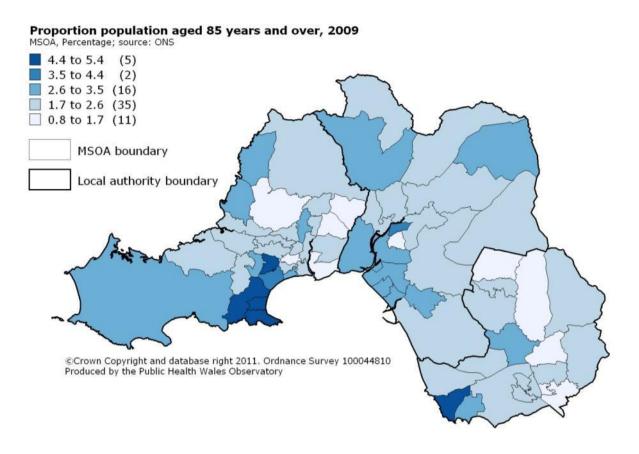
Percentage of population aged 75 and over by local authority, 2009

Produced by Public Health Wales Observatory, using data from ONS (MYE)



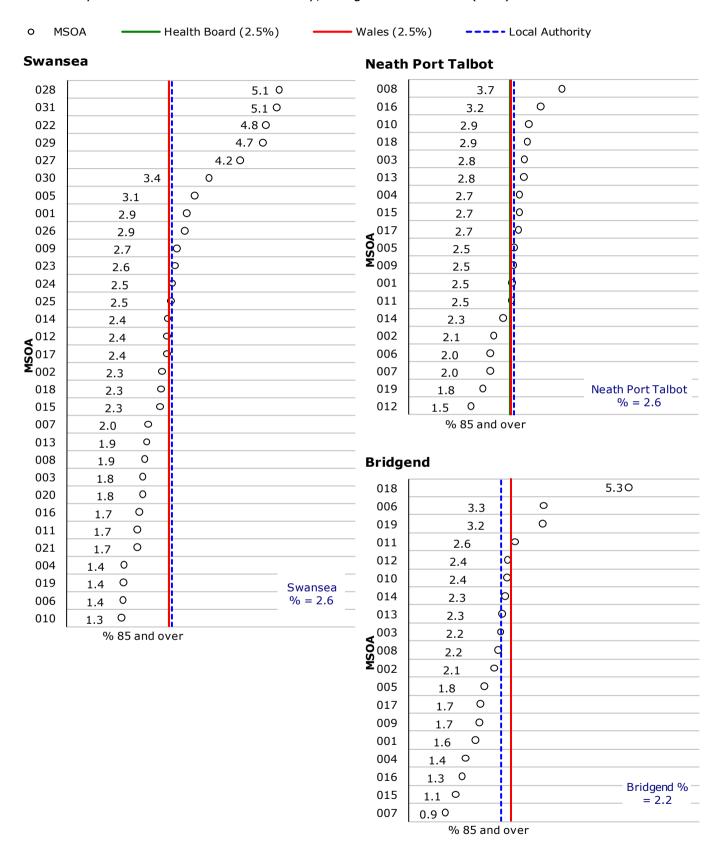
2.2.4 Population aged 85 and over

Middle super output areas



Percentage of population aged 85 and over in Abertawe Bro Morgannwg University Health Board area, 2009

Produced by Public Health Wales Observatory, using data from ONS (MYE)



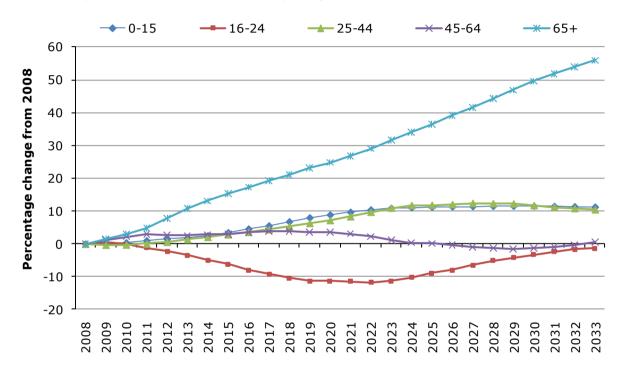
2.3 Population projections

2.3.1 Population projections by age group

Abertawe Bro Morgannwg University Health Board

2008-based population projections for Abertawe Bro Morgannwg University Health Board, persons: 2008 to 2033

Produced by the Public Health Wales Observatory, using data from the Welsh Assembly Government

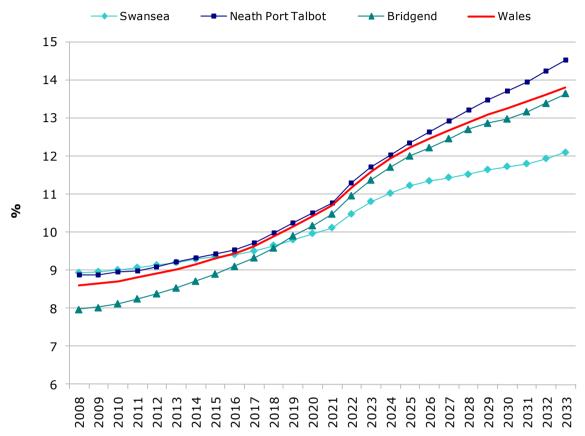


2.3.2 Population projections, persons aged 75 and over

Local authorities within Abertawe Bro Morgannwg University Health Board*

Projected population, 2008-2033, % aged 75 and over

Produced by Public Health Wales Observatory, using data from the Welsh Assembly Government



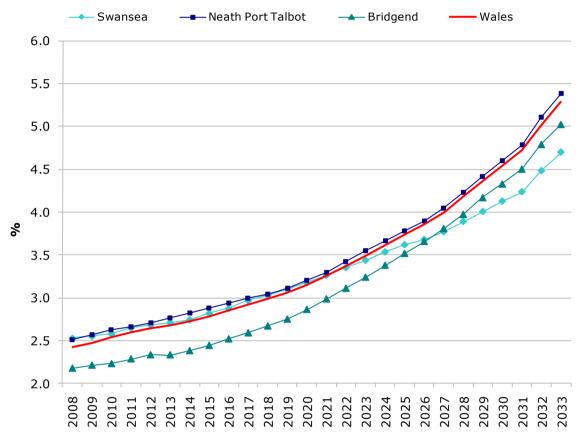
^{*} Y-axis is truncated

2.3.3 Population projections, persons aged 85 and over

Local authorities within Abertawe Bro Morgannwg University Health Board*

Projected population, 2008-2033, % aged 85 and over

Produced by Public Health Wales Observatory, using data from the Welsh Assembly Government

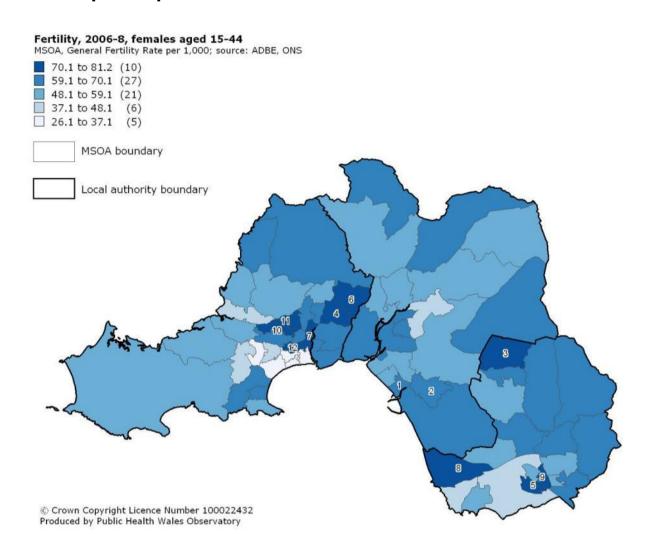


^{*} Y-axis is truncated

2.4 Births

2.4.1 General fertility rate

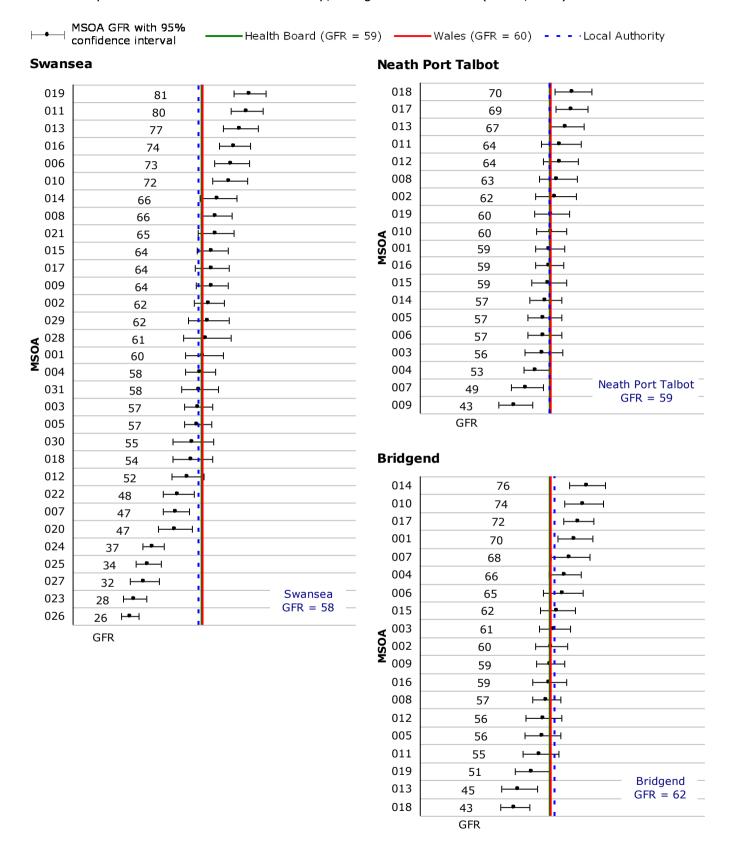
Middle super output areas



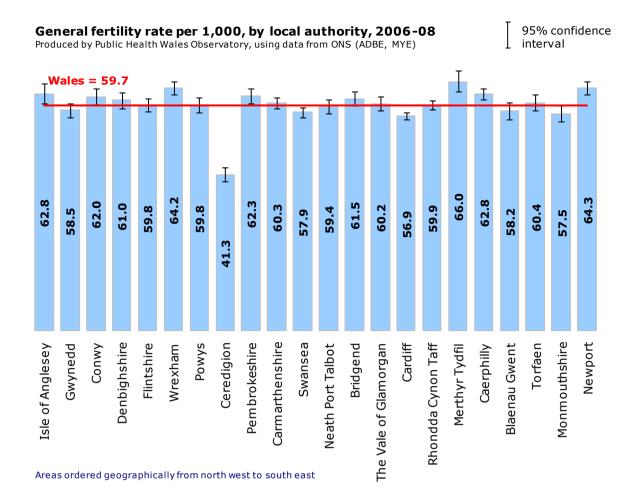
Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

General fertility rate per 1,000 in Abertawe Bro Morgannwg University Health Board area, females aged 15-44, 2006-08

Produced by Public Health Wales Observatory, using data from ONS (ADBE, MYE)



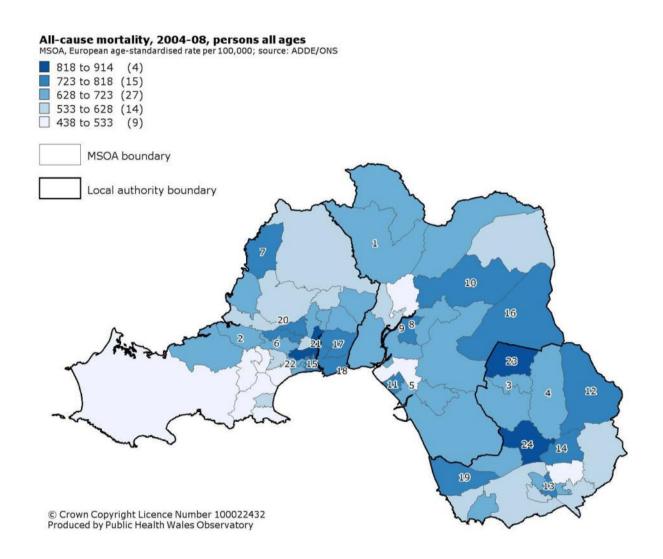
Local authorities



2.5 Deaths

2.5.1 All-cause mortality

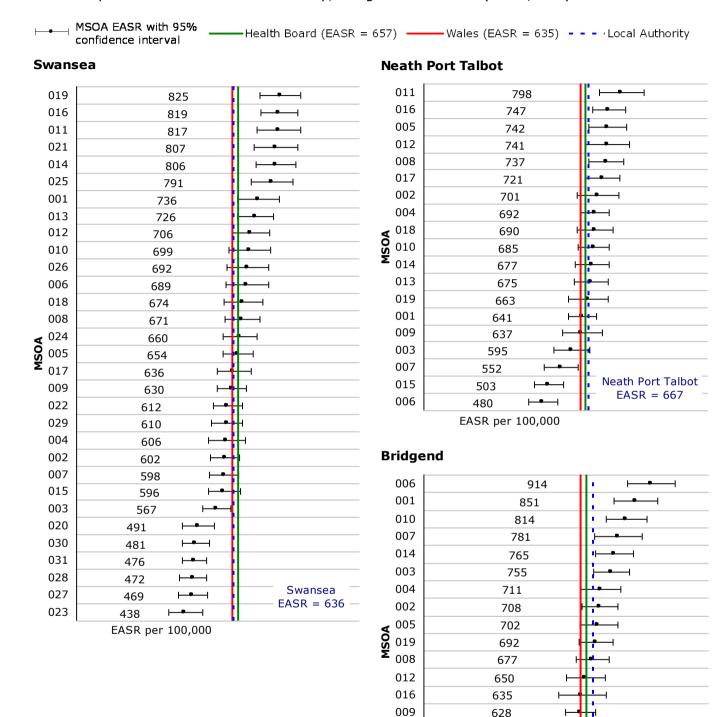
Middle super output areas



Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

All-cause mortality in Abertawe Bro Morgannwg University Health Board area, all persons, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)

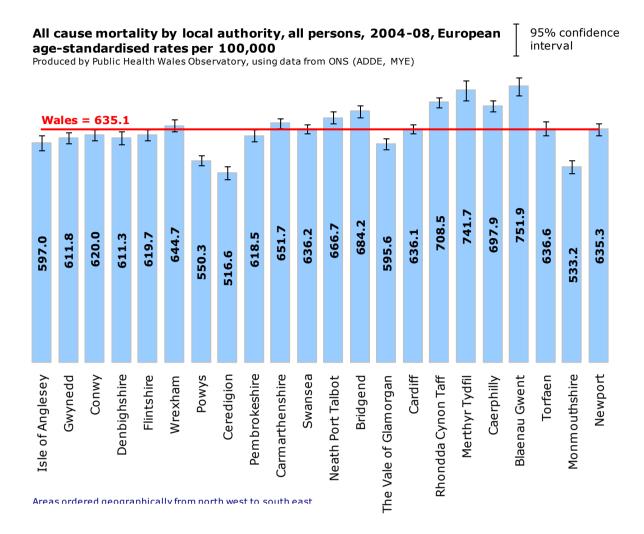


EASR per 100,000

Bridgend

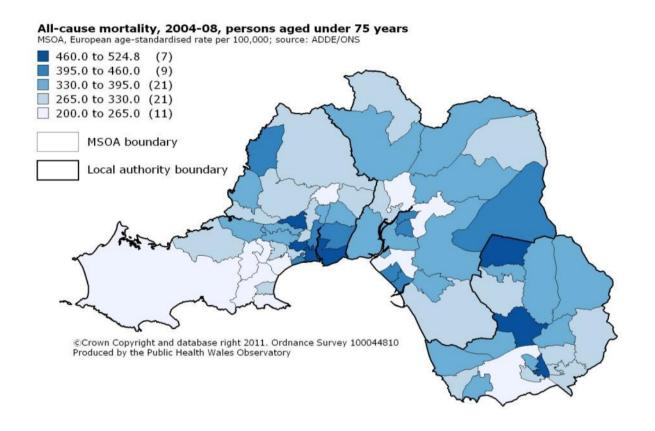
EASR = 684

Local authorities



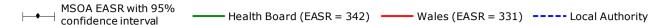
2.5.2 All-cause mortality, aged under 75

Middle super output areas



All-cause mortality in Abertawe Bro Morgannwg University Health Board area, persons aged under 75 years, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)

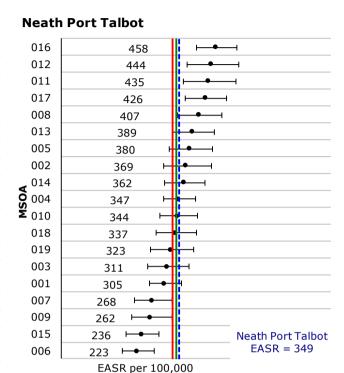


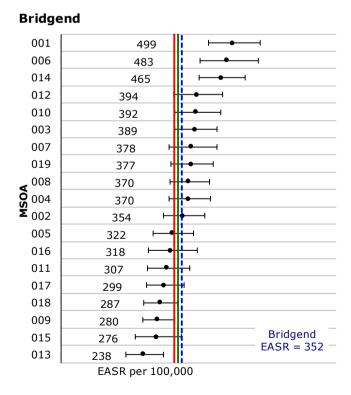
Swansea 024 029 217 ⊦ 210 ⊢

208 ⊢

200 ⊢

EASR per 100,000





Swansea EASR

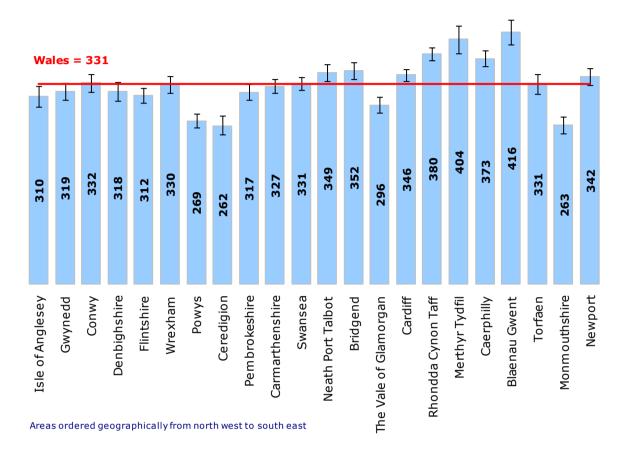
= 331

Local authorities

All cause mortality by local authority, persons aged under 75 years, 2004-08, European age-standardised rates per 100,000

95% confidence interval

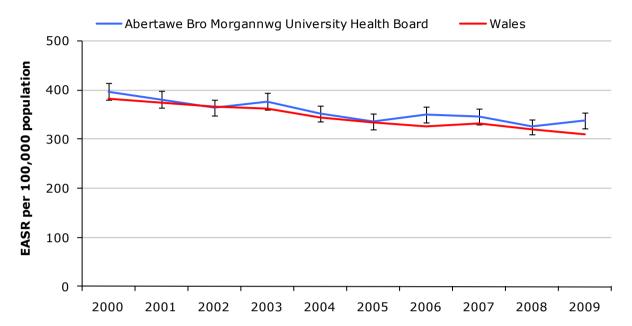
Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



Wales and Abertawe Bro Morgannwg University Health Board trend

All-cause mortality rate trend for Abertawe Bro Morgannwg University Health Board, persons aged under 75: 2000 to 2009

Produced by the Public Health Wales Observatory, using data from ONS (ADDE, MYE)



3 Determinants of health

3.1 Determinants of health: key points

Pattern of deprivation

The pattern of deprivation as described by Welsh Index of Multiple Deprivation shows that the most deprived areas are located in parts of Swansea, Neath, Port Talbot and in the northern areas of the Bridgend and Neath Port Talbot local authority areas in places like Blackmill; Nantyffyllon; Glyncorrwg and Glyn-neath. The least deprived areas are in places like the Gower and the southern part of the Bridgend local authority area.

Analysis of the association between deprivation and poor health

The association between socioeconomic deprivation and poor health outcomes is well-established. The Public Health Wales Observatory will be publishing a profile examining the relationship over time between deprivation and mortality later this year. This chart book contains some preliminary analysis released for inclusion in Director of Public Health Annual Reports. The analysis shows that the European age-standardised all-cause mortality rate in the most deprived fifth of areas within Abertawe Bro Morgannwg UHB is more than twice that of the rate in the least deprived fifth. This gap is slightly higher in males than females. The charts also show the gap is not narrowing and that it may even be widening among males.

Lifestyle data

The Welsh Health Survey is a rich source of information on lifestyle. It is a self-reported survey randomly sampling around 15 thousand adults (aged 16+) per year in Wales. The sample is constructed to allow reporting at local authority level.

Lifestyle indicators in the Abertawe Bro Morgannwg UHB area are generally worse than, or similar to, the Wales average. Almost one in four people smoke, leading to around 1,000 deaths per year within the health board area.

Nearly half the population of the health board area drinks more alcohol than the recommended limits and nearly one third binge drink on at least one day a week. Hospital admissions due to alcohol and drugs are more common than in Wales as a whole, with particularly high levels found in Swansea. In total, nearly 10,000 hospital admissions and 190 deaths are caused by alcohol each year.

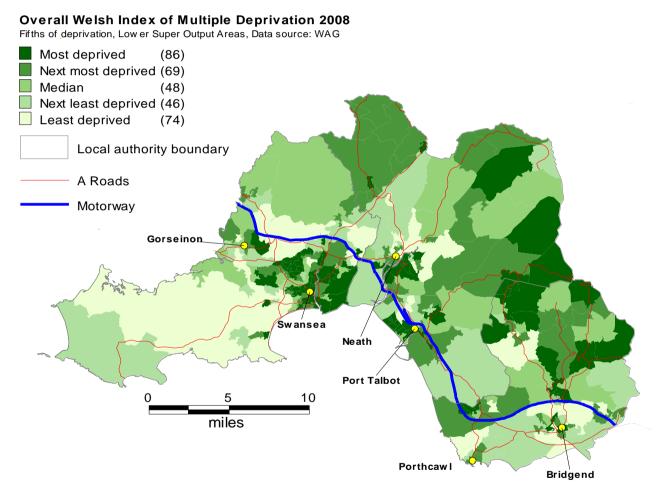
Overall, only around a third of people eat the recommended amount of fruit and vegetables. The picture is similar for physical activity. Improving diet and physical activity are essential to reducing the high proportions of people who are overweight or obese. Nearly 60 per cent of adults in the health board area are either overweight or obese.

3.2 Wider determinants of health

3.2.1 Deprivation in relation to Wales

The Welsh Index of Multiple Deprivation (2008) is produced at a small area level called lower super output area, and is derived from a broad range of factors including income, employment, health, education, skills and training, community safety, housing, physical environment and access to services. It is a geographically based deprivation measure which can be used to show inequalities in health and suggest areas likely to most need measures to improve health and manage ill-health.

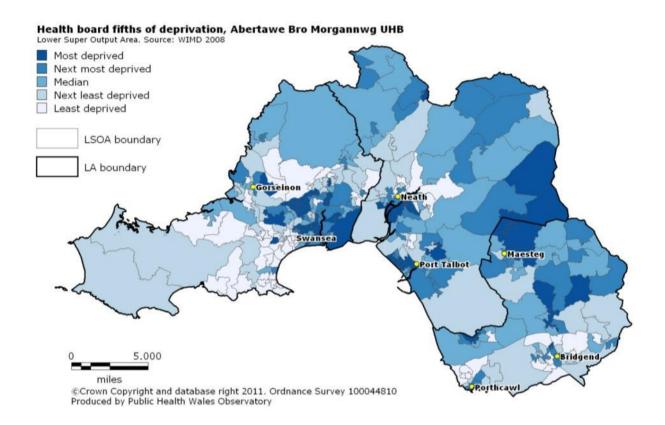
This map shows the level of deprivation in the health board in comparison to the rest of Wales.



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3.2.2 Deprivation within the health board

This map shows the most and least deprived fifths within the health board. It is this grouping that is used to demonstrate inequalities in mortality in the next section.

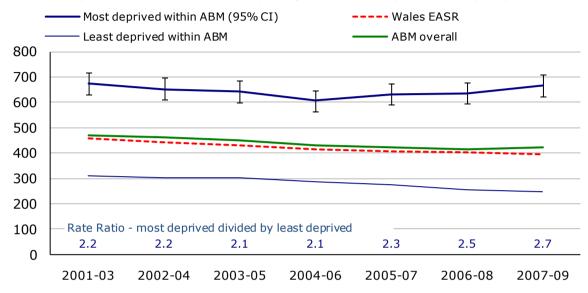


3.2.3 Inequality in all-cause mortality

These graphs compare mortality in the most deprived fifth of the health board population with the least deprived fifth of health board population.

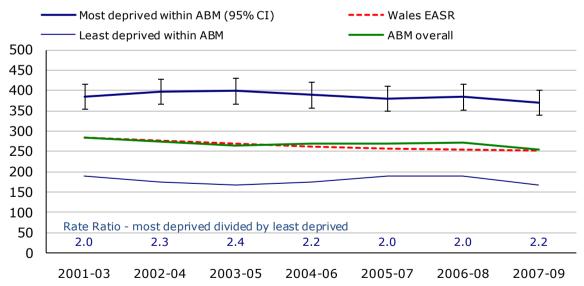
All-cause mortality, under 75, males, European age-standardised rate (EASR) per 100,000, ABM UHB and Wales, 2001-09

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD 2008 (WAG)



All-cause mortality, under 75, females, European age-standardised rate (EASR) per 100,000, ABM UHB and Wales, 2001-09

Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD 2008 (WAG)

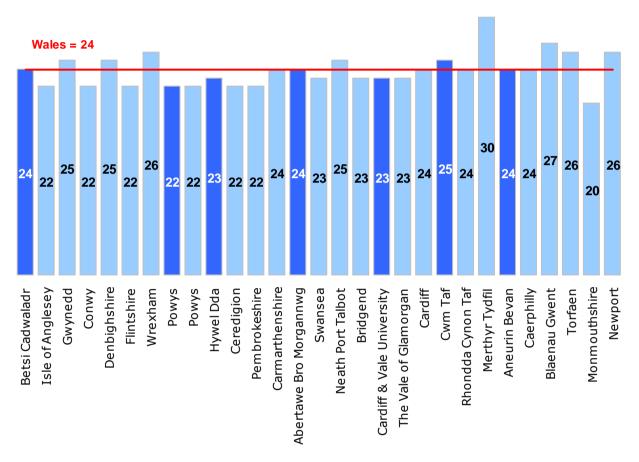


3.3 Lifestyle factors

3.3.1 Smoking as reported by adults

Adults who reported being a current smoker by local authority and health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

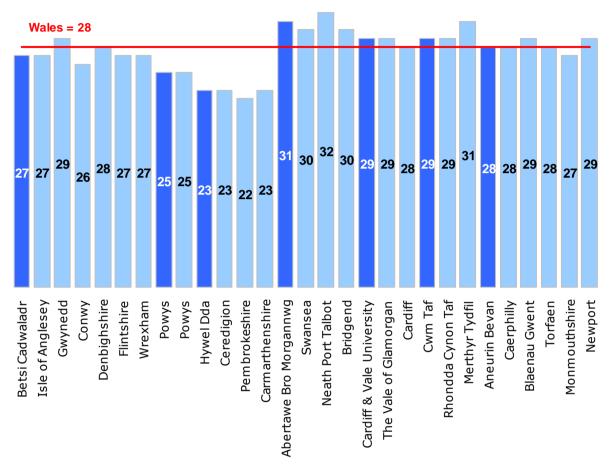


Areas ordered geographically from north west to south east

3.3.2 Binge drinking as reported by adults

Adults who reported binge drinking on at least one day in the past week by local authority and health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

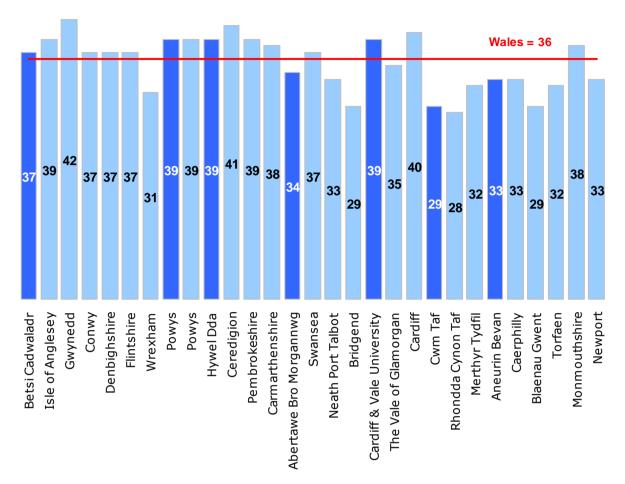


Areas ordered geographically from north west to south east

3.3.3 Five or more fruit or vegetables a day as reported by adults

Adults who reported eating five/more portions fruit/veg the previous day by local authority/health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

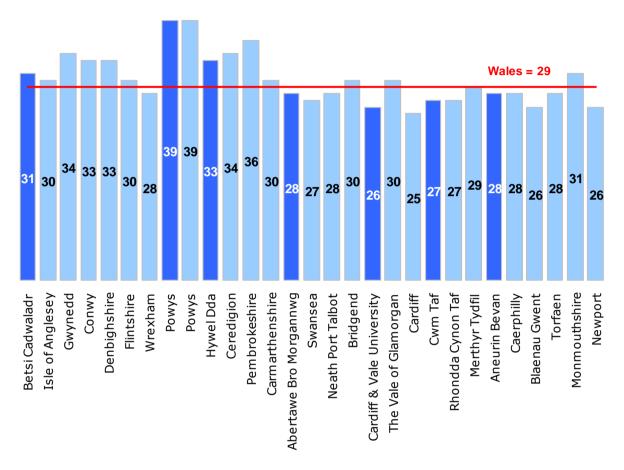


Areas ordered geographically from north west to south east

3.3.4 Physical activity as reported by adults

Adults who reported meeting physical activity guidelines in the past week by local authority/health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

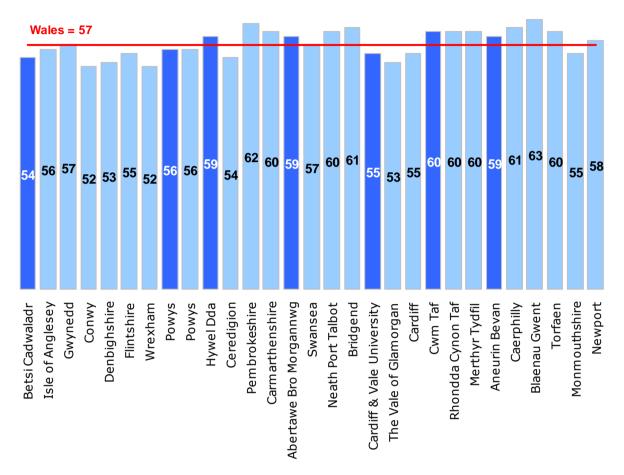


 $\label{lem:continuous} \textbf{Areas ordered geographically from north west to south east}$

3.3.5 Overweight and obesity, adults based on self reported data

Adults who were overweight or obese by local authority and health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



Areas ordered geographically from north west to south east

4 Use of services

4.1 Use of services: key points

Childhood immunisations

Childhood immunisation uptake rates show positive long term trends, although remain below target rates in a number of key areas. Immunisations in children under one year of age reach the 95% target. All immunisations scheduled for children in their second year of life do not reach the 95% target, and coverage of immunisations in five year olds and sixteen year olds are also below target. MMR vaccine uptake is a particular concern given a large outbreak of measles in Wales in 2009, and ongoing outbreaks in Europe in 2011. Uptakes of one dose of MMR in two year olds and two doses in five year olds have improved since 2005, but a 95% uptake of two doses is needed to eliminate measles in line with WHO goals. Improving uptake of pre-school and teenage immunisation will reduce risk of outbreaks of vaccine preventable diseases in future.

Seasonal influenza vaccination

In Wales, free seasonal influenza immunisation is offered to all people aged 65 years and over, and people between 6 months and 65 years in clinical risk groups (currently chronic respiratory disease, chronic heart disease, chronic renal disease, chronic liver disease, chronic neurological conditions, diabetes mellitus, and immunosuppression), residents of long-stay care homes and those who were the main carer for an elderly or disabled person whose welfare may be at risk if the carer fell ill. For 2009/10 WAG set a target immunisation uptake rate of 70% for people aged 65 years and over. For the 2010/11 seasonal influenza immunisation campaign the national uptake target was raised to the WHO target of 75% uptake in recommended groups. This target was also put in place for those younger than 65 years in 'at-risk' groups. During the 2010/11 campaign influenza immunisation was also offered to pregnant women who were not an existing clinical risk group.

Uptake of seasonal influenza immunisation for Abertawe Bro Morgannwg UHB in persons aged 65 years and over during 2010/11 was 10% under the target level. In persons aged under 65 years in the at risk groups, uptake during 2010/11 was 29% below the target level.

Population Based National Screening Programmes in Wales

Uptake/coverage rates in Abertawe Bro Morgannwg UHB for the national screening programmes for bowel, breast and cervical cancer and newborn hearing screening are generally on a par with or slightly higher than Wales overall. However only rates for cervical and newborn hearing screening achieve the UK target rates, the other programmes fall slightly short of the targets. Rates in Swansea for breast and cervical screening for 20 to 64 yr olds are noticeably lower than for Wales and the other local authorities.

Primary care services

The latest Welsh Health Survey data show that age-standardised percentages of primary care service use by adults in Abertawe Bro Morgannwg UHB are broadly on a par with or very slightly higher than those for Wales as a whole.

Use of secondary and tertiary care

Age-standardised overall hospital admission rates in persons aged under 75 years for 2009 in Abertawe Bro Morgannwg UHB show that overall rates are similar to Wales. The rate is slightly higher rate in Neath Port Talbot compared to Swansea and Bridgend. Drilling down to the MSOA level there is considerable variation. Rates are lowest in the Gower, Mumbles, Mayals and Killay areas of Swansea.

Looking at emergency admissions in this age group, the health board rate is slightly above that of Wales and is higher in Swansea and lower in Bridgend. At the MSOA level the rate varies greatly (more than for all admissions) with the lowest rates again found in Gower and south western suburbs of Swansea and also in the southern part of Bridgend in areas such as Lalestone, St Brides and Coychurch. Conversely, the highest rates are found in Sandfields, Townhill, Landore, Cockett and Penderry areas of Swansea. High rates of emergency hospital admission may be indicative of inadequate self-care and primary care services.

The health board elective admission rate is slightly below that for Wales. The rate in Swansea is lower than in Bridgend or Neath Port Talbot. At the MSOA level rates are highest in the Briton Ferry, Neath, Port Talbot and Glyncorrwg areas of Neath Port Talbot; the Nantyffyllon, Maesteg, Pyle, Bryncethin, and Morfa areas of Bridgend; and St Thomas in Swansea.

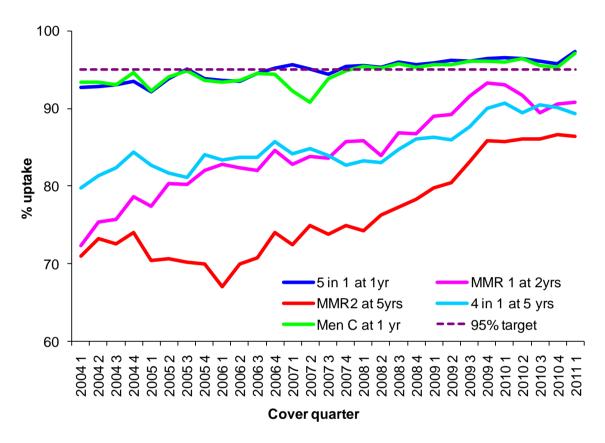
4.2 Prevention services: vaccination uptake

Note: Y-axes in the graphs of this section are truncated

4.2.1 Childhood immunisations

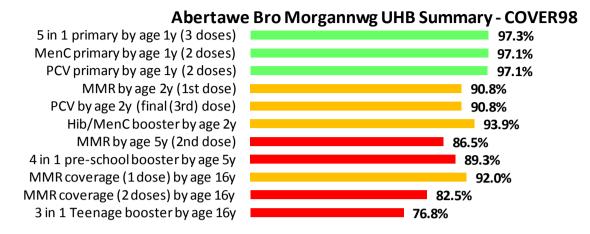
Routine childhood immunisation Abertawe Bro Morgannwg University Health Board area, trends 2004-2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports



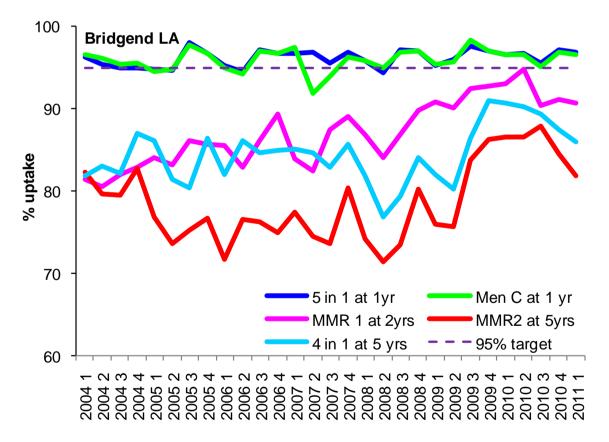
Routine childhood immunisation Abertawe Bro Morgannwg University Health Board area, 2011 quarter 1

Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports

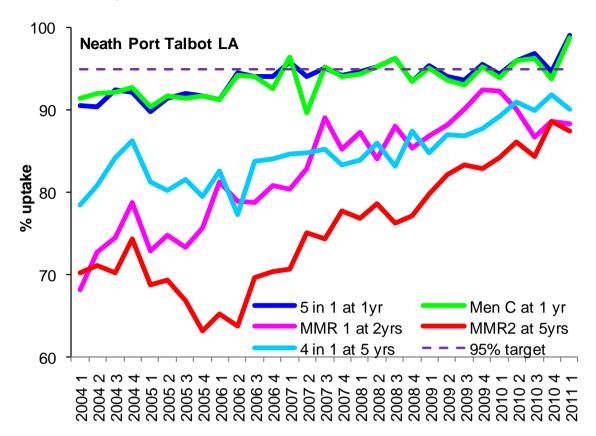


Routine childhood immunisation Bridgend local authority area, trends 2004-2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports

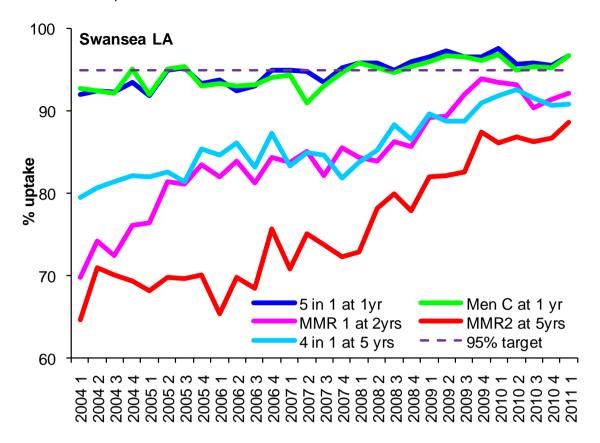


Routine childhood immunisation Neath Port Talbot local authority area, trends 2004-2011 Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports



Routine childhood immunisation Swansea local authority area, trends 2004-2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, from the Public Health Wales COVER reports



4.2.2 Seasonal influenza vaccination

Uptake of seasonal influenza immunisation in Abertawe Bro Morgannwg University Health Board, 2010/2011

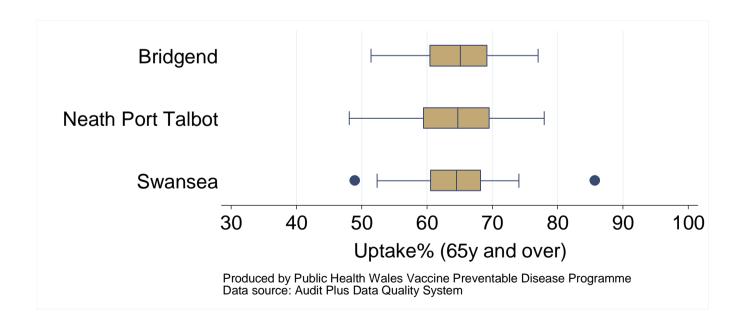
Produced by Public Health Wales Vaccine Preventable Disease Programme, data source: Audit +

	Patients aged 65y and over				
	Total	Patients			
	patients	immunised	Uptake (%)		
Bridgend	27,274	18,364	67.3		
Neath Port Talbot	26,161	16,635	63.6		
Swansea	43,064	27,570	64.0		
Health Board total	96,499	62,569	64.8		

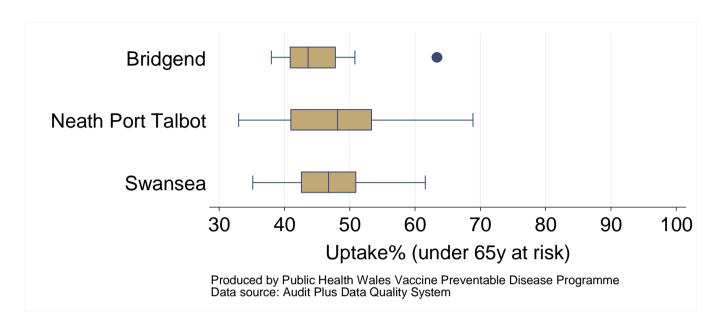
	Patients aged under 65y at risk				
	Total	Patients			
	patients	immunised	Uptake (%)		
Bridgend	16,559	7,422	44.8		
Neath Port Talbot	15,626	7,248	46.4		
Swansea	24,398	11,160	45.7		
Health Board total	56,583	25,830	45.6		

Distribution of practice level seasonal influenza immunisation uptake rates (patients aged 65 years and over), Abertawe Bro Morgannwg University Health Board area, 2010/2011

Produced by Public Health Wales Vaccine Preventable Disease Programme, data source: Audit +



Distribution of practice level seasonal influenza immunisation uptake rates (patients aged under 65 years at risk), Abertawe Bro Morgannwg University Health Board area, 2010/2011 Produced by Public Health Wales Vaccine Preventable Disease Programme, data source: Audit +



The line inside the shaded box represents the median practice uptake rate (half of the local authority practices have an uptake higher than the median value and half have an uptake lower than the median value). The shaded box represents the spread in uptake rates of the central 50% of practices, this is called the interquartile range. The whiskers extending above and below the shaded box represent the spread in practice uptake rates for the majority of practices within the local authority. Any practices with uptake rates that are very different from the majority of practices within the local authority are termed 'outliers' and appear as dots outside the whiskers.

4.3 Population Based National Screening Programmes in Wales

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.

In the context of screening programmes:

Uptake is the proportion of people routinely invited for screening for who a screening test result is recorded within the same invitation episode. Uptake is an important measure of the acceptability of a screening programme. There are minimum uptake standards and targets set for each of the programmes.

Coverage is the proportion of people resident and eligible at a particular point in time who have been screened at least once in a defined time period (dependent on the screening interval of the different programmes).

4.3.1 Uptake of national screening programmes in Wales

Uptake of breast, bowel, cervical and newborn screening programme statistics for Abertawe Bro Morgannwg UHB area, period 1 April 2009-31 March 2010 compared to all Wales Produced by Screening Division, Public Health Wales

Screening programme	Age range / Test frequency in Wales	UK target rate	Wales rate	Abertawe Bro Morgannwg University	Bridgend	Neath Port Talbot	Swansea
Bowel Screening ¹	Currently 60-69 years / every 2 years	Uptake: 60%	55.3%	57.4%	59.3%	57.8%	56.1%
Breast Screening ²	50-70 years / every 3 years	Uptake: Minimum 70%, Target 80%	76.2%	77.2%	77.7%	79.2%	73.9%
Cervical Screening ³ (aged 20-64)	20-64 years / every 3 years	Coverage: 80% at 5 years (aged 25-64)	76.2%	76.2%	77.1%	77.9%	74.6%
Cervical Screening ⁴ (aged 25-64)	20-64 years / every 3 years	Coverage: 80% at 5 years (aged 25-64)	79.5%	79.6%	79.6%	80.4%	79.2%
Newborn Hearing Screening ⁵	Newborn babies / within first month of birth	Uptake: 95%	99.7%	99.8%	99.8%	99.9%	99.7%

Notes

- 1 Bowel: Uptake of people invited April 2009 to end of March 2010
- 2 Breast: uptake stated (of those routinely invited, number screened)
- 3 Cervical (aged 20-64): coverage stated, tested within 5 years
- 4 Cervical (aged 25-64): coverage stated, tested within 5 years the 25-64 age range allows direct comparison with England
- 5 Newborn: uptake stated (of babies born, number tested)

4.4 Primary care services

4.4.1 Use of primary care as reported by adults

Abertawe Bro Morgannwg UHB adults who reported particular service use, Welsh Health Survey 2008 & 2009.

	Observed per cent	Age- standardised percent	Wales per cent
Health service use Family doctor (GP) in the past two weeks	19	19	18
In the past three months: Accident, injury or poisoning needing hospital treatment or a visit to casualty	5	5	5
In the past twelve months: Pharmacist Dentist Optician	71 72 50	71 72 50	70 70 49
Unweighted base (i) All aged 16+	4,176	4,176	29,331

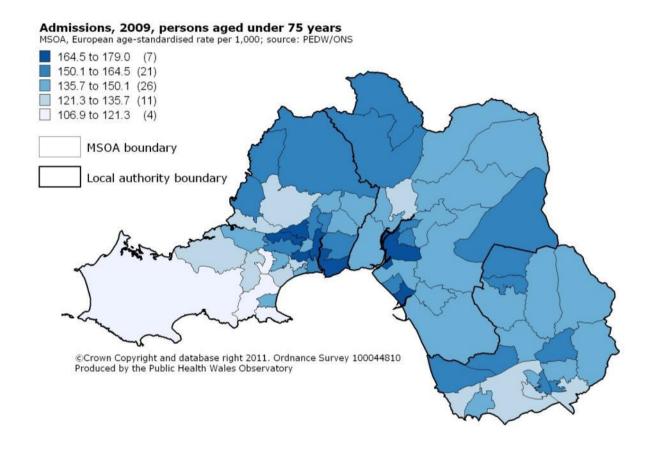
Source: Welsh Health Survey 2008 + 2009

⁽i) Bases vary: those shown are for the whole sample. Age-standardised rate is standardised to the Wales population.

4.5 Use of secondary and tertiary care

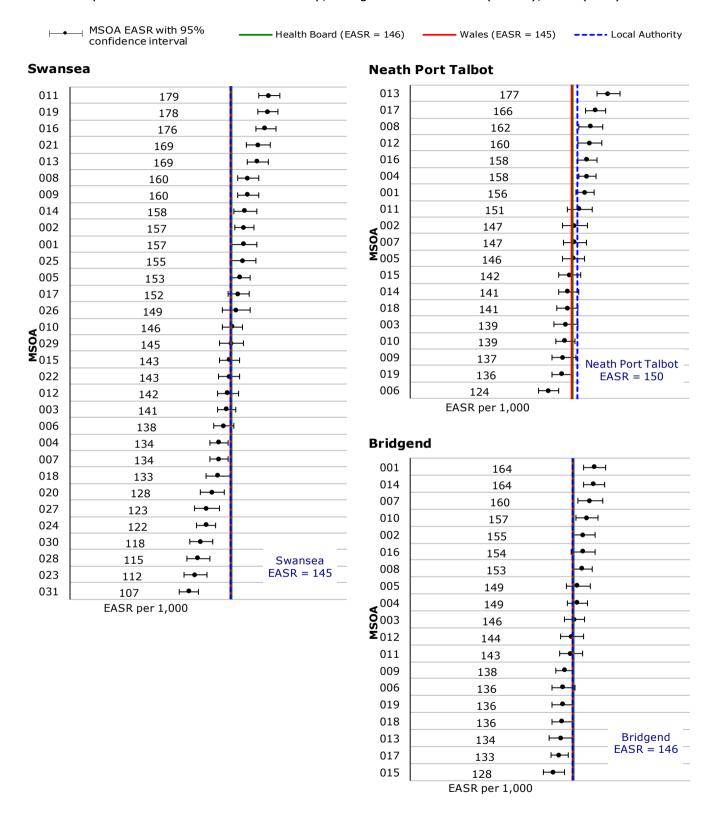
4.5.1 Hospital admissions: individuals aged under 75

Middle super output areas



Hospital admissions in Abertawe Bro Morgannwg UHB area, persons aged under 75, 2009, European age-standardised rates per 1,000

Produced by Public Health Wales Observatory, using data from NWIS (PEDW), ONS (MYE)

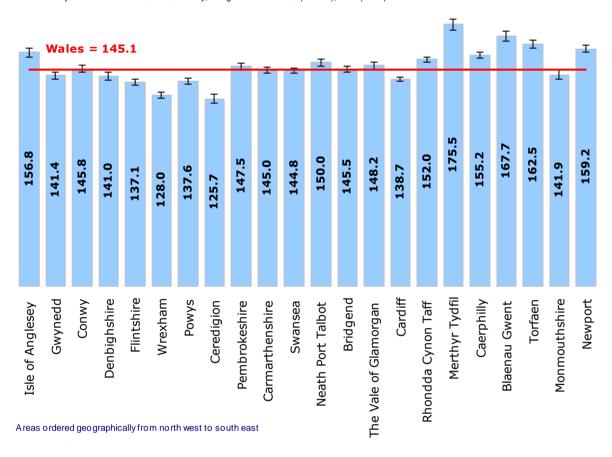


Local authorities

Hospital admissions by local authority, persons aged under 75, 2009, European age-standardised rates per 1,000

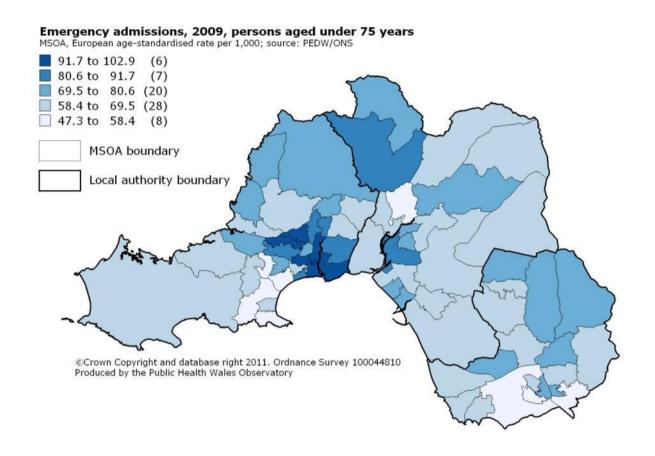
95% confidence interval

Produced by Public Health Wales Observatory, using data from NWIS (PEDW), ONS (MYE)



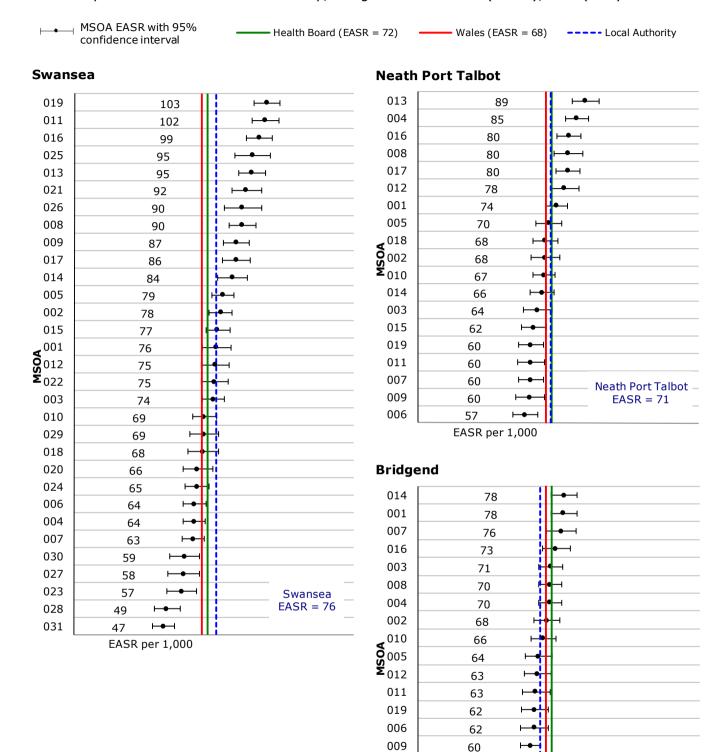
4.5.2 Emergency hospital admissions: individuals aged under 75

Middle super output areas



Emergency hospital admissions in Abertawe Bro Morgannwg UHB area, persons aged under 75, 2009, European age-standardised rates per 1,000

Produced by Public Health Wales Observatory, using data from NWIS (PEDW), ONS (MYE)



018

017

015

013

-

Bridgend

EASR = 65

59

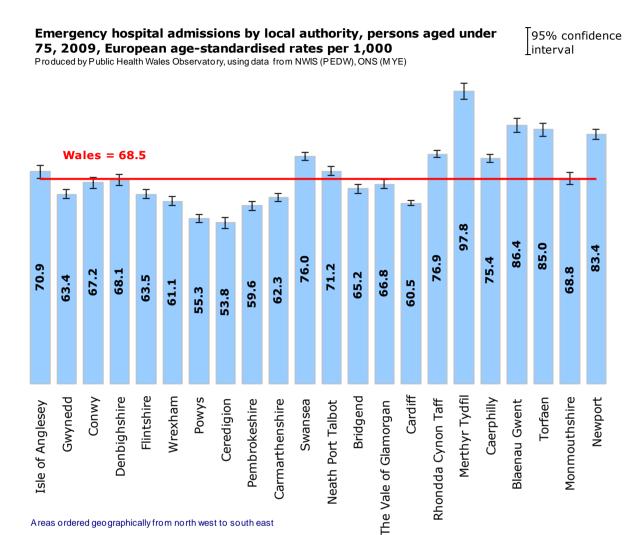
58

56

55

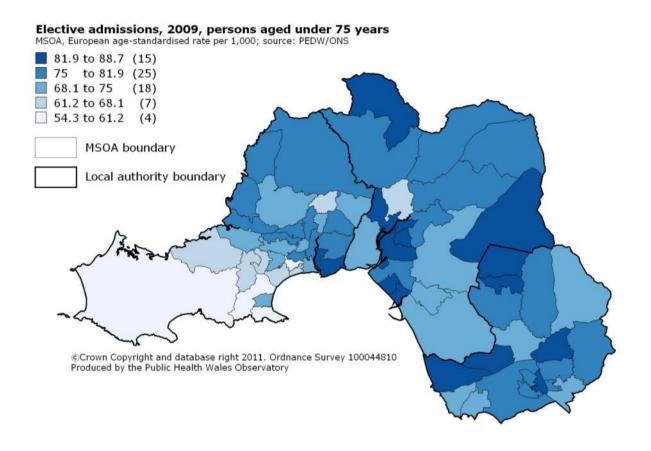
EASR per 1,000

Local authorities



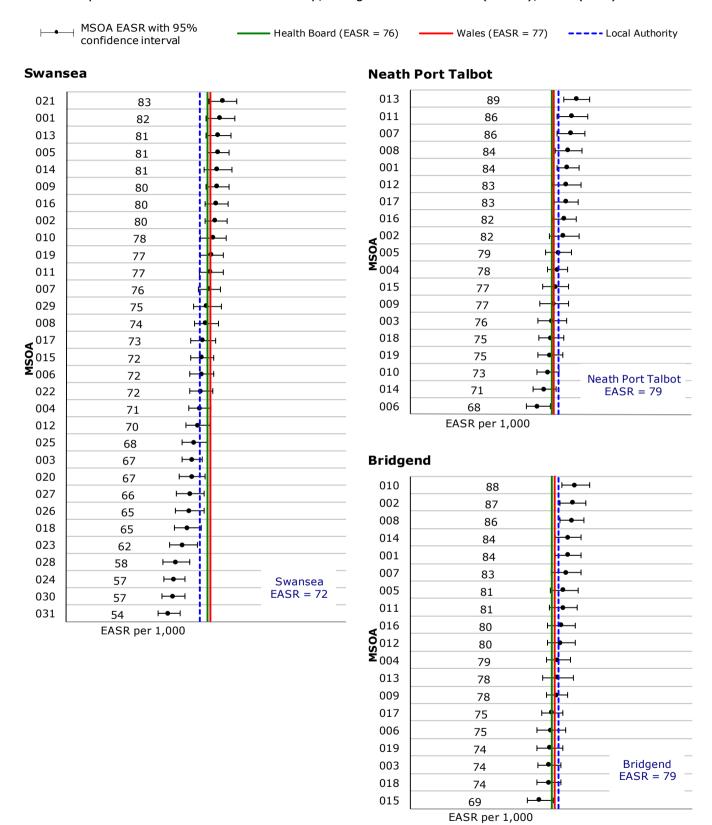
4.5.3 Elective hospital admissions: individuals aged under 75

Middle super output areas



Elective hospital admissions in Abertawe Bro Morgannwg UHB area, persons aged under 75, 2009, European age-standardised rates per 1,000

Produced by Public Health Wales Observatory, using data from NWIS (PEDW), ONS (MYE)

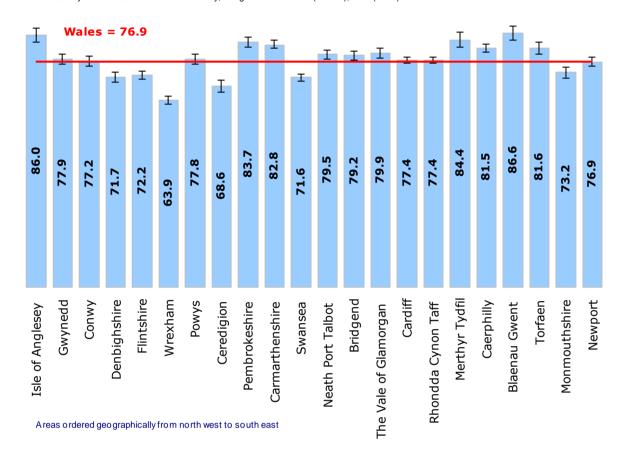


Local authorities

Elective hospital admissions by local authority, persons aged under 75, 2009, European age-standardised rates per 1,000

95% confidence interval

Produced by Public Health Wales Observatory, using data from NWIS (PEDW), ONS (MYE)



5 Health status

5.1 Health status: key points

There are consistent general patterns exhibited across the various indices of health status. Abertawe Bro Morgannwg UHB has generally poorer levels of health than Wales as a whole, although not as bad as some areas of the south Wales valleys and parts of north Wales. Between the three local authority areas of the health board, Neath Port Talbot shows the poorest levels of health and Swansea the best, however there is considerable variation within local authority areas.

Low birth weight

Low birth weight is associated with poor maternal health and lifestyle and there is increasing evidence to show an association with adverse effects later in life. The percentage of singleton live born babies weighing under 2500g in Abertawe Bro Morgannwg UHB is similar to Wales. At the MSOA level, the areas with the highest percentages are found in Sandfields, Townhill, Penderry and Bonymaen areas of Swansea; the Briton Ferry and Neath areas of Neath Port Talbot; and the Nantyffyllon, Cornelly and Morfa areas of Bridgend.

Self-reported health status

The Welsh Health Survey contains a number of questions on health status, including the SF36 questionnaire which can be summarised into overall physical and mental health scores. The latest results show that self reported physical and mental health scores are worse in Abertawe Bro Morgannwg UHB than in Wales as a whole. At the local authority level, self reported physical and mental health scores are worse in Neath Port Talbot than in Swansea or Bridgend. The data also show that Abertawe Bro Morgannwg UHB has the highest age-standardised self-reported rate of limiting long term illness (which includes problems related to old age) in Wales. At the local authority level, Neath Port Talbot exhibits the highest self-reported rate of limiting long term illness in Wales. Looking at persons reporting current treatment for a mental health condition, the health board rate is similar to Wales, but the rate in Bridgend is higher.

Mortality from specific conditions

Circulatory disease includes heart disease and stroke and is the largest cause of death in Wales. Lifestyle factors such as diet, exercise, alcohol consumption and especially smoking are known to be implicated in circulatory disease. The European age-standardised mortality rate for Abertawe Bro Morgannwg UHB is similar to Wales and there is no substantial variation across local authorities in the health board area although the rate for Bridgend is slightly higher than Wales. However, at MSOA level there is a doubling of the rate between the lowest and highest areas. Areas with the lowest rates are found in the Gower, Mumbles, Sketty and Killay areas of Swansea; the Duffryn, Bryn Coch, Cadoxton and Baglan areas of

Neath Port Talbot; and the Lalestone, Coity, Litchard and Pendre areas of Bridgend. Areas with the highest rates are in the Landore, Pontarddulais, Townhill, Penderry, St Thomas and Bonymaen areas of Swansea; and the Aberkenfig, Pontycymer and Cornelly areas of Bridgend. For persons aged under 75 years, the pattern is similar at the MSOA level.

Coronary heart disease is a sub-category within circulatory disease and includes heart attacks. Smoking is a major cause of coronary heart disease. The European age-standardised mortality rate for Abertawe Bro Morgannwg UHB is similar to the Wales rate and there is no substantial variation across local authorities in the health board area. At MSOA level, once again, variation is high. The pattern is very similar to that for circulatory disease with the lowest rates in the Gower and south-west Swansea; areas immediately to the north of the towns of Neath and Port Talbot and in the southern areas of Bridgend. Rates are highest in places like Landore, Pontarddulais, Townhill, Penderry, St Thomas and Bonymaen areas of Swansea; and in the Mount Pleasant area of Neath.

Cancer is the second most common cause of death in Wales. Causes of cancer are multifactorial, varying depending on the site but smoking and other lifestyle factors are important risk factors. The European age-standardised mortality rate for Abertawe Bro Morgannwg UHB is similar to Wales and there is no substantial variation across local authorities in the health board area. At MSOA level there is significant variation. The pattern is familiar with the lowest rates located in Gower and south west suburbs of Swansea; Bryncoch to the north of Neath; and Lalestone, Oldcastle and Pen-y-fai to the south of Bridgend. Rates are highest in the Landore, Townhill, Penderry, and St Thomas areas of Swansea; the Mount Pleasant area of Neath; the Sandfields area of Port Talbot; the Cymmer and Glyncorrwg area to the north of the local authority area and the Nantyffyllon and Morfa areas of Bridgend local authority area.

Respiratory disease is a very common cause of death. Once again, smoking is a major risk factor for respiratory disease. The European age-standardised mortality rate for Abertawe Bro Morgannwg UHB is similar to Wales and there is no substantial variation across local authorities in the health board area although the rate for Neath Port Talbot and Bridgend are slightly higher than Wales. At the MSOA level there is considerable variation with the rate trebling between lowest and highest. The wider confidence intervals on the caterpillar charts are indicative of the fact that there are fewer respiratory disease deaths than for cancer or circulatory disease. The lowest rates are found in Killay, Sketty and the area close to Morrison hospital within Swansea; and Coychurch in Bridgend. The highest rates are in the northern areas of Bridgend such as Blackmill, Ogmore Vale, Nant-y-moel, Bryncethin, Llangynwyd and Aberkenfig; Aberavon and Glyncorrwg in Neath Port Talbot; and Landore in Swansea.

Cancer survival

Relative survival is the most widely used method in population studies. It is the ratio of the survival observed in the group of cancer patients to the survival that would be expected if they were subject to the same overall mortality rates by age, sex and calendar period as the general population. The expected probabilities are obtained from life tables for Wales that provide the life expectancy of persons for a given year by age and sex. The problems arising with crude survival are therefore overcome. It enables one to measure variations in cancer survival (or its complement, mortality) independently of variations in expected (background) mortality associated with various factors (age and sex in these analyses). The regional data

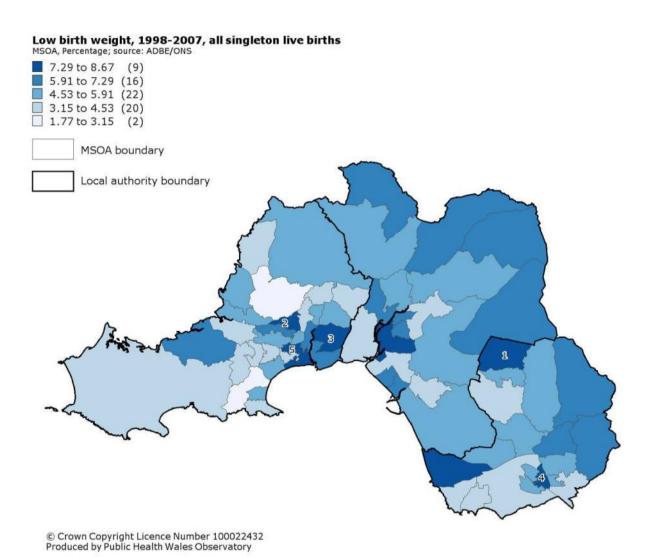
for Wales indicate a steady improvement in one year relative survival for both males and females.

The site-specific one and five year relative survival figures indicate that there is little difference between Abertawe Bro Morgannwg UHB and Wales as a whole except for ovarian cancer where the five year survival was statistically significantly better.

5.2 Physical and mental health

5.2.1 Low birth weight

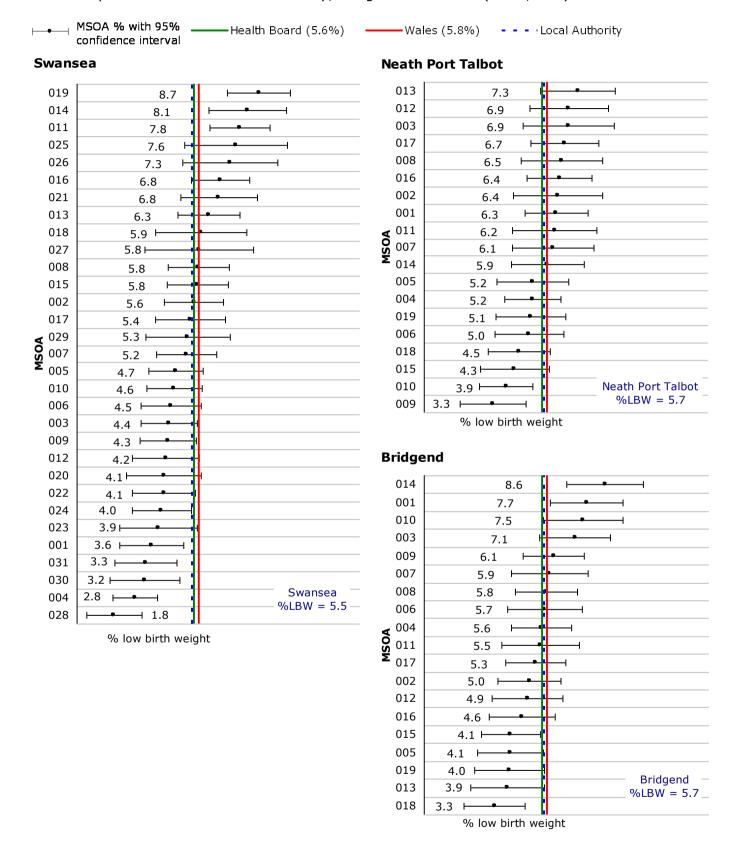
Middle super output areas



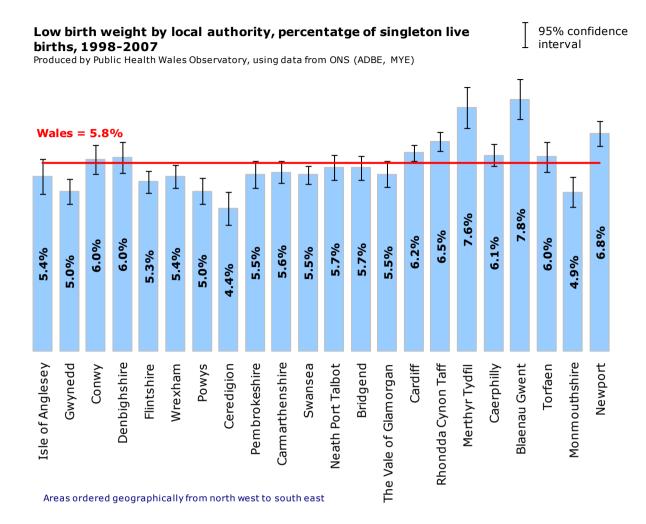
Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

Low birth weight in Abertawe Bro Morgannwg UHB area, percentage of singleton live births, 1998-2007

Produced by Public Health Wales Observatory, using data from ONS (ADBE, MYE)



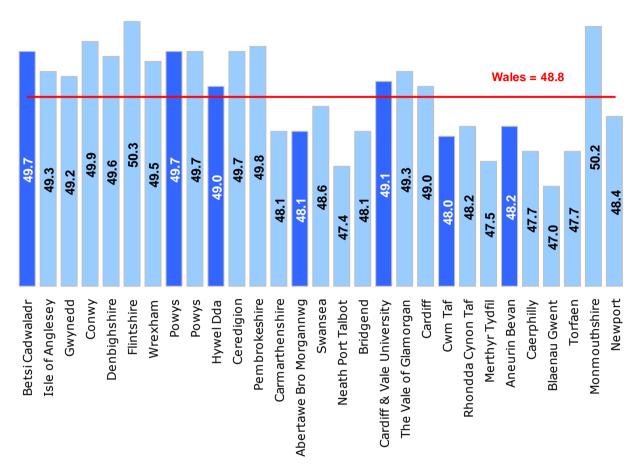
Local authorities



5.2.2 Physical health as reported by adults*

Mean SF-36 Physical component summary score by local authority and health board, age standardised rate, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



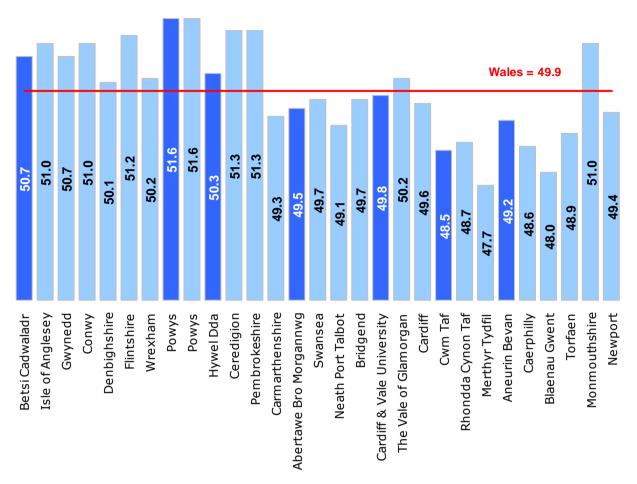
 $\label{lem:continuous} \textbf{Areas ordered geographically from north west to south east}$

^{*} Y-axis is truncated to 45

5.2.3 Mental health as reported by adults*

Mean SF-36 Mental component summary score by local authority and health board, age standardised rate, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009



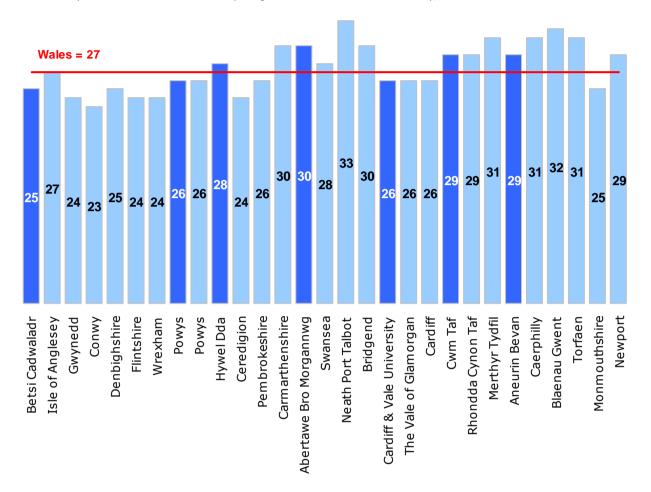
Areas ordered geographically from north west to south east

^{*} Y-axis is truncated to 45

5.2.4 Limiting long term illness as reported by adults

Adults who reported having a limiting long-term illness by local authority and health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

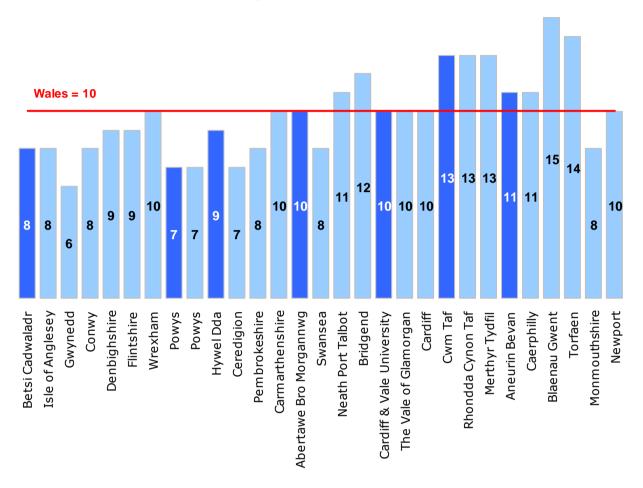


 $\label{lem:continuous} Areas \ ordered \ geographically \ from \ north \ west \ to \ south \ east$

5.2.5 Mental illness as reported by adult

Adults who reported currently being treated for a mental illness by local authority and health board, age standardised percentage, 2008-2009

Produced by Public Health Wales Observatory using data from the Welsh Health Survey, 2008 and 2009

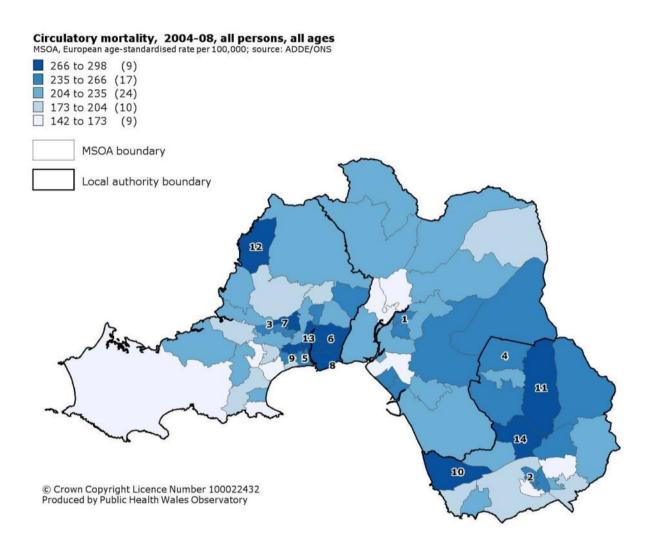


Areas ordered geographically from north west to south east

5.3 Mortality from specific conditions

5.3.1 Mortality from circulatory disease, all ages

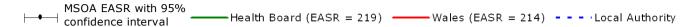
Middle super output areas



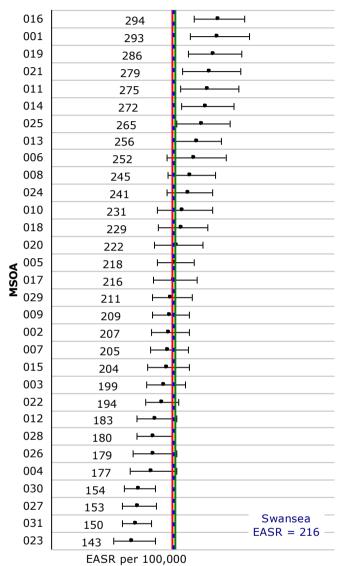
Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

Mortality from circulatory disease in Abertawe Bro Morgannwg UHB area, all persons, 2004-08, European age-standardised rates per 100,000

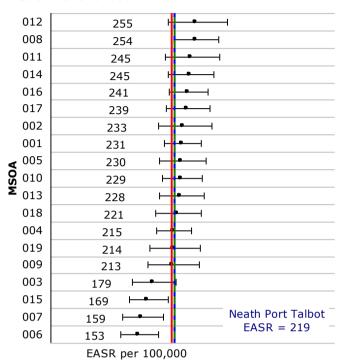
Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



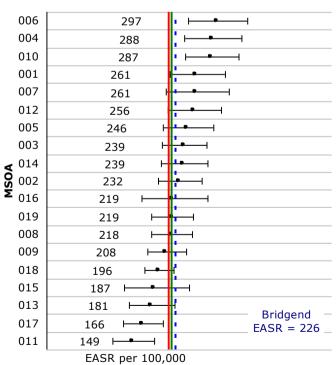
Swansea



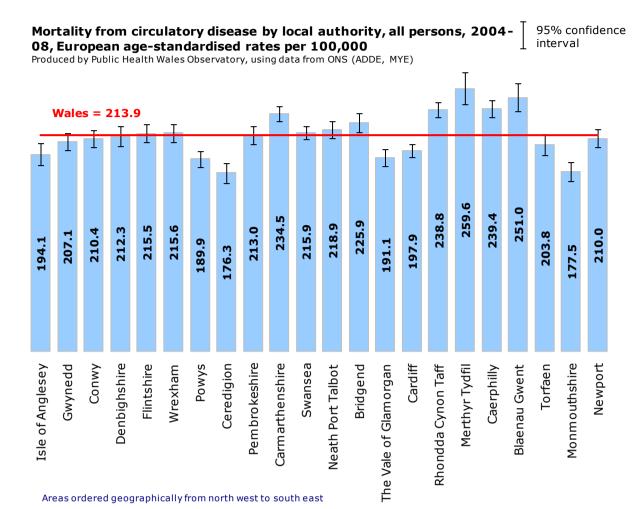
Neath Port Talbot



Bridgend

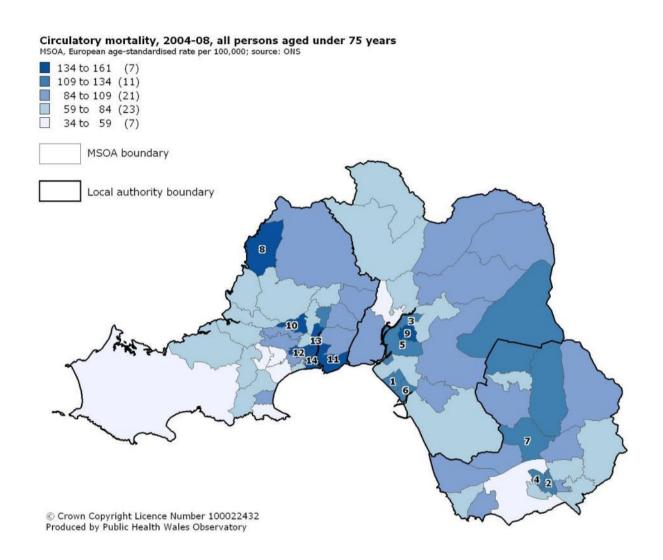


Local authorities



5.3.2 Mortality from circulatory disease, under 75s

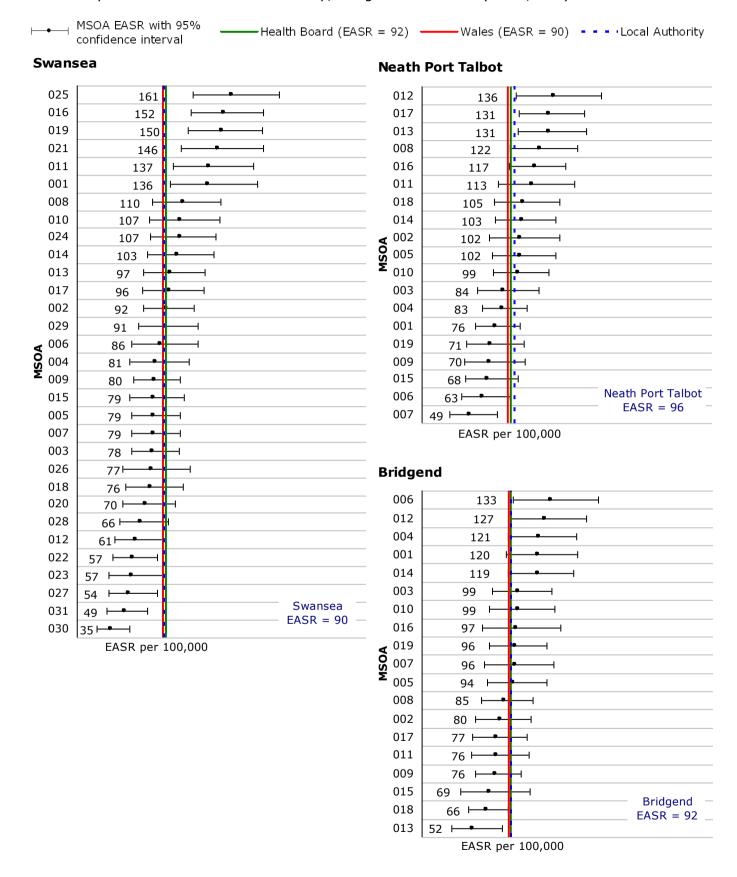
Middle super output areas



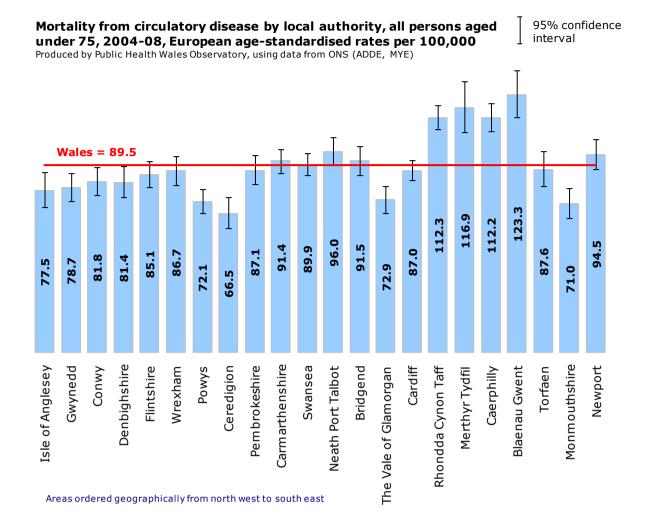
Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

Mortality from circulatory disease in Abertawe Bro Morgannwg UHB area, all persons aged under 75, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)

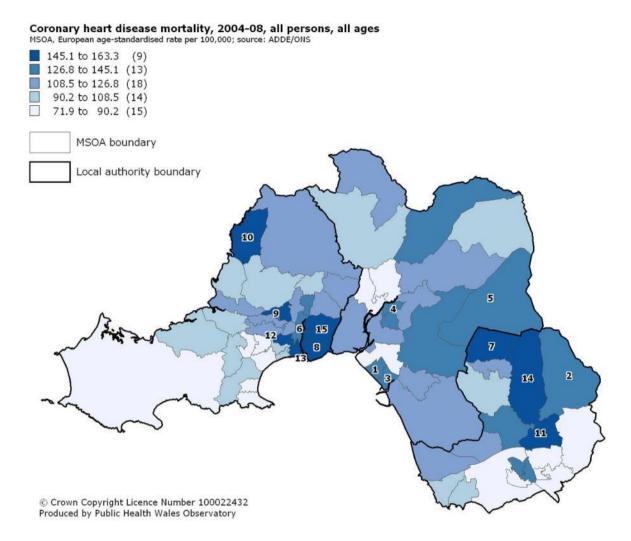


Local authorities



5.3.3 Mortality from coronary heart disease

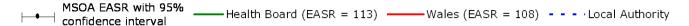
Middle super output areas



Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

Mortality from coronary heart disease in Abertawe Bro Morgannwg UHB area, all persons, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)

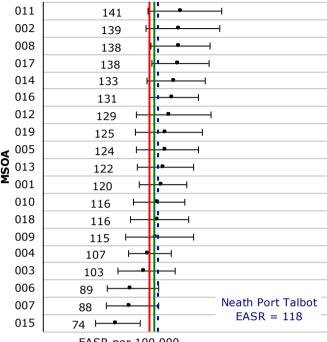


Swansea

Swansea EASR = 111 -

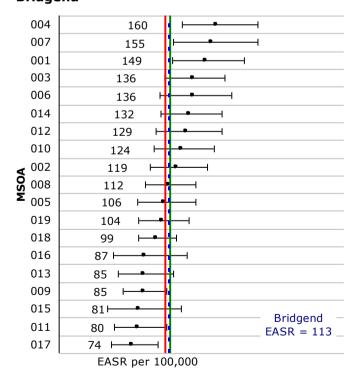
EASR per 100,000

Neath Port Talbot



EASR per 100,000

Bridgend

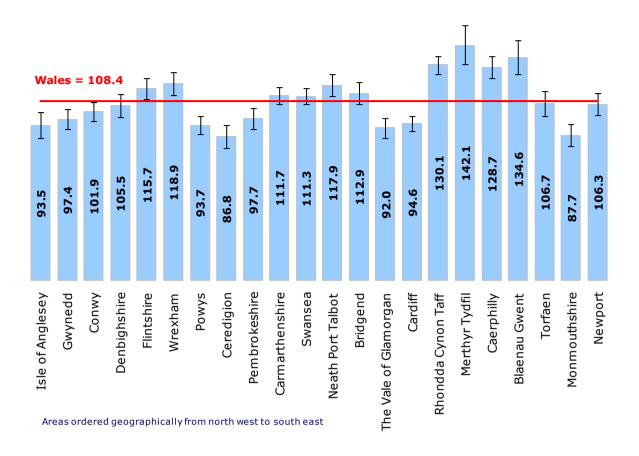


Local authorities

Mortality from coronary heart disease by local authority, all persons, 2004-08, European age-standardised rates per 100,000

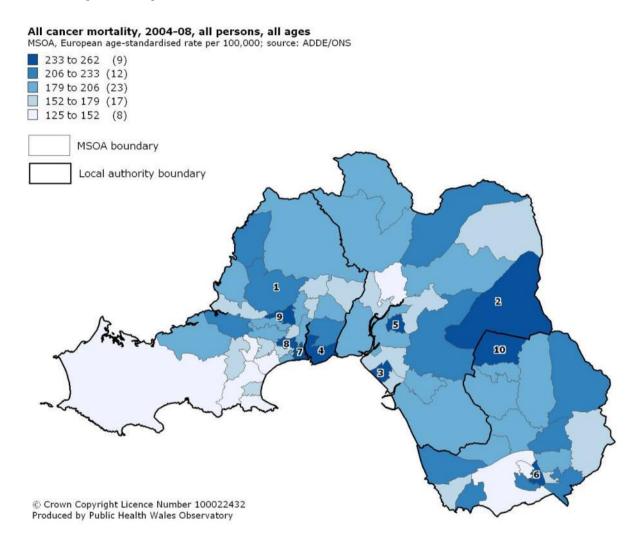
95% confidence interval

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



5.3.4 Mortality from cancer

Middle super output areas



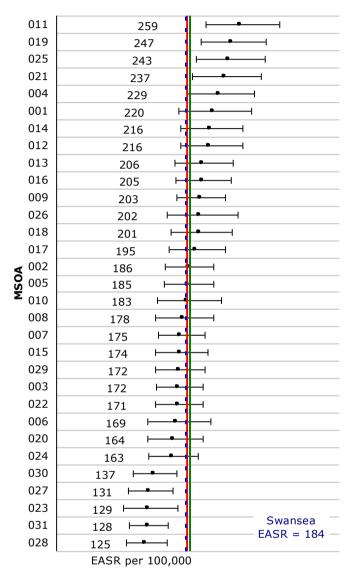
Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

Mortality from all cancers in Abertawe Bro Morgannwg UHB area, all persons, 2004-08, European age-standardised rates per 100,000

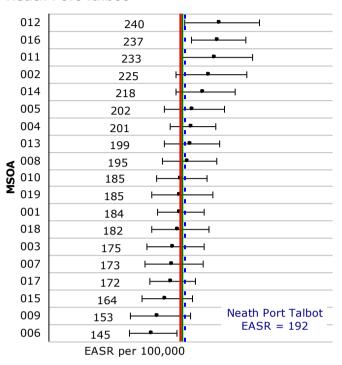
Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)

MSOA EASR with 95% —— Health Board (EASR = 189) —— Wales (EASR = 186) - - - Local Authority confidence interval

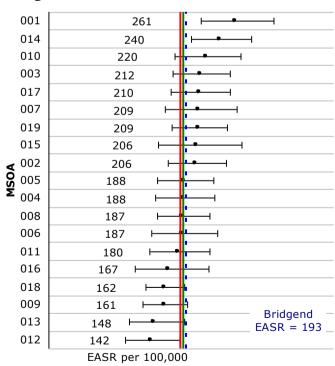
Swansea



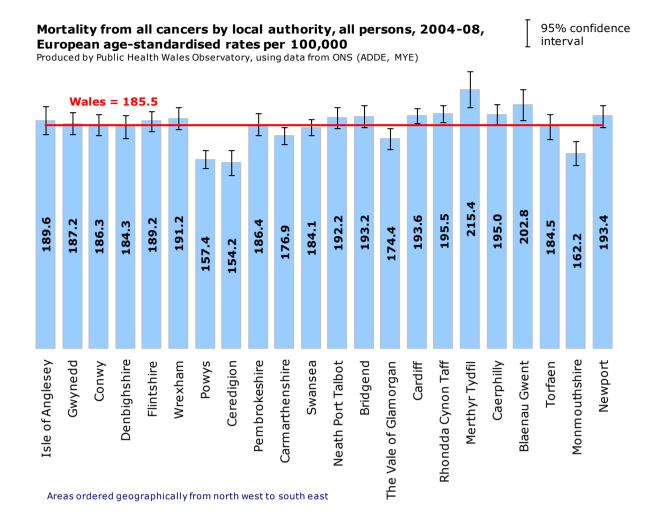
Neath Port Talbot



Bridgend

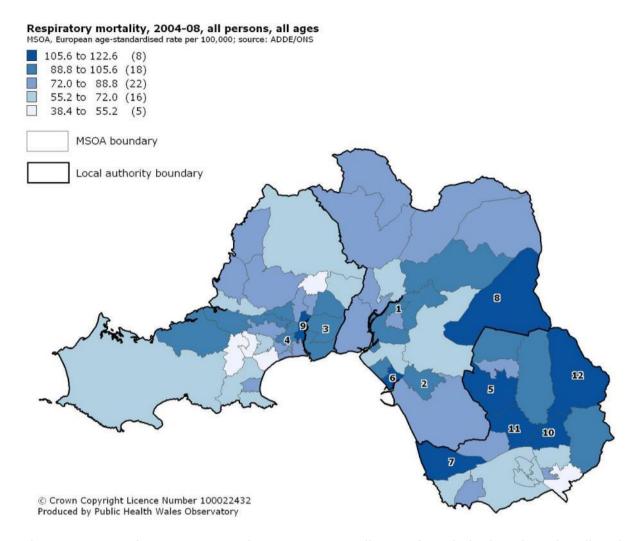


Local authorities



5.3.5 Mortality from respiratory disease

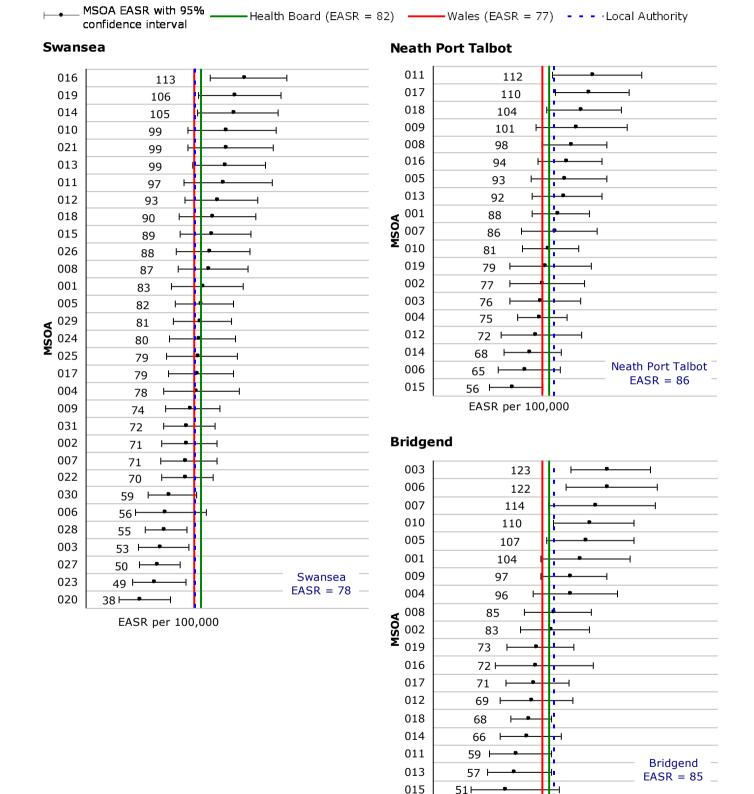
Middle super output areas



Numbers on map indicate MSOAs with a rate statistically significantly higher than the all Wales rate.

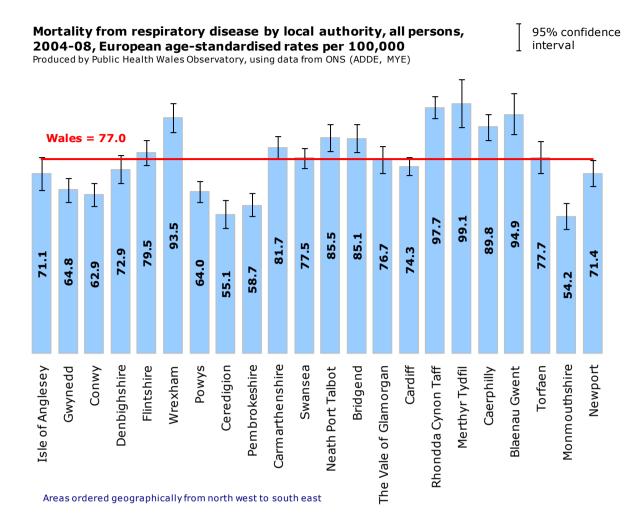
Mortality from respiratory disease in Abertawe Bro Morgannwg UHB area, all persons, 2004-08, European age-standardised rates per 100,000

Produced by Public Health Wales Observatory, using data from ONS (ADDE, MYE)



EASR per 100,000

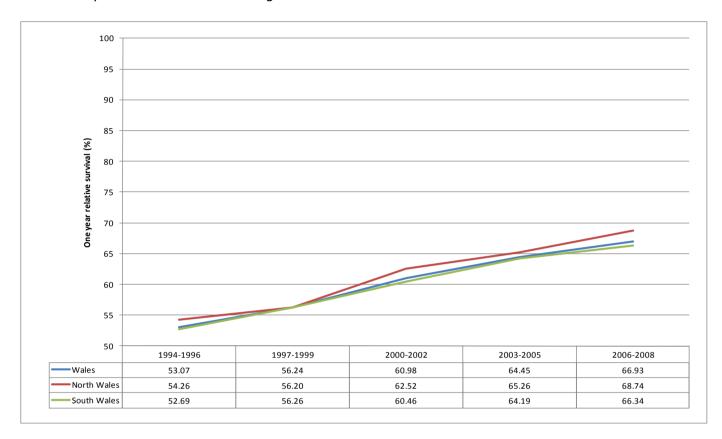
Local authorities



5.3.6 Cancer survival

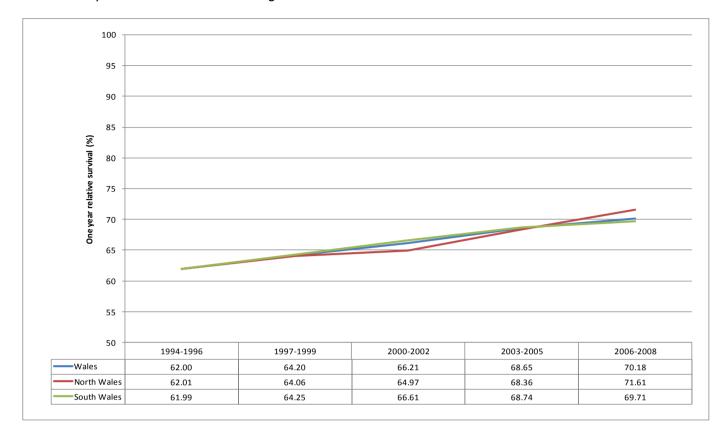
One year relative survival, all cancer (excluding non melanoma skin cancer), males, Wales regions, all persons, 1994/6-2006/8

Produced by the Welsh Cancer Intelligence and Surveillance Unit



One year relative survival, all cancer (excluding non melanoma skin cancer), females, Wales regions, all persons, 1994/6-2006/8

Produced by the Welsh Cancer Intelligence and Surveillance Unit



One year and five year relative survival, by cancer site Abertawe Bro Morgannwg UHB area, males and females, 2000-2004 (95% confidence intervals)

Produced by the Welsh Cancer Intelligence and Surveillance Unit

Male						
	1 year relative survival					
Cancer Site	ABM	All Wales				
Prostate	90.84 (88.72, 92.58)	88.80 (87.95, 89.59)				
Lung	24.63 (21.83, 27.52)	22.84 (21.71, 24.00)				
Colorectal	73.55 (70.08, 76.69)	71.51 (70.12, 72.85)				
Bladder	86.85 (82.63, 90.10)	86.10 (84.51, 87.53)				
All malignancies (excl NMSC)	62.85 (61.54, 64.12) 62.11 (61.57, 62.63					
-	5 year relative survival					
Cancer Site	ABM	All Wales				
Prostate	79.64 (76.19, 82.65)	77.17 (75.83, 78.45)				
Lung	4.68 (3.38, 6.28)	5.36 (4.73, 6.04)				
Colorectal	49.78 (45.60, 53.81)	48.59 (46.91, 50.24)				
Bladder	74.39 (68.51, 79.34)	72.34 (70.04, 74.50)				
All malignancies (excl NMSC)	45.99 (44.52, 47.45)	45.39 (44.79, 45.99)				
Female						
i emale	1 year relative survival					
Cancer Site		All Wales				
Cancer Site	ABM	All Wales				
Breast	ABM 93.66 (92.15, 94.89)	93.41 (92.83, 93.94)				
Breast Lung	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99)				
Breast Lung Colorectal	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36)				
Breast Lung Colorectal Ovary	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24)				
Breast Lung Colorectal Ovary Corpus Uteri	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46)				
Breast Lung Colorectal Ovary	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24)				
Breast Lung Colorectal Ovary Corpus Uteri	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46)				
Breast Lung Colorectal Ovary Corpus Uteri	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59) 67.83 (66.54, 69.08)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46)				
Breast Lung Colorectal Ovary Corpus Uteri All malignancies (excl NMSC)	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59) 67.83 (66.54, 69.08) 5 year relative survival	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46) 67.24 (66.71, 67.76)				
Breast Lung Colorectal Ovary Corpus Uteri All malignancies (excl NMSC) Cancer Site	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59) 67.83 (66.54, 69.08) 5 year relative survival ABM	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46) 67.24 (66.71, 67.76) All Wales				
Breast Lung Colorectal Ovary Corpus Uteri All malignancies (excl NMSC) Cancer Site Breast	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59) 67.83 (66.54, 69.08) 5 year relative survival ABM 83.64 (81.32, 85.70)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46) 67.24 (66.71, 67.76) All Wales 82.06 (81.14, 82.94)				
Breast Lung Colorectal Ovary Corpus Uteri All malignancies (excl NMSC) Cancer Site Breast Lung	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59) 67.83 (66.54, 69.08) 5 year relative survival ABM 83.64 (81.32, 85.70) 4.52 (3.02, 6.45)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46) 67.24 (66.71, 67.76) All Wales 82.06 (81.14, 82.94) 6.85 (6.00, 7.76)				
Breast Lung Colorectal Ovary Corpus Uteri All malignancies (excl NMSC) Cancer Site Breast Lung Colorectal	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59) 67.83 (66.54, 69.08) 5 year relative survival ABM 83.64 (81.32, 85.70) 4.52 (3.02, 6.45) 49.79 (45.17, 54.23)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46) 67.24 (66.71, 67.76) All Wales 82.06 (81.14, 82.94) 6.85 (6.00, 7.76) 49.18 (47.31, 51.01)				
Breast Lung Colorectal Ovary Corpus Uteri All malignancies (excl NMSC) Cancer Site Breast Lung Colorectal Ovary	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59) 67.83 (66.54, 69.08) 5 year relative survival ABM 83.64 (81.32, 85.70) 4.52 (3.02, 6.45) 49.79 (45.17, 54.23)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46) 67.24 (66.71, 67.76) All Wales 82.06 (81.14, 82.94) 6.85 (6.00, 7.76) 49.18 (47.31, 51.01) 39.29 (36.78, 41.80)				
Breast Lung Colorectal Ovary Corpus Uteri All malignancies (excl NMSC) Cancer Site Breast Lung Colorectal Ovary Corpus Uteri	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59) 67.83 (66.54, 69.08) 5 year relative survival ABM 83.64 (81.32, 85.70) 4.52 (3.02, 6.45) 49.79 (45.17, 54.23) 49.53 (43.31, 55.44) 82.72 (75.70, 87.87)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46) 67.24 (66.71, 67.76) All Wales 82.06 (81.14, 82.94) 6.85 (6.00, 7.76) 49.18 (47.31, 51.01) 39.29 (36.78, 41.80) 77.77 (75.02, 80.25)				
Breast Lung Colorectal Ovary Corpus Uteri All malignancies (excl NMSC) Cancer Site Breast Lung Colorectal Ovary Corpus Uteri	ABM 93.66 (92.15, 94.89) 26.42 (22.90, 30.06) 68.73 (64.64, 72.45) 67.12 (61.39, 72.19) 93.81 (88.87, 96.59) 67.83 (66.54, 69.08) 5 year relative survival ABM 83.64 (81.32, 85.70) 4.52 (3.02, 6.45) 49.79 (45.17, 54.23) 49.53 (43.31, 55.44) 82.72 (75.70, 87.87)	93.41 (92.83, 93.94) 25.53 (24.09, 26.99) 68.80 (67.19, 70.36) 63.92 (61.50, 66.24) 89.83 (87.90, 91.46) 67.24 (66.71, 67.76) All Wales 82.06 (81.14, 82.94) 6.85 (6.00, 7.76) 49.18 (47.31, 51.01) 39.29 (36.78, 41.80) 77.77 (75.02, 80.25)				

Significantly lower than Wales

ABM: Abertawe Bro Morgannwg UHB. Excl NSCM: Excluding non melanoma skin cancer

Appendix A: Original source reports and further information

The original reports for the data included in this chart book, together with further information and, in some cases, methodological information and other guides to interpretation can be found through the producers of the charts, tables or data included:

Demography	Public Health Wales Observatory	www.publichealthwalesobservatory. wales.nhs.uk		
Determinants of health	Public Health Wales Observatory	www.publichealthwalesobservatory. wales.nhs.uk		
Use of prevention services: vaccination uptake	Vaccine Preventable Disease Programme	http://www.wales.nhs.uk/sitesplus/ 888/page/43510		
Use of prevention services: screening	Public Health Wales Screening Services	http://www.screeningservices.org.uk/		
Use of primary care by adults	Welsh Assembly Government, Welsh Health Survey	http://new.wales.gov.uk/		
Use of secondary and tertiary care	Public Health Wales Observatory	www.publichealthwalesobservatory. wales.nhs.uk		
Health status	Public Health Wales Observatory	www.publichealthwalesobservatory. wales.nhs.uk		
Cancer survival	Welsh Cancer Surveillance and Intelligence Unit	http://www.wales.nhs.uk/sites3/home.cfm?OrgID=242		

Appendix B: Glossary

Middle Super Output Areas

Middle super output areas (MSOAs) were released by the Office for National Statistics (ONS) in 2004. In contrast with administrative boundaries such as electoral divisions (wards), super output areas were created for the purpose of showing statistical data.

MSOAs have a mean population of 7,500 and a minimum of 5,000. There are 413 MSOAs in Wales and 69 in the Abertawe Bro Morgannwg University Health Board area. These are shown on the maps in Appendix 2.

The ONS have stated that super output area geographies will be fixed for at least 10 years. The advantage of using these statistical geographies is stability and homogeneity. However, the main drawback is that they do not conform to known administrative boundaries such as electoral divisions (wards); this makes them less amenable to the public and local government.

Agestandardised rate

Age-standardisation allows comparison of rates across different populations while taking account of the different age structures of those populations.

This chart book uses the direct standardisation method, which produces the rate you would get if the population had the same age-structure as a particular 'standard' population.

The Wales standard population has been used for the Welsh Health Survey indicators and the theoretical European standard population (ESP) has been used for all other age-standardised indicators included in this chart book.

An age-standardised rate only allows for comparison between the rates which have been standardised to the same standard population.

Confidence intervals

Confidence intervals are indications of the random variation that would be expected around a rate. Confidence intervals must be considered when assessing or interpreting a rate. The 95% confidence interval represents a range which has a 95% probability of including the underlying population rate.

The range of the confidence interval is dependent on the size of the population from which the events came. Rates based on small populations are likely to have wider confidence intervals and rates based on large populations are likely to have narrower confidence intervals.

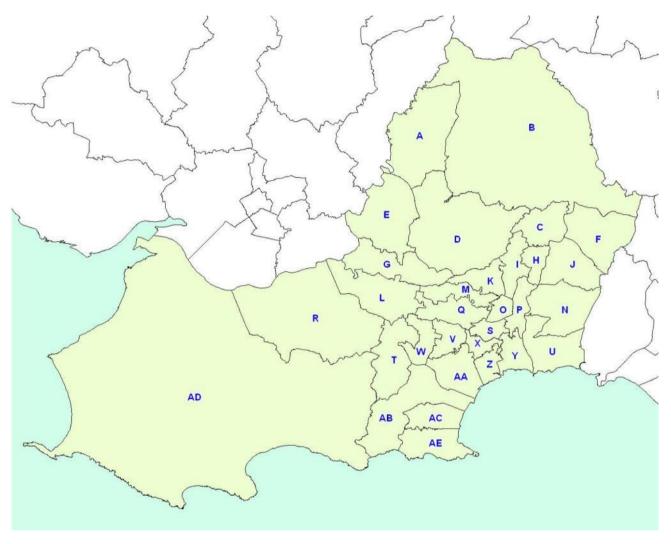
Statistical significance

A result may be deemed statistically significant if it is considered unlikely to have occurred by chance alone. The basis for such judgements is a predetermined and arbitrary cut-off, usually taken as 5% or 0.05. A result may be clinically significant whilst not being statistically significant and vice versa.

Appendix C: Maps showing Middle Super Output Areas in the Abertawe Bro Morgannwg UHB area

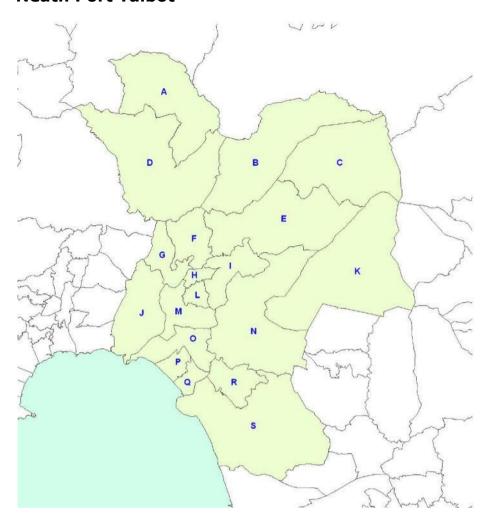
The Public Health Wales Observatory has also produced a web-based interactive map showing MSOA boundaries, with the added facility of background Ordnance Survey mapping. Follow this link: http://www2.nphs.wales.nhs.uk/InstantAtlas/GeographyTool/atlas.html

Swansea



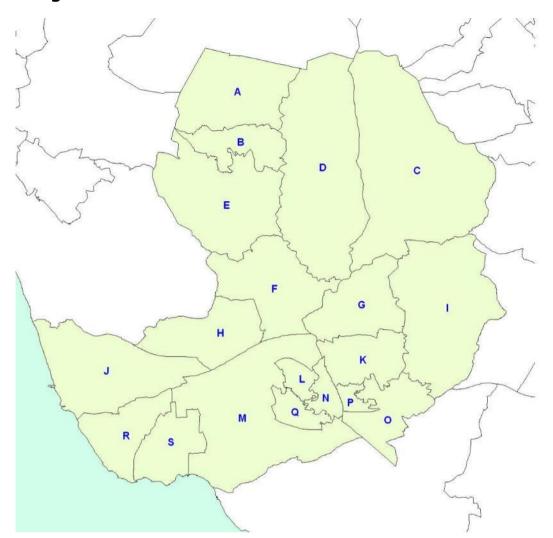
Α	Swansea 001	L	Swansea 012	W	Swansea 023
В	Swansea 002	Μ	Swansea 013	Χ	Swansea 024
С	Swansea 003	N	Swansea 014	Υ	Swansea 025
D	Swansea 004	Ο	Swansea 015	Z	Swansea 026
Е	Swansea 005	Р	Swansea 016	AA	Swansea 027
F	Swansea 006	Q	Swansea 017	AB	Swansea 028
G	Swansea 007	R	Swansea 018	AC	Swansea 029
Н	Swansea 008	S	Swansea 019	AD	Swansea 030
Ι	Swansea 009	Т	Swansea 020	AE	Swansea 031
J	Swansea 010	U	Swansea 021		
K	Swansea 011	V	Swansea 022		

Neath Port Talbot



- Α Neath Port Talbot 001
- Neath Port Talbot 002
- С Neath Port Talbot 003
- Neath Port Talbot 004 D
- Е Neath Port Talbot 005
- F Neath Port Talbot 006
- G Neath Port Talbot 007
- Н Neath Port Talbot 008
- Neath Port Talbot 009 Ι
- Neath Port Talbot 010 J
- Neath Port Talbot 011 K Neath Port Talbot 012 L
- Μ Neath Port Talbot 013
- Neath Port Talbot 014 Ν
- Neath Port Talbot 015 0
- Ρ
- Neath Port Talbot 016 Q Neath Port Talbot 017
- Neath Port Talbot 018
- Neath Port Talbot 019

Bridgend



- A Bridgend 001
- B Bridgend 002
- C Bridgend 003
- D Bridgend 004
- E Bridgend 005
- F Bridgend 006
- G Bridgend 007
- H Bridgend 008 I Bridgend 009
- J Bridgend 010
- K Bridgend 011
- L Bridgend 012
- M Bridgend 013
- N Bridgend 014
- O Bridgend 015
- P Bridgend 016
- Q Bridgend 017
- R Bridgend 018
- S Bridgend 019