

NHS England

Getting Serious About Prevention

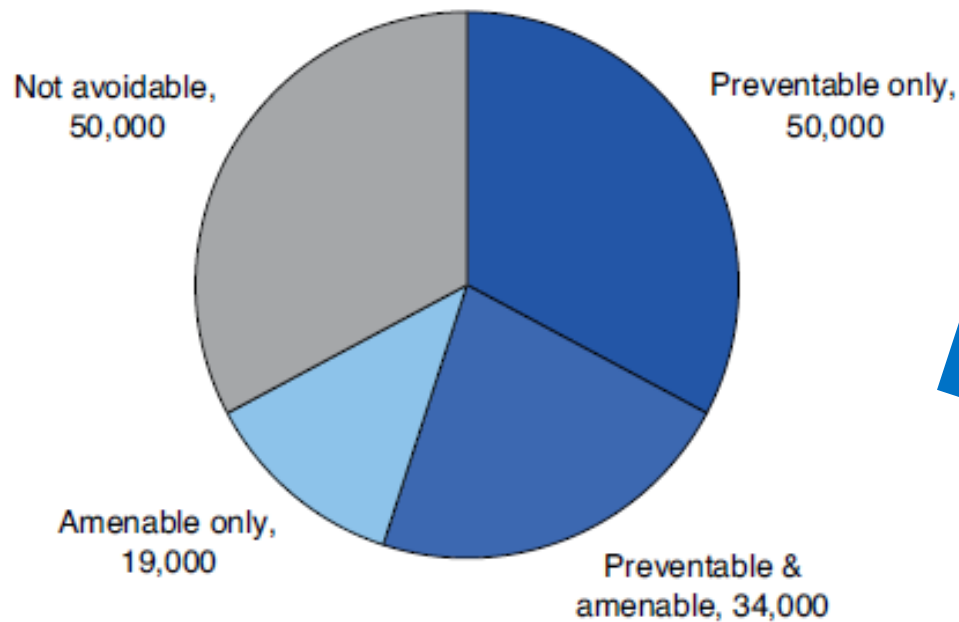
Dr Matt Kearney

GP and National Clinical Director for Cardiovascular Disease Prevention
NHS England and Public Health England

***“The NHS needs a radical
upgrade in prevention if it
is to be sustainable”***

5 year Forward View 2014

Fig 6. Number of avoidable deaths among under-75s in England (2010)⁸

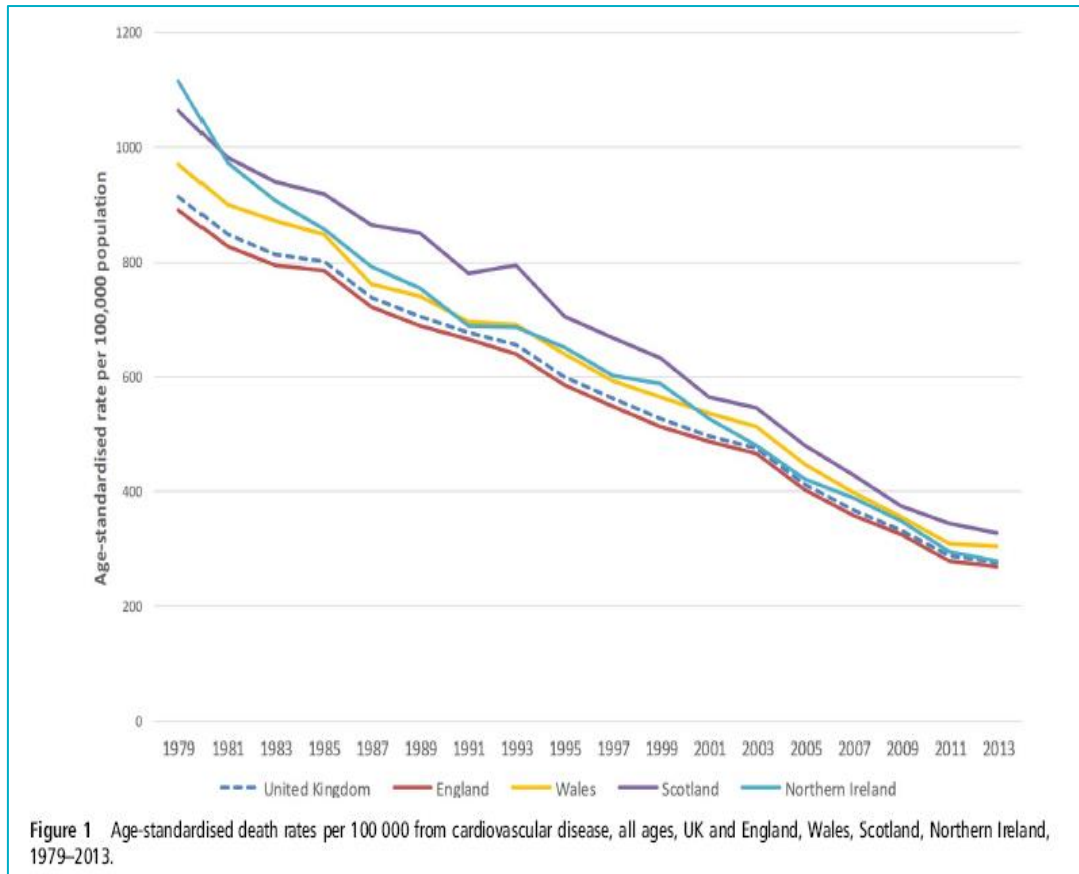


Two thirds of premature deaths are avoidable through prevention or better treatment

The burden of cardiovascular disease



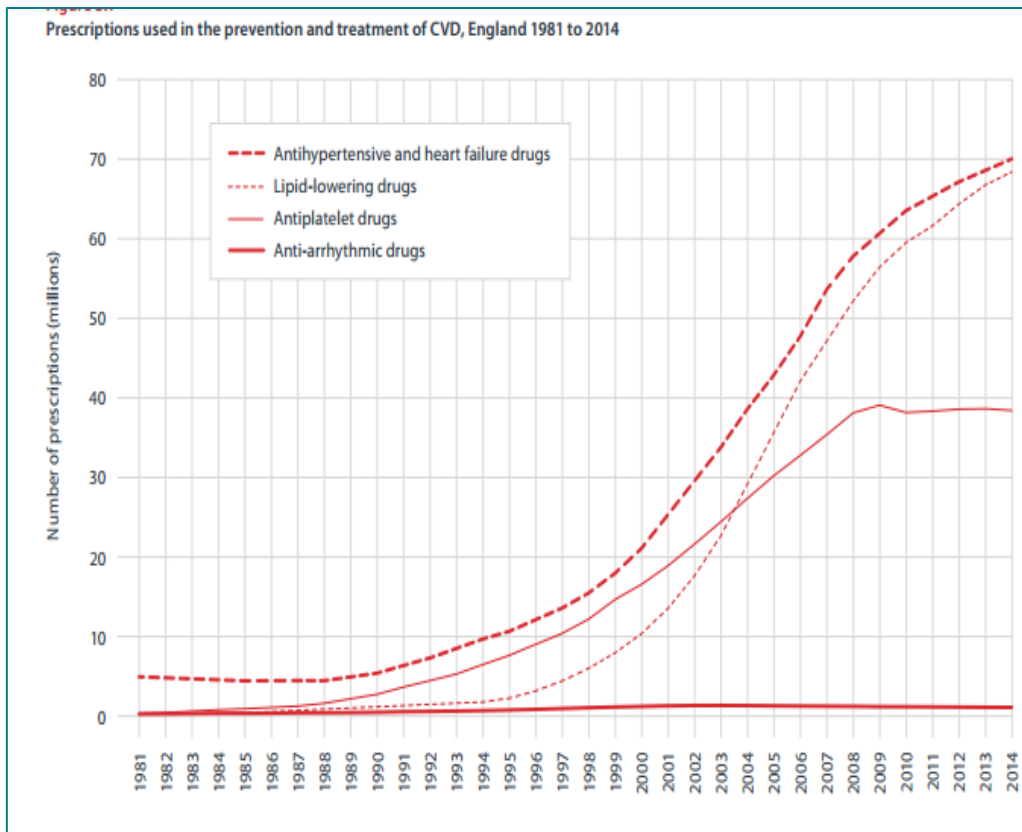
CVD dramatic fall in mortality



**Total CVD
mortality declined
by 68% between
1980 and 2013 in
the UK**

Ref: Bhatnagar et al, Heart Online, 2016

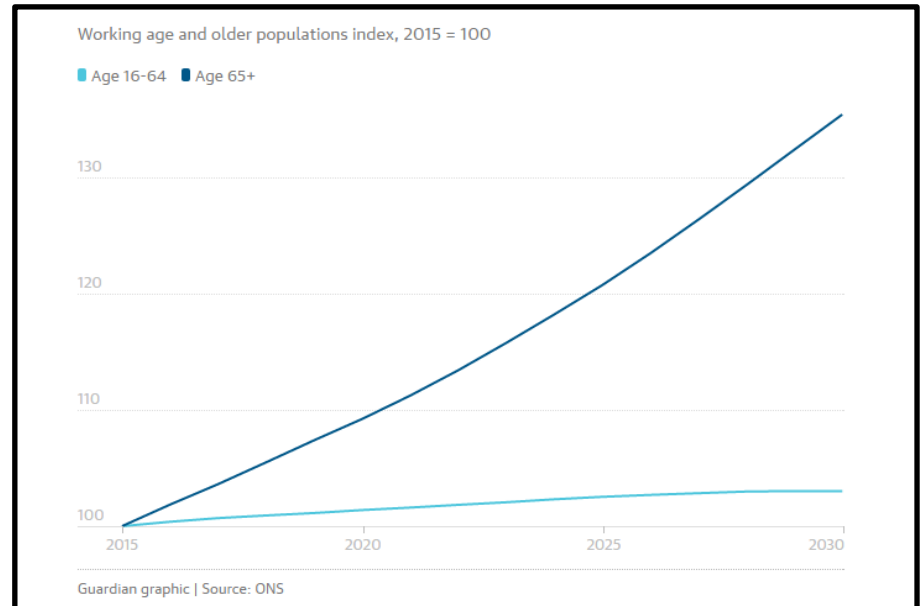
CVD – dramatic rise in primary care management



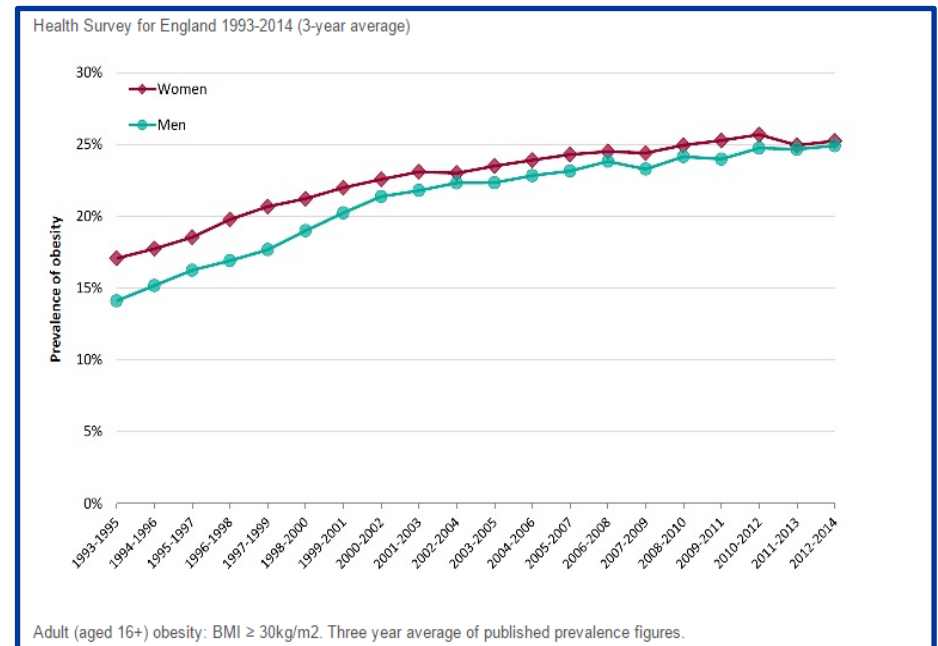
**From 1981 to 2014
7-fold increase in
CVD prescriptions
in England**

Ref: British Heart
Foundation, 2015

A population getting older ...

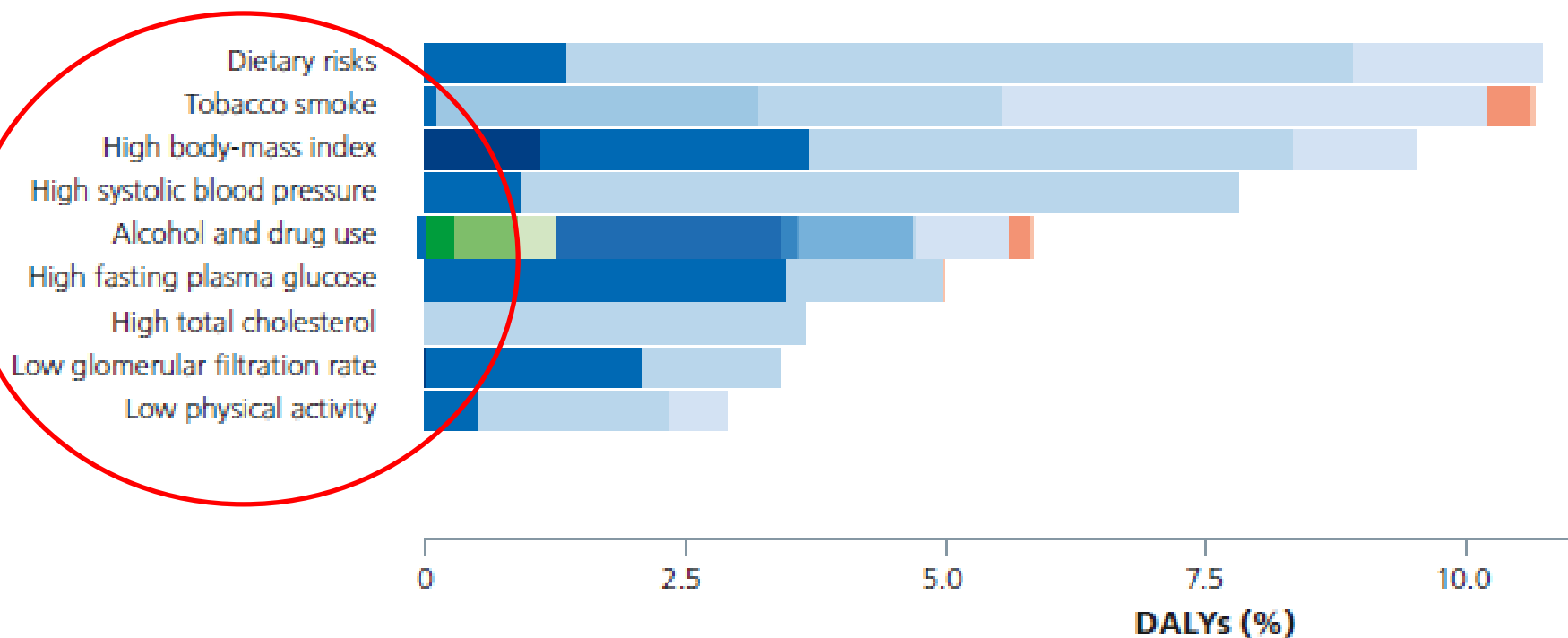


And a population getting bigger



Global Burden of Disease Study 2013

Leading causes of premature death and disability in England



KEY

- HIV/AIDS and tuberculosis
- Diarrhoea, lower respiratory, and other common infectious diseases
- Maternal disorders
- Nutritional deficiencies
- Other communicable, maternal, neonatal, and nutritional diseases
- Neoplasms
- Cardiovascular diseases
- Chronic respiratory diseases
- Cirrhosis
- Digestive diseases
- Neurological disorders
- Mental and substance use disorders
- Diabetes, urogenital, blood, and endocrine diseases
- Musculoskeletal disorders
- Other non-communicable diseases
- Transport injuries
- Unintentional injuries
- Self-harm and interpersonal violence

Getting serious about prevention – What's the role of the NHS?

1. Advocate for population level interventions
2. Support for individual behaviour change
3. Early diagnosis and optimal treatment of the high risk conditions

1. Primary prevention – population measures

- **National action**
 - Tobacco restrictions, obesity strategy, sugar tax, food reformulation and labelling
- **Local action**
 - Place based approach of STPs
 - Local Authority, NHS, employers, schools, communities as partners
 - Planning, licensing, marketing, active transport, healthy workplace, etc
- **Opportunity for NHS leadership through STPs**

2. Primary Prevention – support for behaviour change

One million daily consultations across primary care

- Multiple opportunities to identify lifestyle risk factors, provide brief interventions and signpost.

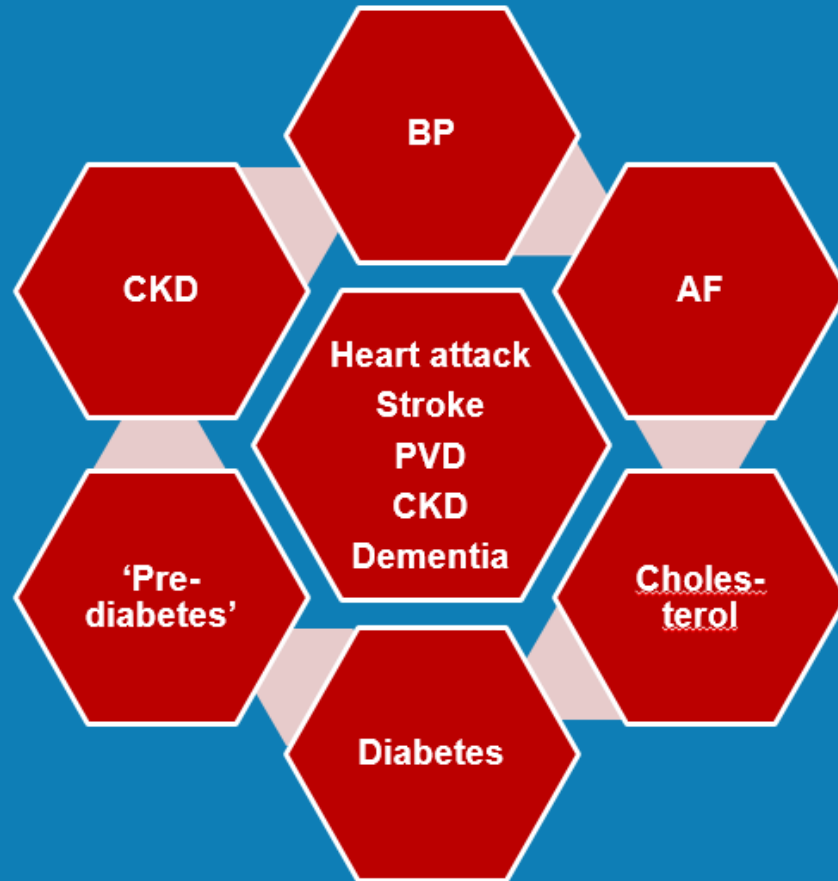
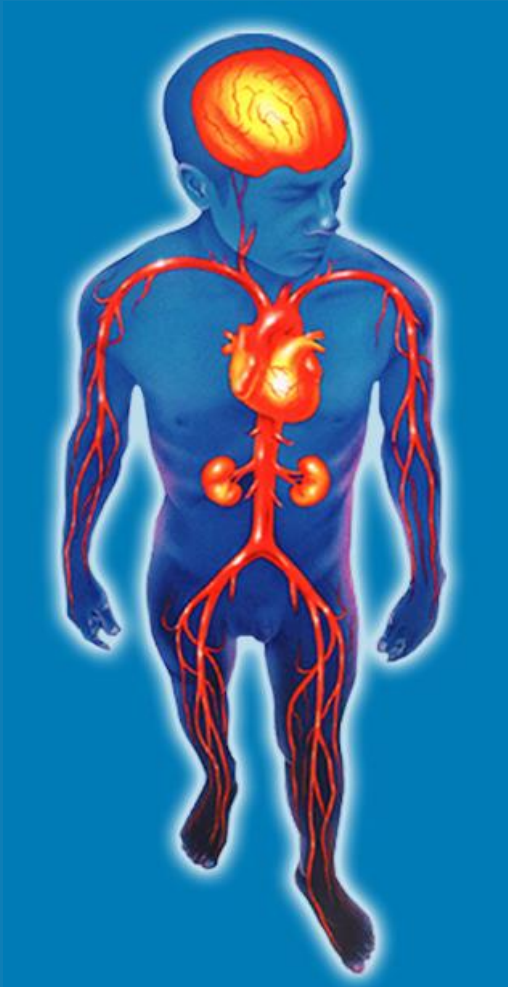
Systematic support to make this more effective:

- NHS Health Check Programme
- Diabetes Prevention Programme
- One You, All our Health
- New models of social prescribing and wellbeing hubs linked to practices

3. Secondary prevention in high risk conditions

Secondary Prevention

The high risk conditions for CVD



But late diagnosis and suboptimal treatment are common

These conditions are high risk

High Blood Pressure

Contributes to half of all strokes and heart attacks

Atrial Fibrillation

5-fold increase in stroke risk and more likely to kill & disable

High Cholesterol

Progressive increase in risk of heart attacks and strokes

Treatment is VERY effective at preventing heart attacks and strokes

**High Blood
Pressure**

**Contributes to half
of all strokes and
heart attacks**

**Every 10mmHg BP
reduction reduces risk
of CV event by 20%**

Atrial Fibrillation

**5-fold increase in
stroke risk, more
likely to kill/disable**

**Anticoagulation
reduces strokes by
2/3 in high risk AF**

High Cholesterol

**Progressive
increase in risk of
heart attack/stroke**

**Every 1 unit reduction
lowers risk of CV event
by 25% each year**

But many people at high risk do not receive optimal therapy

High Blood Pressure	Diagnosed Controlled to 140/90	6 in 10* 6 in 10*
Atrial Fibrillation	Known AF and on anticoagulant at time of stroke	1 in 2*
High Cholesterol	10 year CVD risk above 20% and on statins	1 in 2*

(*with wide geographical variation)

Plugging the CVD Prevention Gap – the size of the prize

1. Improving detection and treatment in high BP, high cholesterol and atrial fibrillation would significantly improve outcomes
2. For example, NICE has modelled that if all appropriate patients with AF received anticoagulants, there would be **10,000 fewer strokes in England every year**
3. If we only improved treatment in half the eligible patients, that would still prevent 5,000 strokes per year – **that's 25 strokes in every CCG**

Supporting primary care to get serious about CVD prevention



Welcome to

**NHS
HEALTH
CHECK**

Helping you prevent

- diabetes
- heart disease
- kidney disease
- stroke & dementia

The banner features a blue background with a faint anatomical illustration of a human torso showing the heart and major blood vessels. The text is arranged in a clean, modern layout with a mix of white and blue colors.



NHS RightCare

Reducing unwarranted variation to improve people's health.

**Cardiovascular Disease
Prevention**

optimal value pathway

The banner is enclosed in a dark blue border. On the left side, there is a graphic of several curved lines in shades of blue and green, representing a pathway or data flow. The text is positioned to the right of this graphic, with the main title in a large, bold, dark blue font.

NHS RightCare CVD Prevention

Optimal Value Pathway

Preventing heart attacks & strokes – at scale & pace



Cardiovascular Disease Prevention: Risk Detection and Management in Primary Care

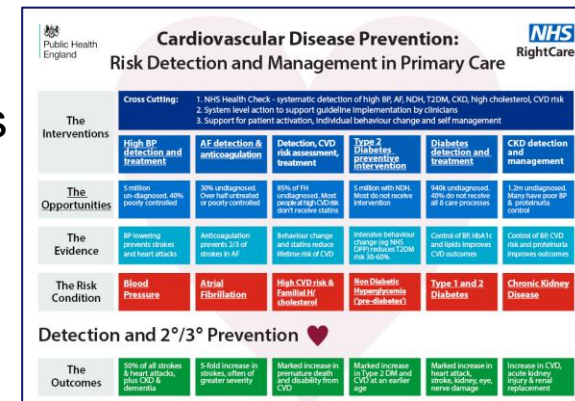
The Interventions	Cross Cutting: 1. NHS Health Check - systematic detection of high BP, AF, NDH, T2DM, CKD, high cholesterol, CVD risk 2. System level action to support guideline implementation by clinicians 3. Support for patient activation, individual behaviour change and self management					
	<u>High BP detection and treatment</u>	<u>AF detection & anticoagulation</u>	<u>Detection, CVD risk assessment, treatment</u>	<u>Type 2 Diabetes preventive intervention</u>	<u>Diabetes detection and treatment</u>	<u>CKD detection and management</u>
<u>The Opportunities</u>	5 million un-diagnosed. 40% poorly controlled	30% undiagnosed. Over half untreated or poorly controlled	85% of FH undiagnosed. Most people at high CVD risk don't receive statins	5 million with NDH. Most do not receive intervention	940k undiagnosed. 40% do not receive all 8 care processes	1.2m undiagnosed. Many have poor BP & proteinuria control
<u>The Evidence</u>	BP lowering prevents strokes and heart attacks	Anticoagulation prevents 2/3 of strokes in AF	Behaviour change and statins reduce lifetime risk of CVD	Intensive behaviour change (eg NHS DPP) reduces T2DM risk 30-60%	Control of BP, HbA1c and lipids improves CVD outcomes	Control of BP, CVD risk and proteinuria improves outcomes
<u>The Risk Condition</u>	<u>Blood Pressure</u>	<u>Atrial Fibrillation</u>	<u>High CVD risk & Familial H/cholesterol</u>	<u>Non Diabetic Hyperglycemia ('pre-diabetes')</u>	<u>Type 1 and 2 Diabetes</u>	<u>Chronic Kidney Disease</u>

Detection and 2°/3° Prevention

<u>The Outcomes</u>	50% of all strokes & heart attacks, plus CKD & dementia	5-fold increase in strokes, often of greater severity	Marked increase in premature death and disability from CVD	Marked increase in Type 2 DM and CVD at an earlier age	Marked increase in heart attack, stroke, kidney, eye, nerve damage	Increase in CVD, acute kidney injury & renal replacement
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NHS RightCare – driving CCG focus on CVD prevention

1. **Local clinical leadership** – GP, nurse, consultant, pharmacist, public health, commissioner, patient
2. **Local intelligence** – how well are we doing and how many strokes and heart attacks could we prevent by doing better
3. **Clarity of vision** - relentless local focus on the size of the prize
4. **Doing things differently** – high impact interventions
 - Mobilising the wider system to support general practice
 - Expanded role for pharmacists in diagnosis and management
 - Self testing and self monitoring
 - New technologies eg AliveCor, WatchBP
 - Boosting NHS Health Check uptake
 - Improvement at scale eg Bradford Healthy Hearts



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5 year Forward View 2014

Thank You
Matt.Kearney@nhs.net
@DrMattKearney