Getting Serious About CVD Prevention 2018
Reducing Variation & Optimising Care

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National Lead for CVD Prevention &
Associate Deputy Chief Nurse PHE

8 February 2018
What is the single largest modifiable risk factor for CVD in England?
Burden of disease attributable to leading risk factors for both sexes, GBD 2016, expressed as a percentage of England disability-adjusted life-years (DALYs)
Every 10 mmHg reduction in systolic blood pressure significantly reduces the risk of major cardiovascular disease events, including average relative risk reductions of 20% for CHD, 27% for stroke, and 28% for heart failure.
PHE’s commitment to ‘Getting Serious about CVD Prevention’

- Launched 29 Sept 2017 (World Heart Day)
- Highlights from the past year
- Priorities for 2017/2018
- Links to useful resources

Action plan for cardiovascular disease prevention, 2017 to 2018

September 2017
Highlights from the past year

- Continued to develop our ONE YOU platform and campaign materials, with over **2 million people** having completed the How Are You quiz
- Progressed our **sugar reduction & wider reformulation programme**
- Launched a new **Food Smart App**
- Jan 2017, we published the new **NHS Health Check** health equity audit guidance
- Extended our campaign for a truly **Smoke Free NHS**
- Published a summary of an **evidence synthesis** on the NHS Health Check programme
- Our **NCVIN** has published a variety of intelligence packs and new data products and resources
- Published The Public Health Burden of Alcohol & the Cost Effectiveness of **Alcohol Control Polices**
- Partnered with NHS England and Diabetes UK to implement the **National Diabetes Prevention Programme** (140,000 referrals)
- Led the **NHS diabetic eye screening programme**, with over 2.5 million people taking up the offer of screening in 2016/2017
- Worked with partners to develop **system wide** action plan for AF
Priorities for the current year

- Scope the feasibility of building a **CVD return on investment tool**

- Commission an **evidence review** to compare international CVD prevention programmes

- Publish updated **CVD Profiles**, Local Alcohol Profiles & Local Tobacco Profiles

- Review the mechanistic and epidemiological evidence linking **air pollutants** with effects on the cardiovascular system

- As part of our sugar reduction programme, focus on the reduction of **salt consumption** across the population

- Relaunch our **Act FAST** campaign to increase awareness of the signs of stroke and promote urgent access to medical assessment and treatment

- Engage over 1 million adults on their heart health by promoting access to **Heart Age Test**

- Continue to provide oversight and implementation support for the delivery of the **NHS Health Check** programme for over 15 million adults in England

- In partnership with **NHS England**, focus on scaling CVD preventative interventions
Heart Age Test

New Heart Age Test campaign linked to ONE YOU being planned for later in the year (?May)
Latest NHS Health Check Statistics

- We have completed 4.5 years of the 5 year cycle (Q1 2013-14 to Q2 2017-18)
- Nationally, 15,503,796 are eligible for an NHS Health Check between 2013 and 2018
- Cumulatively, since Q1 2013-14, a total of 12,796,252 persons (82.5%) have been offered a NHS Health Check and 6,192,271 (39.9%) have had a NHS Health Check. This means that in the 4.5 years between April 2013 and September 2017, 48.4% of people offered a NHS Health Check have had one.
- If trend carries on until end of March: 1.4m (9%) not offered a check by end of 2017-18
- If trend carries on until end of March: over 14m (91%) offers will have been made, providers will have completed 7m NHS Health Checks by the end of 2017-18.

Getting Serious About CVD Prevention

Twitter: @JamieWaterall
Proportion of eligible people who have had an NHS Health Check
2013-2018, cumulative figures, 18 quarters

http://fingertips.phe.org.uk/profile/nhs-health-check-detailed
A cornerstone of CVD risk reduction in England

ESCAP recommendation to include dementia risk reduction messaging approved by the Public Health and Primary Care Minister
CVD is highly preventable through proven treatments for high risk conditions, recommended in NICE guidance. For example, anticoagulation for patients with atrial fibrillation (AF) reduces stroke risk by two thirds. Yet half of the people with known AF who suffer a stroke have not received anticoagulants.

In 2017/18, NHS RightCare will work with CCGs covering an additional 13 million people to identify and implement optimal value CVD interventions, deploying electronic audit tools such as GRASP-AF and new models of care to improve detection and treatment of people with high risk conditions.

Public Health England will work with STPs and NHS England, including the RightCare programme, to support the implementation of identified preventative interventions at scale. Effective progress on this will also reduce the risk factors associated with dementia.
<table>
<thead>
<tr>
<th>Condition</th>
<th>Rule of Halves</th>
<th>10 year CVD risk above 20%</th>
<th>Anticoagulation lowers risk of stroke by 2/3</th>
<th>Known AF and on anticoagulant at time of stroke</th>
<th>Detected</th>
<th>Controlled to 140/90</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>Every 10mmHg reduction lowers risk of CVD event by 20%</td>
<td>6 in 10</td>
<td>1 in 2</td>
<td>1 in 2</td>
<td>6 in 10</td>
<td>6 in 10</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>Anticoagulation lowers risk of stroke by 2/3</td>
<td>1 in 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>Every 1 mmol/l reduction lowers risk of CVD event by 25% each year</td>
<td>1 in 3</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
# The Size of the Prize in Cardiovascular Disease (CVD) Prevention

## England

### 1. The diagnosis and treatment gap

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>13,550,700</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated adult population with hypertension</td>
<td>13,550,700</td>
</tr>
<tr>
<td>Estimated adult population with undiagnosed hypertension</td>
<td>5,601,600</td>
</tr>
<tr>
<td>GP registered hypertensives not treated to 150/90 mmHg target</td>
<td>1,618,900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Atrial Fibrillation (AF)</th>
<th>983,300</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP registered population with Atrial Fibrillation (AF)</td>
<td>983,300</td>
</tr>
<tr>
<td>Estimated GP registered population with undiagnosed AF</td>
<td>422,600</td>
</tr>
<tr>
<td>GP registered high risk AF patients (CHA2DS2VA5c &gt;=2) not anticoagulated</td>
<td>177,800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CVD risk</th>
<th>3,960,200</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated adult population 30 to 85 years with 10 year CVD risk &gt;20%</td>
<td>3,960,200</td>
</tr>
<tr>
<td>Estimated percentage of people with CVD risk ≥20% treated with statins</td>
<td>49</td>
</tr>
</tbody>
</table>

### 2. The burden: first ever CVD events

- **Coronary Heart disease**: 128,750
- **Stroke**: 66,450
- **Heart Failure**: 48,350

### 3. The opportunity: potential events averted and savings over 3 years by optimising treatment in AF and hypertension

<table>
<thead>
<tr>
<th>Optimal anti-hypertensive treatment of diagnosed hypertensives averts within 3 years:</th>
<th>Up to £72.5 million saved</th>
</tr>
</thead>
<tbody>
<tr>
<td>9,710 heart attacks</td>
<td></td>
</tr>
<tr>
<td>14,500 strokes</td>
<td>Up to £201.7 million saved</td>
</tr>
<tr>
<td>Optimally treating high risk AF patients averts within 3 years:</td>
<td>Up to £241.6 million saved</td>
</tr>
<tr>
<td>14,220 strokes</td>
<td></td>
</tr>
</tbody>
</table>

[www.england.nhs.uk](http://www.england.nhs.uk)
Dudley Practice Pharmacists managing high blood pressure

CCG audit identified
- 28,000 people with undiagnosed Hypertension
- 11,000 people with hypertension not treated to 150/90

Practice based pharmacists
- Increased prevalence by 63%
- Increased proportion treated to 150/90 from 73% to 85%
Getting Serious About CVD Prevention

Bradford’s CVD systematic improvement at scale and pace

Bradford’s Healthy Hearts: live longer, better

The Bradford’s Healthy Hearts programme was launched in February 2015 and has run for nearly three years. In the first 15 months of operation, the campaign has significantly improved the cardiovascular health of its residents. To date, there have been treatment changes for nearly 22,000 patients over two and a half years. Residents of the Bradford Districts clinical commissioning group (CCG) are now more aware of what is needed for a healthy heart. The CCG estimates it has made net savings of £1.2m in the first 15 months of the initiative. The programme has won the BMJ award for clinical leadership in 2016 and two GP awards in 2015.

Bradford Districts CCG includes 41 GP practices caring for a population of approximately 350,000 people. The area has a higher-than-average rate of cardiovascular disease (CVD): 14% of people have hypertension and in 21,000 people total cholesterol (TC) is 4.5 mmol/l. Consequently, Bradford has a high rate of

1. STATINS

The first part of the programme focused on optimising statin therapy. This was based on the recognition that the scale of the problem was far beyond the capacity of primary care to tackle using traditional systems and methods. For example, far in excess of 100,000 extra face-to-face appointments would have

Dr Youssef Beaini

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Maciek Gwozdziewicz

Principal Associate for Transformation, Bradford Districts CCG

Dr Chris Harris
THANK YOU