# Combating CVD through the NHS Health Check programme

## South East London

### What the evidence tells us

One in ten people continue to live with CVD. It is the second biggest cause of death in England with 200 people dying each day from a heart attack or stroke. Every day there are over 1200 admissions to accident and emergency because of heart problems and 290 as a result of cerebrovascular problems.

### What is the NHS Health Check programme?

The NHS Health Check is a national programme that systematically measures a range of risk factors driving the burden of CVD and other non-communicable diseases such as dementia, respiratory disease and some cancers.

### Improving CVD outcomes

National research shows that the programme is cost effective, can prevent illness and has the potential to save 250 – 500 lives each year across England. It also shows that there is equitable take up of checks among high CVD risk groups and prioritising these groups is cost effective.

### 1. Current activity, 2013 – 2018

| Number of people invited for an NHS Health Check | 426,269 |
| Number of people who have had an NHS Health Check | 157,026 |
| Number of people still to benefit from an NHS Health Check | 293,059 |

### 2. Disease detection, 2013 – 2018

| Hypertension | Estimated number of people that could be diagnosed with hypertension following a NHS Health Check | 11,370 |
| CVD risk | Estimated number of people that could be identified with a CVD risk score >20% following an NHS Health Check | 56,870 |

### 3. Medication, 2013 – 2018

| Estimated number of people at high risk of CVD that could be prescribed a statin following an NHS Health Check | 10,980 |
| Estimated number of people at high risk of CVD that could be prescribed an antihypertensive following an NHS Health Check | 5,000 |

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**Footnotes:**

1. [www.bhf.org.uk/healthcare-professionals/bp-how-can-we-do-better](http://www.bhf.org.uk/healthcare-professionals/bp-how-can-we-do-better)
4. [http://dx.doi.org/10.1136/bmjopen-2015-008840](http://dx.doi.org/10.1136/bmjopen-2015-008840)
5. [http://dx.doi.org/10.1016/j.ypmed.2015.05.22](http://dx.doi.org/10.1016/j.ypmed.2015.05.22)

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*Data in tables 1, 2 and 3 is based on the sum of local authority activity for the STP footprint
**Data in tables 2 and 3 is calculated using a take up rate of 75%