

CVDR Programme

CVD Prevention

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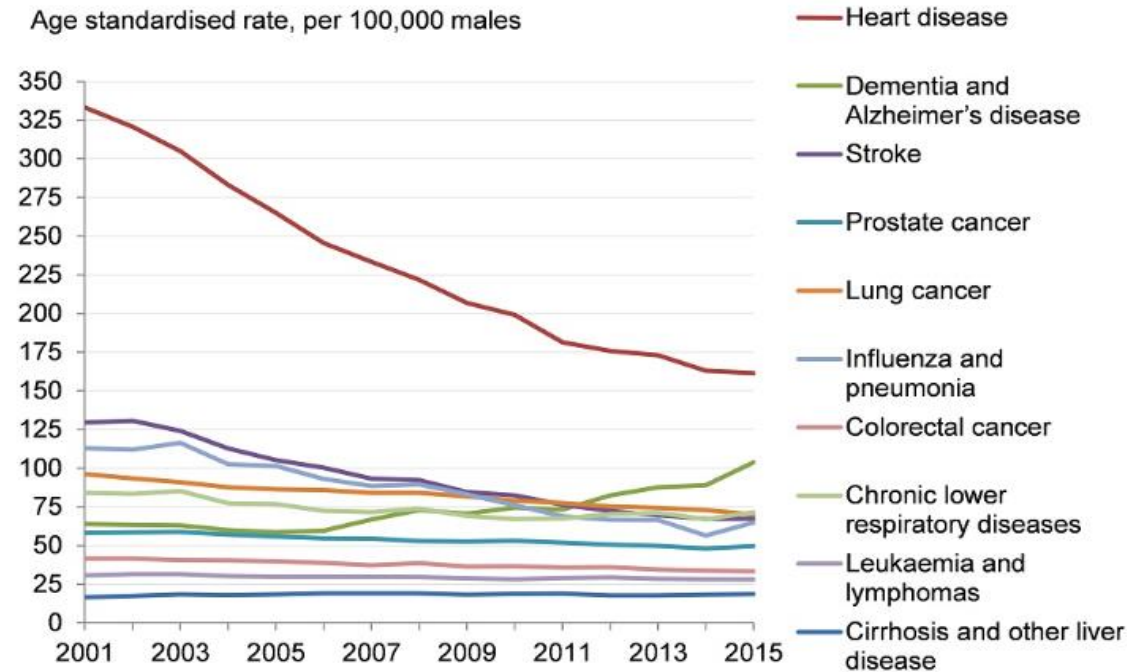


CVD is the leading cause of death



3.1 Figure 1: trends in age-standardised mortality rates from leading causes of death, males, 2001 to 2015, England

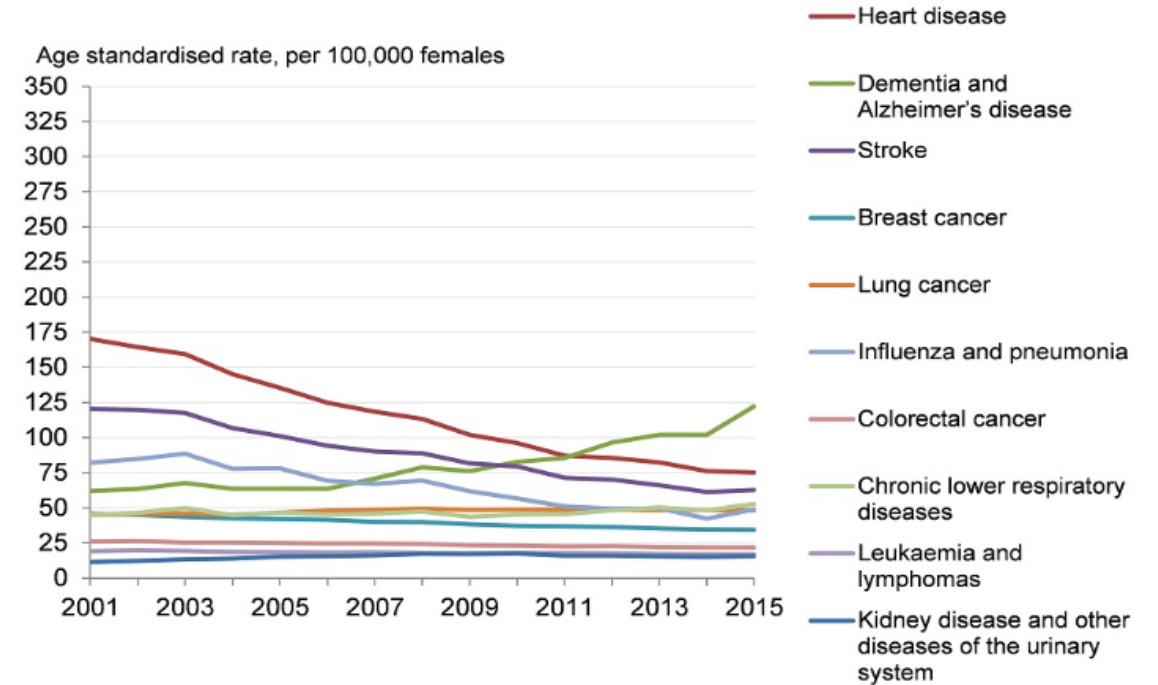
For males, death rates from heart disease and stroke have halved since 2001, whereas the death rate from dementia and Alzheimer's has increased



Source: PHE analysis of ONS mortality data

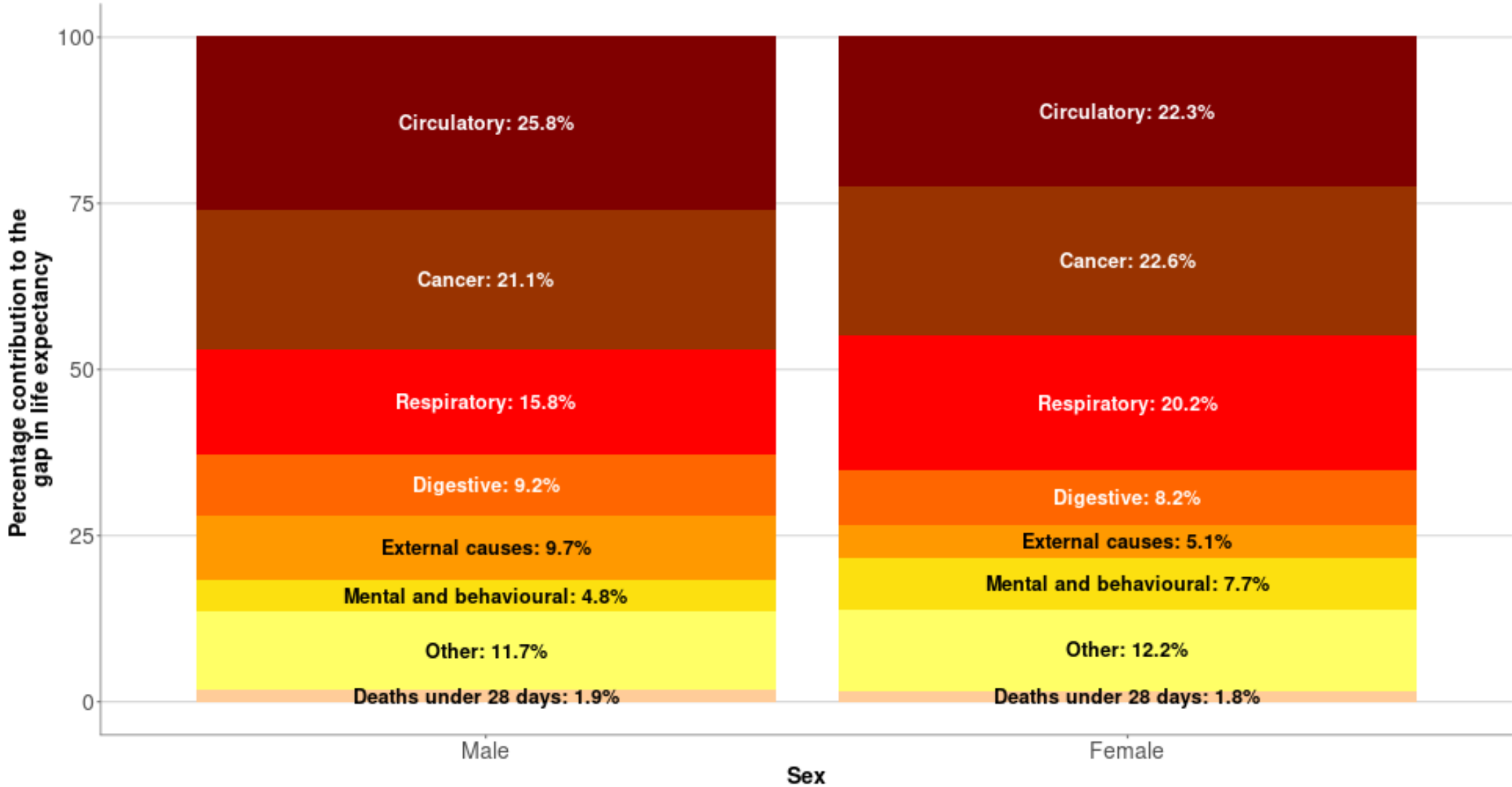
3.3 Figure 2: trends in age-standardised mortality rates from leading causes of death, females, 2001 to 2015, England

For females, the death rates from heart disease and stroke have halved since 2001, whereas the death rate from dementia and Alzheimer's disease has doubled



Source: PHE analysis of ONS mortality data

CVD as a cause of health inequalities





10 year cardiovascular disease ambitions for England

Atrial fibrillation (AF)



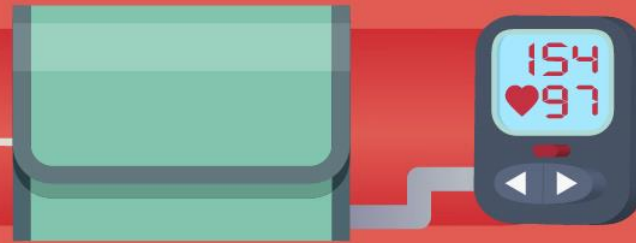
85%

of the expected number of **people with AF are detected by 2029**

90%

of patients with AF who are already known to be at high risk of a stroke **to be adequately anticoagulated by 2029**

High blood pressure



80%

of the expected number of **people with high blood pressure are diagnosed by 2029**

80%

of the total number of people already diagnosed with high blood pressure are **treated to target as per NICE guidelines by 2029**

High cholesterol



75%

of people aged **40 to 74 have received a formal validated CVD risk assessment and cholesterol reading** recorded on a primary care data system in the last five years by 2029

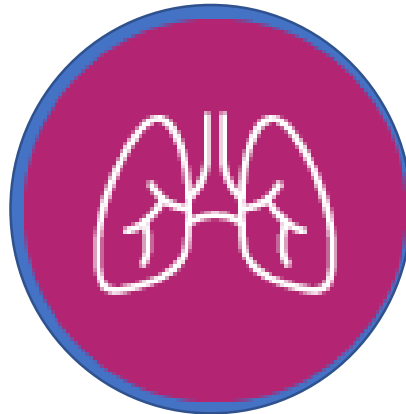
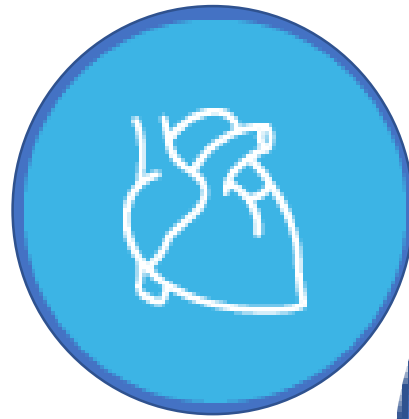
45%

of people aged **40 to 74 identified as having a 20% or greater 10-year risk** of developing CVD in primary care are **treated with statins by 2029**

25%

of people with **Familial Hypercholesterolaemia (FH) are diagnosed and treated optimally** according to the NICE FH Guidelines by 2029

CVD - Respiratory Programme



By 2029 we
will **prevent**
150,000
stroke, heart
attack and
dementia
cases

CVD-Respiratory programme vision



The cardiovascular disease-respiratory programme seeks to significantly improve services and outcomes for people with CVD, respiratory disease and stroke in England. This includes achievement of these and other ambitions:

Implement increased post-hospital stroke rehabilitation models nationally

Improve cardiac rehab access rates to the best in Europe by 2028

Avoid **220,000** admissions for community acquired pneumonia by 2023/24

Increase cardiac arrest survival rates to **25%**

Prevent up to **150,000** heart attacks, strokes and dementia cases

Deliver a **10x** increase in proportion of patients receiving thrombectomy after a stroke

Achieve the best performance in Europe for delivering thrombolysis by 2025

Reduce the gap in amenable deaths between the most and least deprived areas

Expand referrals into Pulmonary Rehab services to **60%** in 2024

NHS Long Term Plan CVD Prevention Workstream



Overall ambition

Prevent 150,000 heart attacks, strokes and dementia cases over the next ten years and reducing the gap in amenable CVD deaths between the most and least deprived each and every year over ten years.

Progress

Pilot AF Optimisation Programme	CVD ^{PREVENT}	Familial Hypercholesterolaemia (FH)	Community Mobilisation
<p>Implemented in 23 CCGs across England funding allocated 2019/20</p> <p>Third quarter data collection currently being analysed</p> <p>Testing Shared Decision Making approach with practice pharmacists</p> <p>Will help to inform PCN spec in 20/21</p>	<p>HQIP have developed outline specification; Targeted consultation for commissioning model and business rules by NHS Digital; first data expected Summer 2020</p> <p>QOF QI Module</p> <p>A CVD prevention QOF QI module has been drafted with RCGP</p>	<p>Working collaboratively with PHE and NHS England genomics team to develop programme of work.</p> <p>FH steering group has agreed to be the expert advisory group to CVD Prevention – Cardiac Delivery Board.</p> <p>National priority programme for AHSNs incl early work on Lipid management</p>	<p>BHF developing proposal to increase BP awareness and testing in community. Obtaining insights from target audience</p> <p>£13bn Pharmacy integration fund agreed; will include piloting BP testing in high street pharmacists Being tested Q4 2019/20</p>

Atrial Fibrillation Optimisation Demonstrator Programme

CVD Prevention Programme
February 2020

Understanding demand



1 million
people in England are
diagnosed with AF.



An estimated
400,000 people
are unaware they have AF,
as not everyone experiences
the symptoms.



AF is responsible for
1 in 5 strokes
with survivors likely to
live with debilitating
consequences.

Background



- Utilising clinical staff to case find patients in GP records who have already been diagnosed with AF but not receiving optimal treatment.
- The programme is being implemented in 23 CCGs across England, which have been selected based on low attainment of the QOF indicator measuring the %age of patients diagnosed with AF who are receiving anticoagulation (AF007) and CCGs with high levels of deprivation (based on data from the Indices of Multiple Deprivation 2015). QOF data is from 2017/18.
- NHS England and Improvement has developed the programme in partnership with the Academic Health Science Networks (AHSNs), Public Health England (PHE) and the British Heart Foundation. Local implementation is supported by the AHSNs.

CCG sites



A total of 23 CCGs are involved in this pilot programme. They are:

- Great Yarmouth And Waveney CCG
- Greenwich CCG
- Harrow CCG
- Brent CCG
- Morecambe Bay CCG
- Chorley and South Ribble CCG
- West Lancashire CCG
- Isle of Wight CCG
- Portsmouth CCG
- Kingston CCG
- Croydon CCG
- South Kent Coast CCG
- Thanet CCG
- Northumberland CCG
- Haringey CCG
- Islington CCG
- Barnet CCG
- Camden CCG
- Enfield CCG
- North Tyneside CCG
- North Cumbria CCG
- Leeds CCG
- Bradford City CCG



The model



Clinical pharmacists will go through GP records to case-find patients who are not receiving optimal treatment



These patients will then be discussed by the clinical pharmacist and GP or practice pharmacist in a virtual clinic.



Following the virtual clinic, the patient will meet with the GP or practice pharmacist, who will have received training in Shared Decision Making



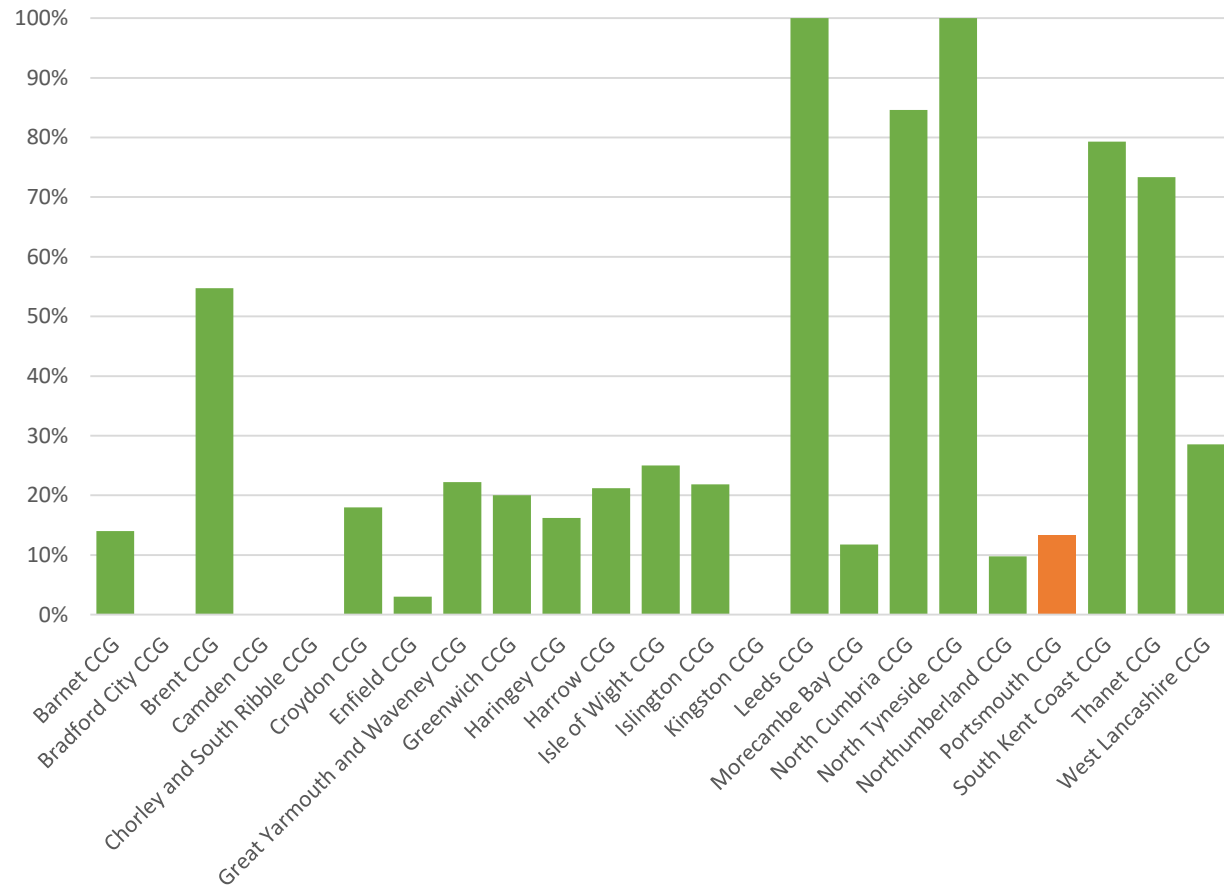
The patient and practice pharmacist or GP will jointly decide on a management plan using Shared Decision Making.

Quarterly returns

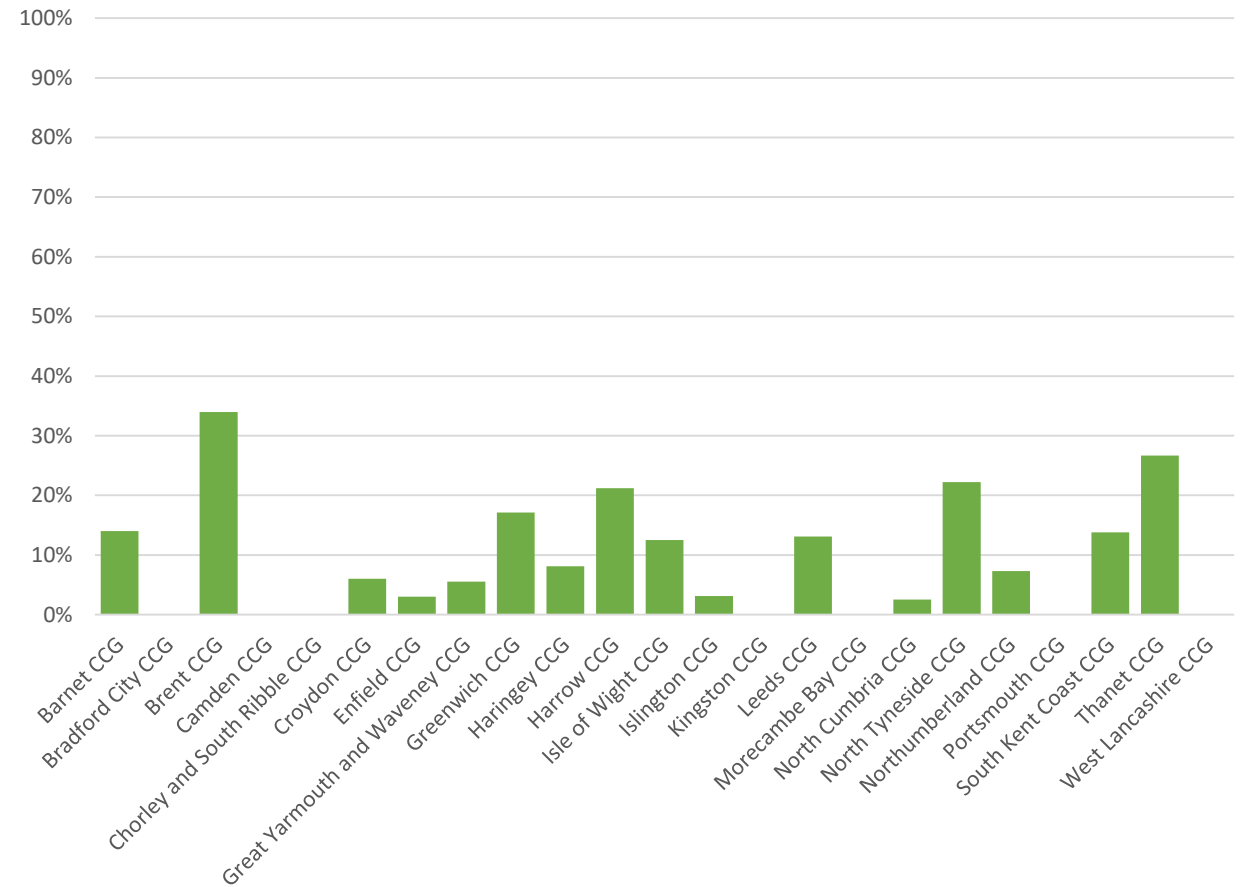


- Quarter 1 data

% of GP practices audited



% of GP practices in which VCs have been undertaken

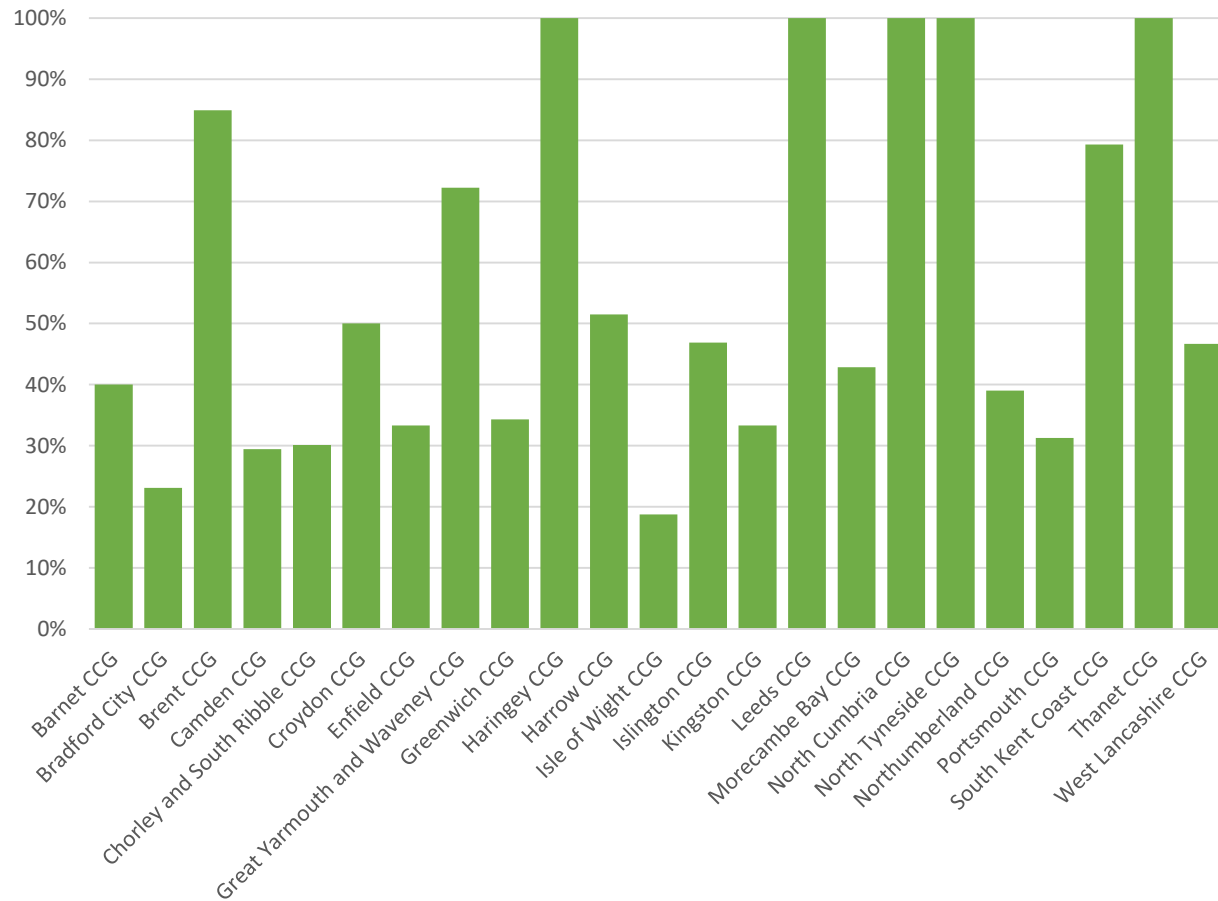


Quarterly returns

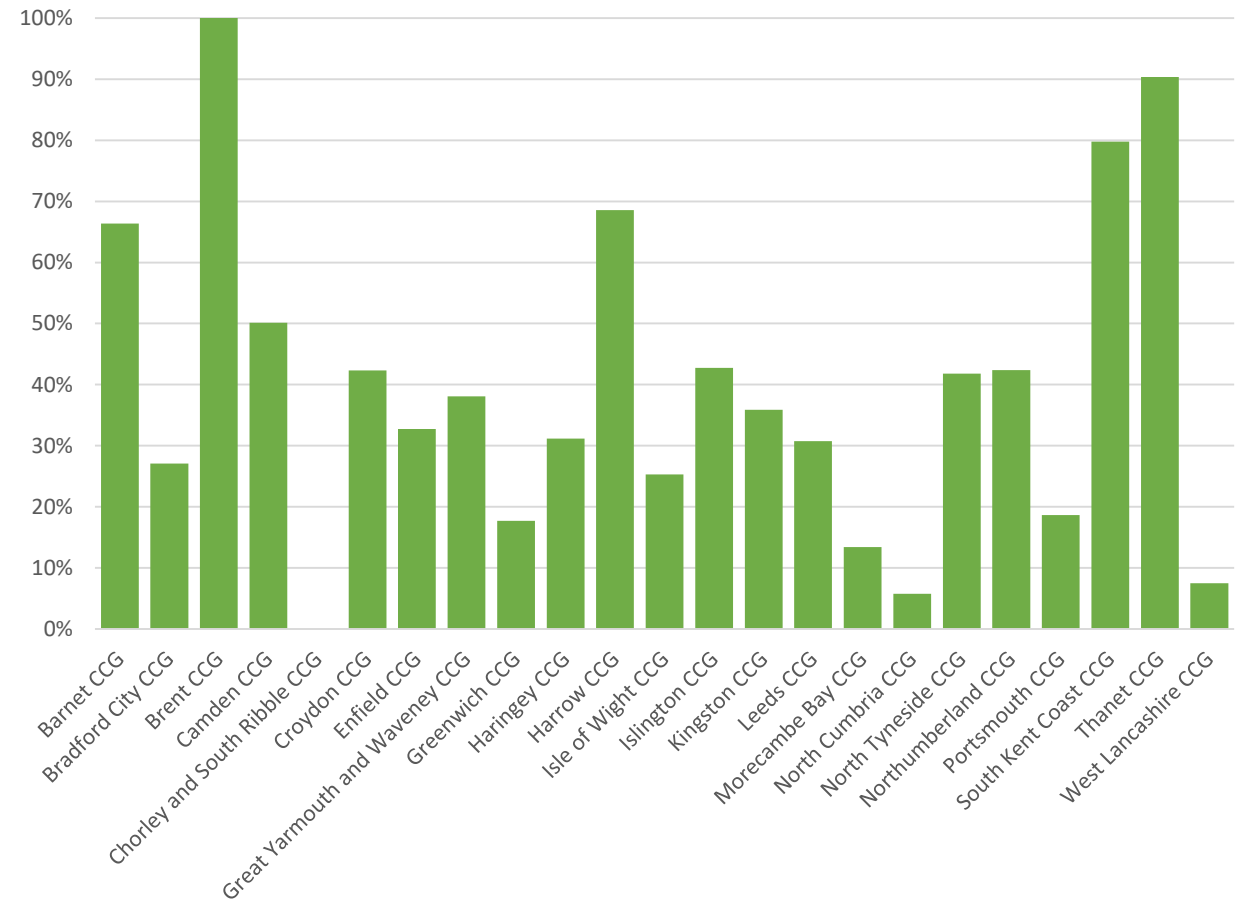


- Quarter 2 data

% of GP practices audited



% of GP practices in which VCs have been undertaken

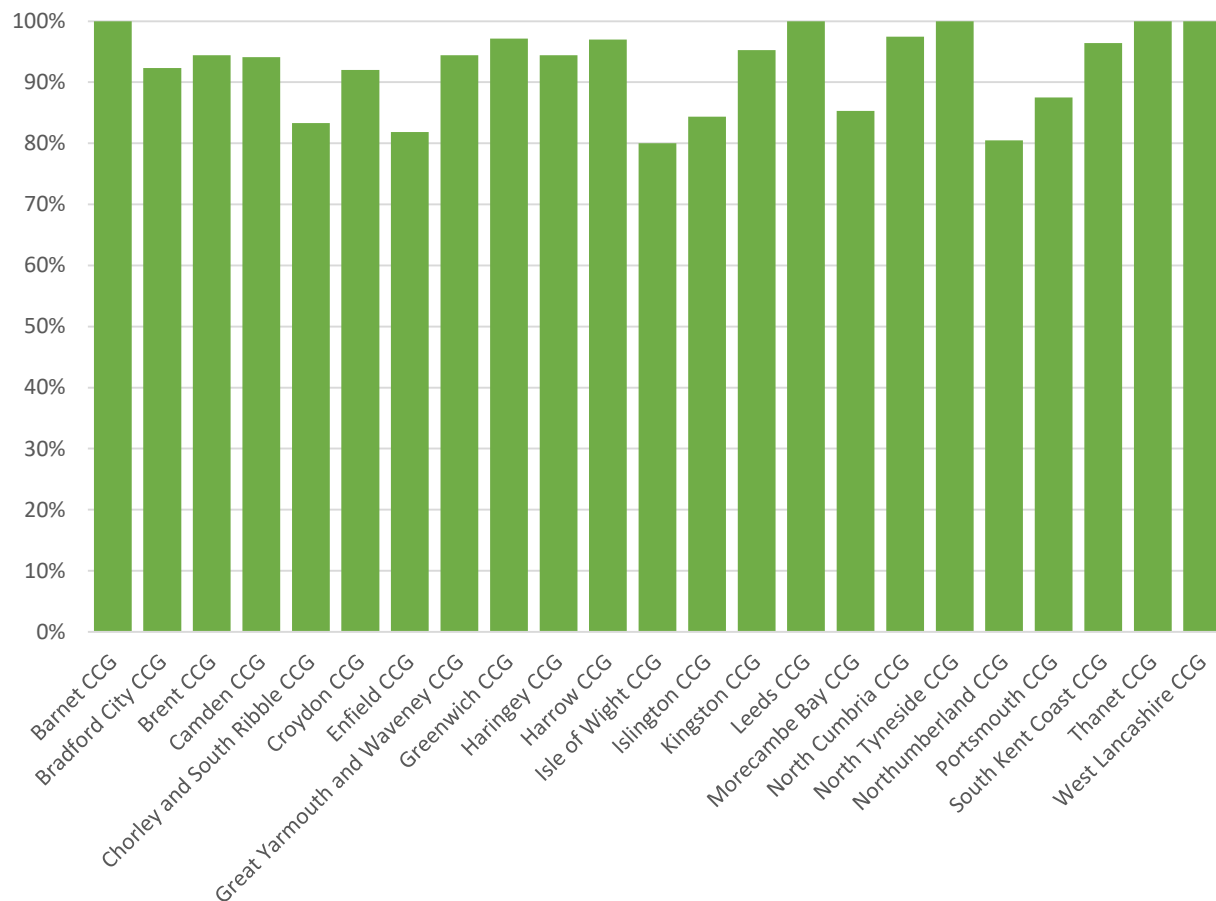


Quarterly returns

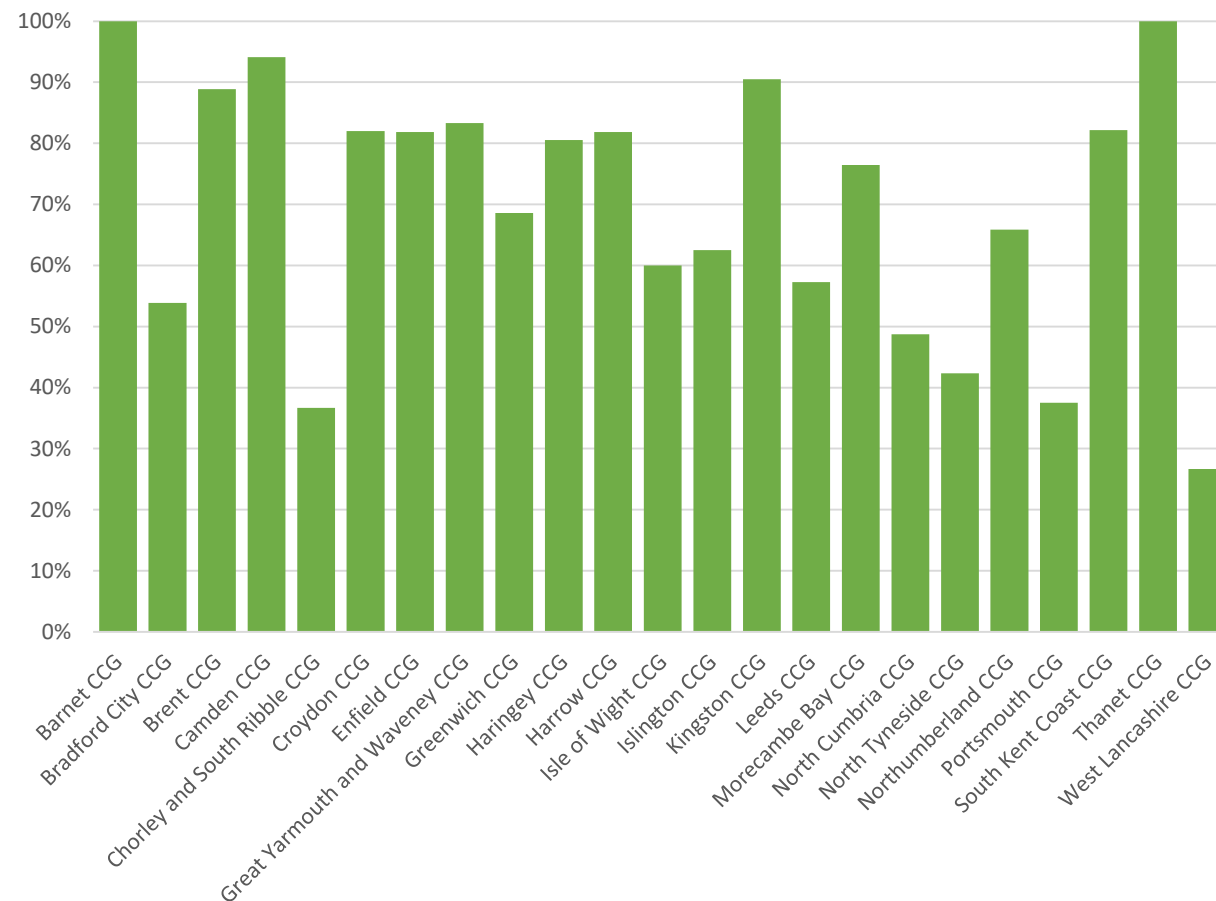


- Quarter 3 data

% of GP practices audited




% of GP practices in which VCs have been undertaken



Evaluation



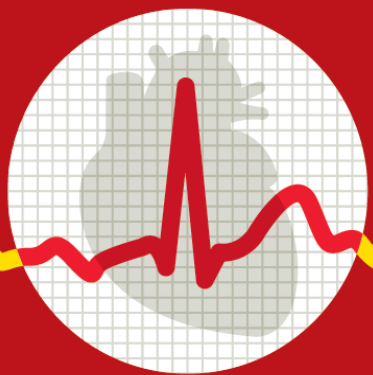
- NHS England and Improvement will be carrying out a qualitative and quantitative evaluation of the programme.
- The quantitative evaluation will be carried out by NHS England and Improvement using data gathered from the quarterly data collection and the end of programme data collection.
- NHS England and Improvement is procuring an external provider to carry out the qualitative evaluation. This is currently in progress, and it is anticipated that the provider will report in October 2020.



British Heart Foundation

Atrial Fibrillation

Your quick guide



FIGHT FOR EVERY HEARTBEAT
bhf.org.uk

NHS London Clinical Networks

IMPERIAL COLLEGE HEALTH PARTNERS

UCLPartners Academic Health Science Partnership

hin Health Innovation Network South London

Introduction to pan London programme	Data	DETECT	PROTECT	PERFECT	Anticoagulation myth busters	Resources	Contact us
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Atrial Fibrillation (AF) toolkit

Detect, Protect and Perfect

Working together across London to prevent AF related strokes

This toolkit provides methodologies, resources and support for commissioners and clinicians working to reduce AF related strokes

Get Started

AFA AF Association

anticoagulation trust

AJA Atrial Junction Alliance


Stroke association

Thrombosis UK

Stroke association

Atrial fibrillation

What you need to know





Please **highlight examples of good practice** and people who are doing really good work to prevent CVD.

Please make sure we let the rest of the country know too.

Any questions?



- england.clinicalpolicy@nhs.net



#NHSLongTermPlan / www.longtermplan.nhs.uk