



Public Health
England

Getting Serious About CVD Prevention 2018

Reducing Variation & Optimising Care

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Premature death rates from cardiovascular disease in the **most deprived** 10% of the population were almost

twice as high

as the **least deprived** 10% of the population in 2013-15

cardiovascular disease costs the NHS

£8.96 billion

a year

7 million

people in the UK affected by cardiovascular disease

1 in 4

premature deaths caused by cardiovascular disease

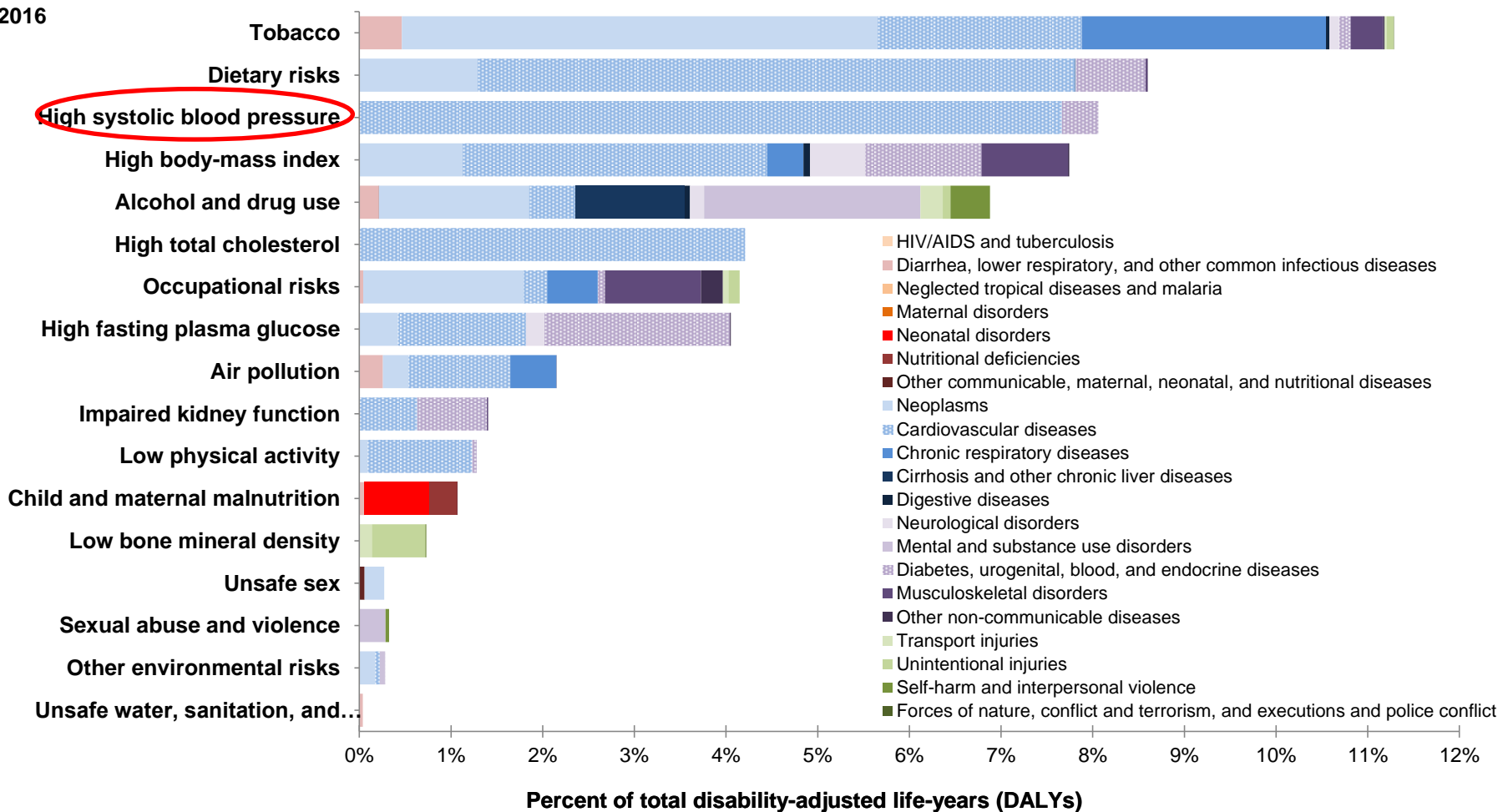
26%

of all deaths caused by cardiovascular disease

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



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.

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For every 10 mmHg decrease in total cholesterol, people can reduce their relative risk for CVD mortality by 24.5% and by 29.5% for all-cause CVD event¹²

Over 20% of all hypertension – a major risk factor for CVD – is linked to alcohol misuse. Only 1 in 5 people with hypertension are assessed for their alcohol use by their GPs^{13,14}

Social and environmental

Non-modifiable risk factors include age, gender and ethnicity

Deaths per 1,000 people with hypercholesterolaemia (to 85 years) are significantly reduced in those who are optimally treated with statins compared with no treatment¹⁶

Quitting smoking is linked to a 36% reduction in risk of all-cause mortality among people with coronary heart disease¹⁷

Meeting recommended physical activity levels reduces risk of CVD by 20-35%¹⁸



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





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 Policies**
- 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

YOUR HEART AGE IS ABOUT **69**

Compared to a person of the same age, gender and ethnicity without raised risk factors.

On average, someone like you can expect to live to the age of **84** without having a heart attack or stroke.

[About your calculation](#)

See how your heart age changes if you:

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

61

Compared to a person of the same age, gender and ethnicity without raised risk factors.

On average, someone like you can expect to live to the age of **85** without having a heart attack or stroke.

[About your calculation](#)

See how your heart age changes if you:

- Lose weight i
- Lower cholesterol i
- Reduce blood pressure i

ONE YOU

CHECKING SMOKING DRINKING EATING

CHECK YOUR

HOW YOU

START

The Heart Age Test:

- Tells you your heart age compared to your real age
- Explains why it's important to know your blood pressure and cholesterol numbers
- Gives advice on how to reduce your heart age

Full [terms and conditions](#) can be read here

This tool is a collaboration between NHS Choices, Public Health England, UCL and the British Heart Foundation. [More information about partners](#)

Full [credits](#) can be read here



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.

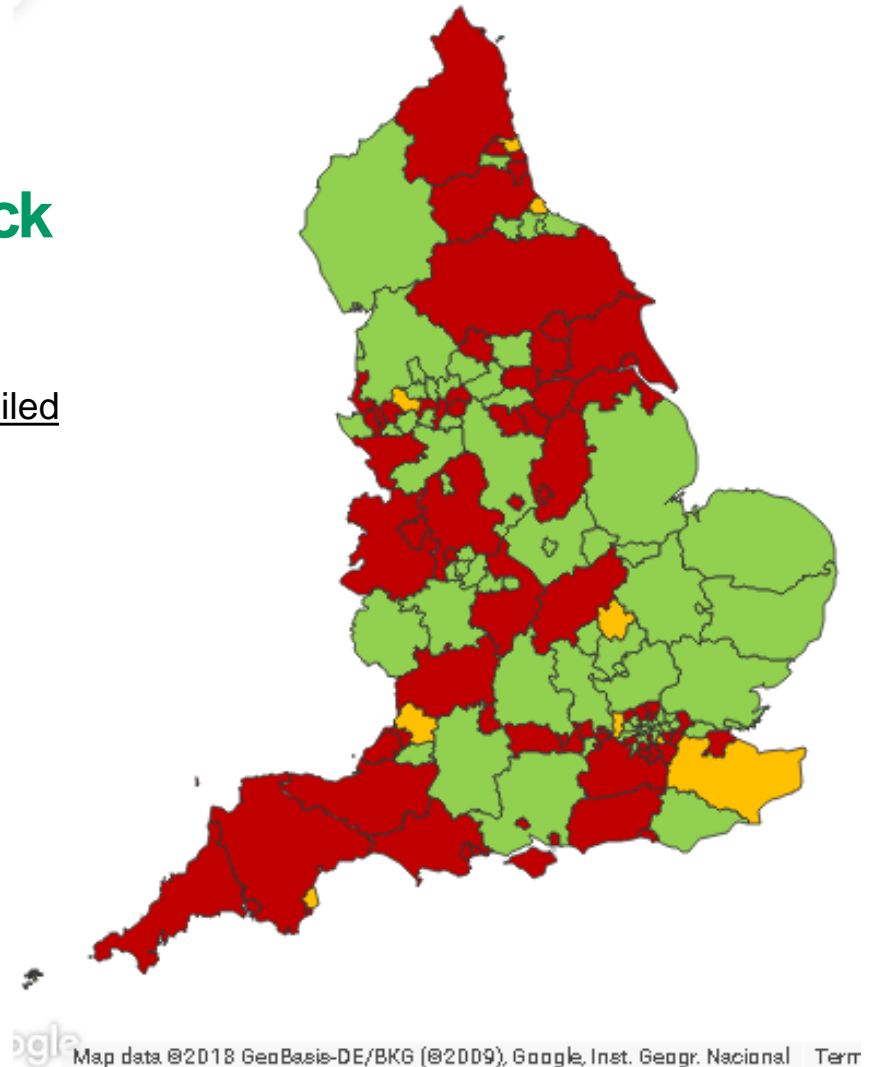


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Proportion of eligible people who have had an NHS Health Check

2013-2018, cumulative figures, 18 quarters

<http://fingertips.phe.org.uk/profile/nhs-health-check-detailed>





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A cornerstone of CVD risk reduction in England



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Protecting and improving the nation's health

NHS Health Check:
stocktake and action plan

January 2018

**ESCAP
recommendation to
include dementia risk
reduction messaging
approved by the Public
Health and Primary Care
Minister**



NHS Five Year Forward View Delivery Plan

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.

High Risk Conditions for CVD – Rule of Halves

High Blood Pressure

Every 10mmHg reduction lowers risk of CVD event by 20%

Detected

6 in 10

Controlled to 140/90

6 in 10

Atrial Fibrillation

Anticoagulation lowers risk of stroke by 2/3

Known AF and on anticoagulant at time of stroke

1 in 2

High Cholesterol




Every 1 mmol/l reduction lowers risk of CVD event by 25% each year

10 year CVD risk above 20% and on statins

1 in 3

The Size of the Prize in Cardiovascular Disease (CVD) Prevention

England

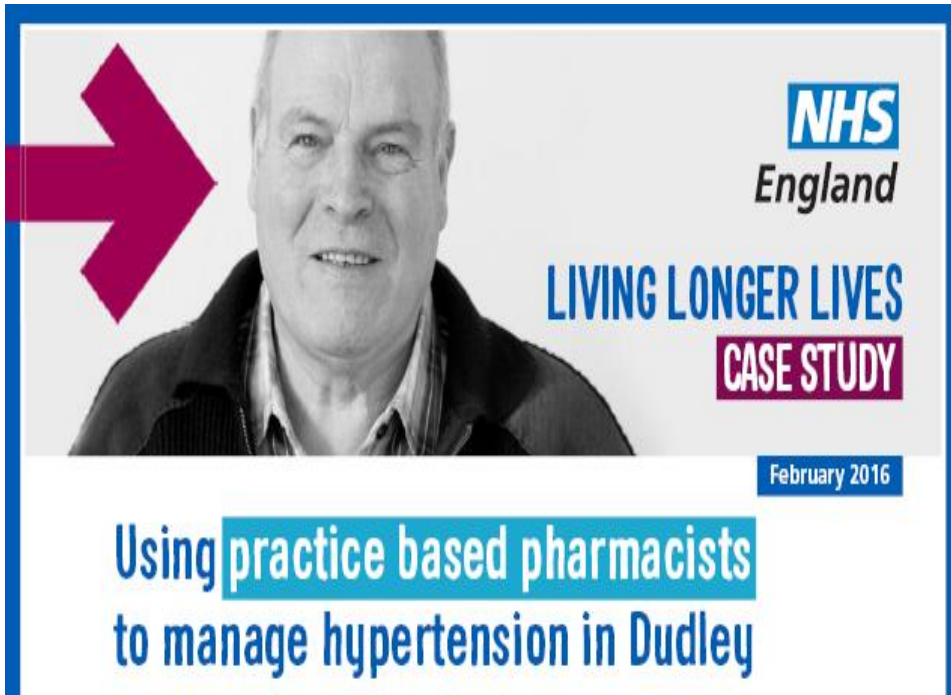
1. The diagnosis and treatment gap		
 Hypertension	Estimated adult population with hypertension	13,550,700
	Estimated adult population with undiagnosed hypertension	5,601,600
	GP registered hypertensives not treated to 150/90 mmHg target	1,618,900
 Atrial Fibrillation (AF)	GP registered population with Atrial Fibrillation (AF)	983,300
	Estimated GP registered population with undiagnosed AF	422,600
	GP registered high risk AF patients (CHA2DS2VASc ≥ 2) not anticoagulated	177,800
 CVD risk	Estimated adult population 30 to 85 years with 10 year CVD risk $>20\%$	3,960,200
	Estimated percentage of people with CVD risk $\geq 20\%$ treated with statins	49

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



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%



Bradford's CVD systematic improvement at scale and pace



Dr Youssef Beaini

CVD Lead Bradford and Airedale/Wharfedale/Craven CCGs; GPSI Cardiology; CVD Lead for Yorkshire and Humber Clinical Network; GP at The Ridge Medical Practice, Bradford; Tutor PwSI Diploma Course, University of Bradford; Board Member, Primary Care Cardiovascular Society.

Maciek Gwozdziwicz

Principal Associate for Transformation, Bradford Districts CCG

Dr Chris Harris

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 (mmol/L) is > 4.00 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



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THANK YOU

