

# 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<sup>1</sup>. It is the second biggest cause of death in England with 200 people dying each day from a heart attack or stroke.<sup>2</sup> Every day there are over 1200 admissions to accident and emergency because of heart problems<sup>3</sup> 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.<sup>4,5</sup> It also shows that there is equitable take up of checks among high CVD risk groups and prioritising these groups is cost effective.<sup>6</sup>

### 1. Current activity, 2013 – 2018<sup>7,\*</sup>

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

### 2. Disease detection, 2013 – 2018<sup>8,\*,\*\*</sup>

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

### 3. Medication, 2013 – 2018<sup>8,\*,\*\*</sup>

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

Footnotes:

<sup>1</sup> [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)  
<sup>2</sup> Office for national statistics. Death registrations summary tables – England and Wales, 2015  
<sup>3</sup> NHS Digital. Accident and emergency attendances in England 2014-15  
<sup>4</sup> <http://dx.doi.org/10.1136/bmjopen-2015-008840>  
<sup>5</sup> <http://dx.doi.org/10.1016/j.yjmed.2015.05.22>

<sup>6</sup> For more information on activity go to [www.healthchecks.nhs.uk](http://www.healthchecks.nhs.uk)  
<sup>7</sup> Disease rates calculated using the findings from [www.healthcheck.nhs.uk/document.php?o=1251](http://www.healthcheck.nhs.uk/document.php?o=1251)  
<sup>8</sup> Medication rates calculated using the findings from [www.healthcheck.nhs.uk/document.php?o=1251](http://www.healthcheck.nhs.uk/document.php?o=1251)  
 \* 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%