Preventing cardiovascular disease
saving hearts and minds together
What you do matters!

British Heart Foundation - Heart disease is heartless

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Failure of our own success?

Preventable CVD mortality in Under 75s

Rate per 100,000

Year

2001 - 2015

03 04 05 06 07 08 09 10 11 12 13 14 15 16 17

Twitter: @JamieWaterall
The mortality rates from dementia have continued to increase, and there has been a slowdown in improvement in mortality from heart disease.
There is more to do on CVD mortality…
Scale of the problem

Cardiovascular disease (CVD) is the leading cause of death worldwide.

In England, CVD causes 1 in 4 deaths, which equates to 1 death every 4 minutes.
Question

In 2016 to 2017 the CVD premature (under 75) death rate for Mid Suffolk in the East of England was 37.0 per 100,000.

What was the CVD premature death rate per 100,000 in Manchester?
There is significant variation in the incidence of CVD. For example, in 2016 to 2017 the premature (under 75) death rate for Manchester (140.7 per 100,000) was nearly four times higher than that for Mid Suffolk in the East of England (37.0 per 100,000).
Cardiovascular disease is a major cause of health inequalities.

People living in the most deprived areas of England are almost 4 times as likely to die prematurely from CVD than those in the least deprived areas.
Costs of cardiovascular disease to the NHS and wider society

Estimated
£15.8 billion per year
Non-healthcare costs

Healthcare costs alone in England stand at an estimated
£7.4 billion per year

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What is the single largest modifiable risk factor for CVD in England?
Burden of disease attributable to leading risk factors for both sexes in 2017, expressed as a percentage of England disability-adjusted life-years

Adult smoking prevalence continues to decline, but remains stubbornly high in deprived areas, and there has been an increase in the level of obesity

Source: Annual Population Survey and Health Survey for England
Trend in smoking prevalence data adults 18+, 2011 to 2018, PHE forecasts 2019 to 2024
Trend in obesity prevalence data for adults aged 16+ 2007 to 2018, PHE forecasts 2018 to 2024
Cardiovascular Disease Prevention System Leadership Forum

Brings together partners from over 40 organisations, including government, NHS England, statutory bodies, royal colleges, the third sector, public, clinicians and academics.
Public Health England cardiovascular disease prevention initiatives, 2018 to 2019

November 2018
High Risk Conditions

**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
Current detection and management of Atrial fibrillation (AF)

Now
- Detection: 79%
- Management: 84%

2029
- Detection: 85%
- Management: 90%
Current detection and management of **High blood pressure**

Now

- **Detection**: 57% (80% in 2029)
- **Management**: 56% (80% in 2029)

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Current detection and management of High Cholesterol and Familial Hypercholesterolaemia (FH)

High Cholesterol
- Now: 49% Detection
- 2029: 75% Detection
- Now: 35% Management
- 2029: 45% Management

Familial Hypercholesterolaemia (FH)
- Now: 5% Detection
- 2024: 25% Detection
To prevent the gap from widening further, over 40% of action on all ambitions should therefore be delivered to the three most deprived deciles in England.

Reduce the gap significantly in amenable CVD deaths between the most and least deprived areas by 2029

- obtain and publish health inequality data on each of the high risk conditions by deprivation decile by 2021
- set quantitative ambitions for reducing CVD health inequalities in diagnostic and treatment goals by 2021
Cardiovascular disease is the single biggest area where the NHS can save lives over the next 10 years!
Based on commitments made in the NHS Long Term Plan, The Cardiovascular Disease-Respiratory Programme seeks to significantly improve services and outcomes for CVD, respiratory disease and stroke in England. This will include achievement of these and other ambitions:

**CVD-respiratory programme vision**

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

We will achieve this by taking an integrated approach to delivery which involves communities, voluntary organisations and the health and care system. We will focus on prevention, early detection and diagnosis, concentrating interventions initially on populations at greater risk. Underpinning this, and supported by the implementation of new technologies and datasets, is work to expand existing rehabilitation services and training for the workforce, community first aiders and patients to enable better self-care and emergency response.
Health Matters
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THANK YOU