

National CVD Overview

CVD Prevention, The Long Term Plan,
Alignment to ICS priorities,
Inequalities and The COVID-19 era

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The NHS Long Term Plan



[#NHSLongTermPlan](#)

www.longtermplan.nhs.uk

Figure 7: Around two-thirds of government-financed healthcare expenditure was on curative and rehabilitative care

Government healthcare expenditure by shares of healthcare functions, UK, 2018

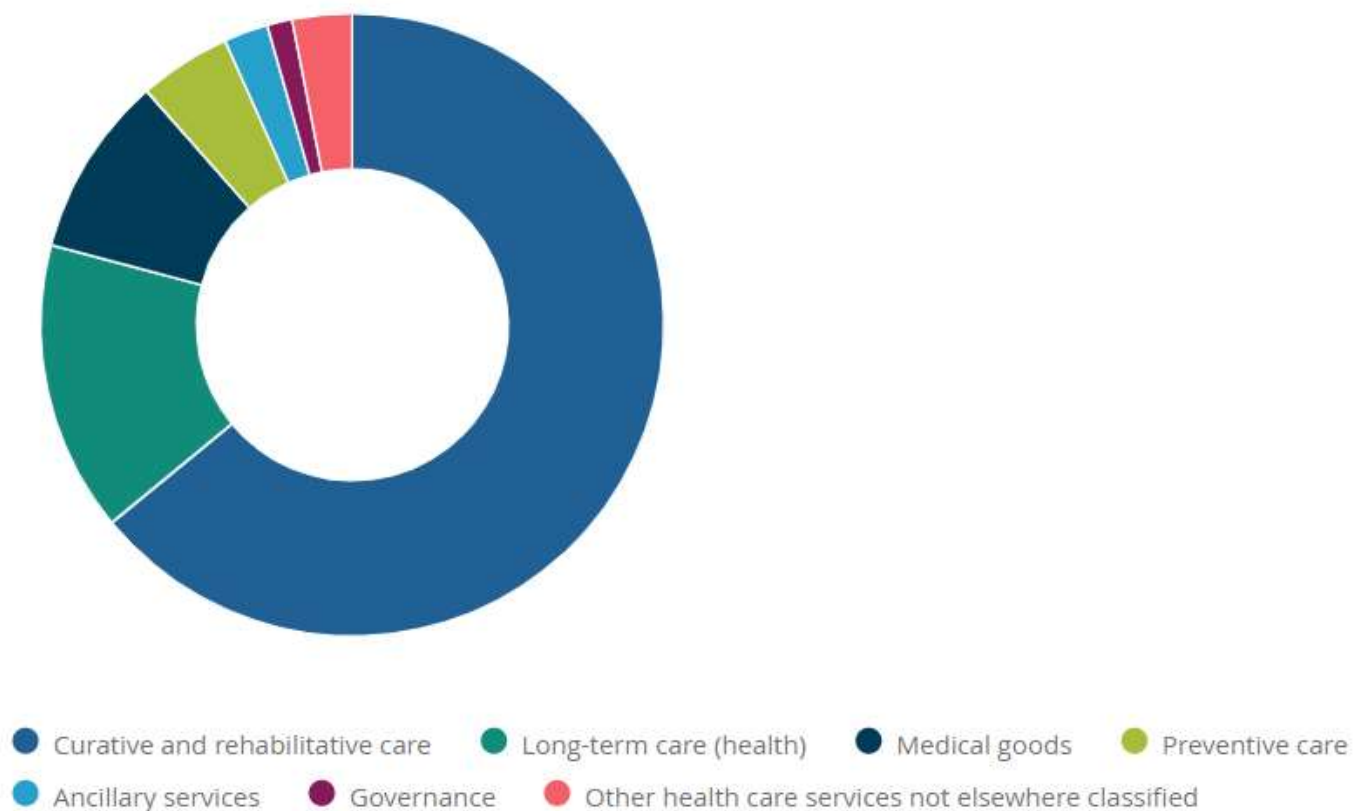
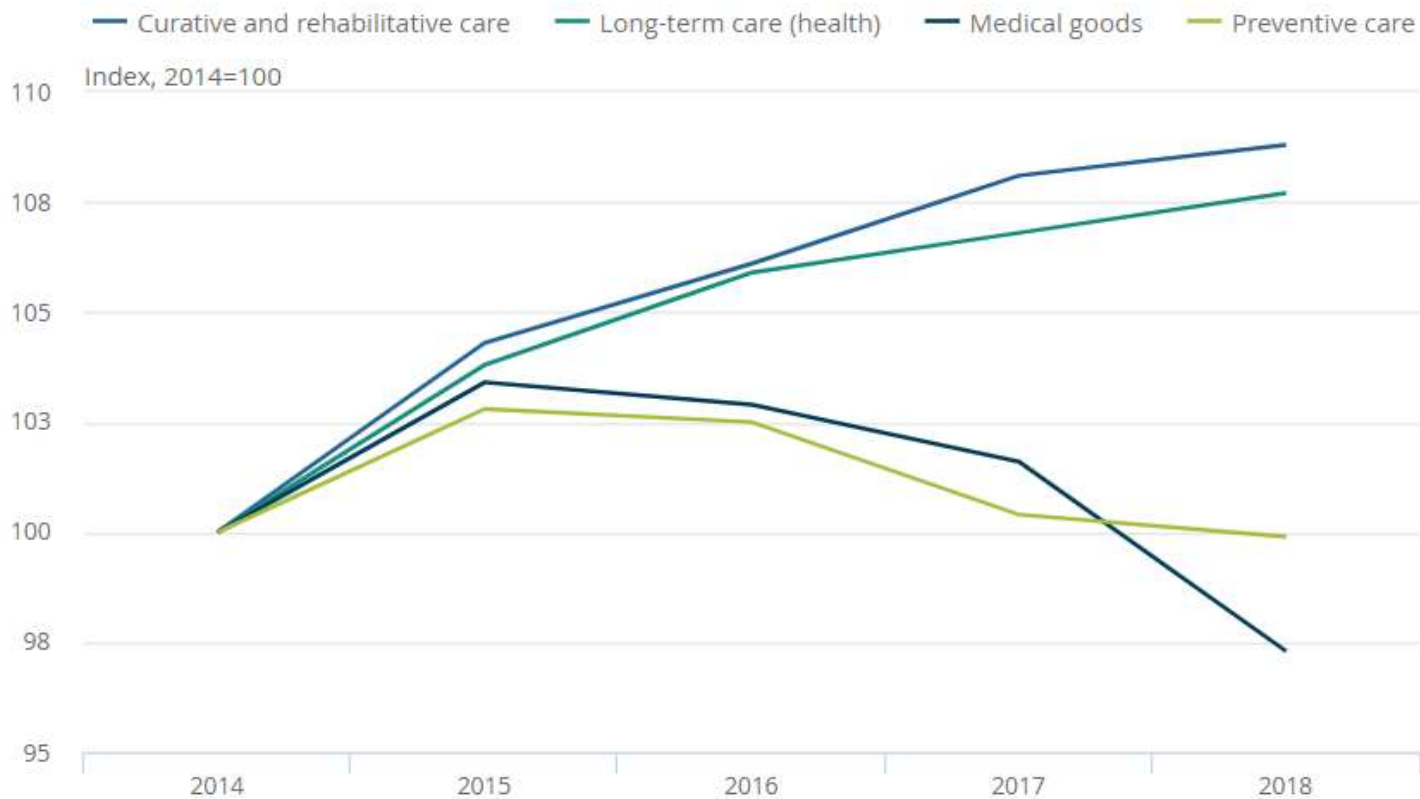


Figure 8: Government expenditure on curative or rehabilitative care and long-term care grew, in real terms, every year from 2014 to 2018

Index of growth in the main functions of government-financed health care in real terms, UK, 2014 to 2018



Source: Office for National Statistics - UK Health Accounts

- Long Term Plan
 - Increase in funding 3.7% / year in return for
 - New Model of Care
 - ICP/ICS
 - NHS Working with wider care providers/IS/VS
 - Prevention
 - Inequalities
 - Digital Care

The NHS Long Term Plan



NHS Long Term Plan

- Addressing prevention and inequalities.
- Focus on quality and health outcomes.
- Tackle workforce challenges & supporting primary care.
- Digitally enabled care, including self-care.

Our Vision

- To fundamentally shift health outcomes for the people in the north east and north Cumbria, improving healthy life expectancy and helping them to live longer, healthier and wealthier lives.
- To raise the quality and effectiveness of primary, community and secondary care, ensuring sustainable services with fair access to all through.
- To jointly value and develop staff; giving them the skills, knowledge and flexibility to work across multiple settings, and do more to attract and retain people to our system.
- To harness the power of information and technology to improve the personalisation of health and care, sharing information more effectively and helping to target interventions on those at greatest risk of poor health outcomes.

ICS Priorities

- Improving population health.
- Prevention
- Early detection
- Effective management of conditions

- MECC.
- Helping to target interventions on those at greatest risk of poor health outcomes.

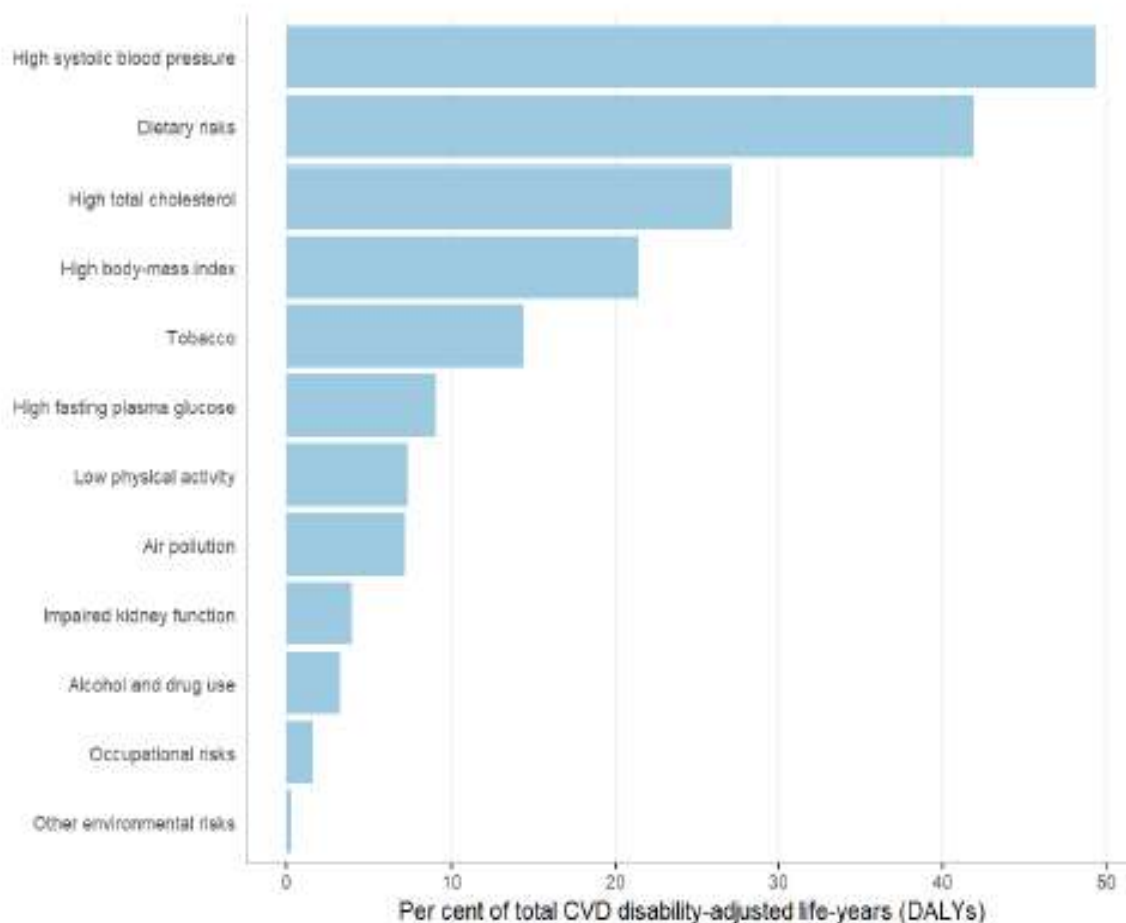
- For CVD – 27% of all mortality
 - Aim is Prevent 150,000 heart attacks, strokes and dementia cases.

CVD Prevention



Public Health
England

Global Burden of Disease Study 2016:
Risk factors attributed to premature CVD mortality and disability in
England, expressed as disability-adjusted life-years (DALYs)



Source: Global Burden of Disease Study 2016.

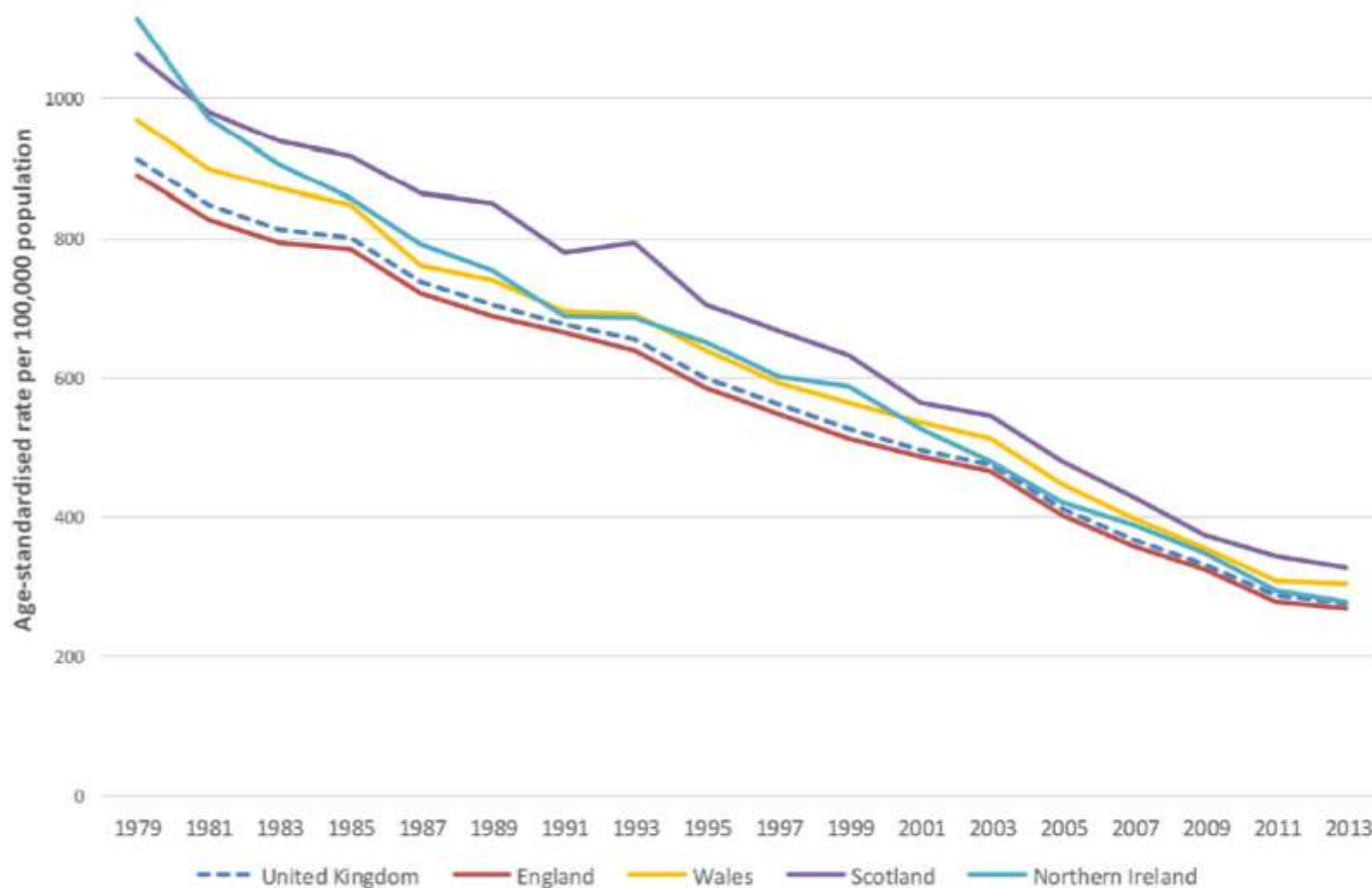
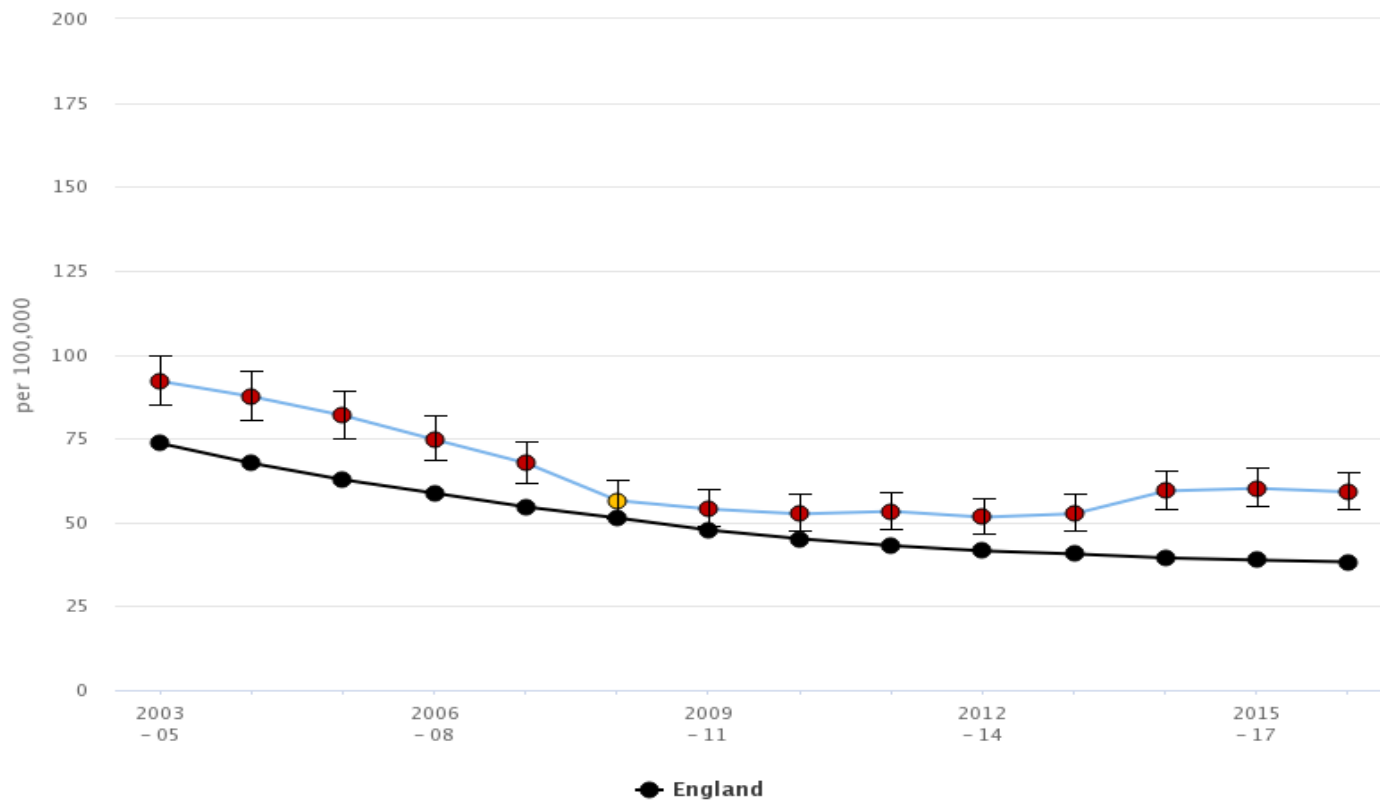


Figure 1 Age-standardised death rates per 100 000 from cardiovascular disease, all ages, UK and England, Wales, Scotland, Northern Ireland, 1979–2013.

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Coronary heart disease mortality rates, under 75 years for NHS South Tees CCG



- Coronary heart disease mortality rates, under 75 years
- NHS South Tees CCG

Cardiovascular disease (CVD) is a leading cause of death in the UK¹

85% of all CVD deaths are due to myocardial infarctions (heart attack) or strokes²



In the UK 27% of all deaths are due to CVD – that's one death every 3 minutes¹



More than 100,000 hospital admissions in the UK are due to heart attacks – that's one admission every 5 minutes¹



Stroke is the fourth biggest killer in the UK causing 36,000 deaths each year¹



Healthcare costs relating to CVD are estimated at £9 billion Overall CVD costs the UK economy ~£19 billion each year

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 Guideline by 2024

The ambitions are underpinned by the need to do more to reduce health inequalities

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

Inequalities, CVD & CV19

“Covid-19 continues to follow the fault lines of inequality, with people in the poorest neighbourhoods more than twice as likely to be killed by the virus as those in the richest areas. Preventable conditions including cardiovascular disease and type 2 diabetes are major risk factors for dying from Covid-19, and these disproportionately affect people living in disadvantaged areas and from ethnic minority backgrounds.”

Veena Raleigh, Senior Fellow at The King’s Fund, May 2020

Long Term Plan – Summary

- New Models of Care – Focus on Outputs and Quality
- Cross organisation – ICS working together
 - NHSE/I Networks, CVD Prevention Network.
 - AHSN NENC CVD Prevention Programme.
 - Local Authorities , 3rd sector – BHF, Heart UK and others.
- In the digital environment

Tackling CVD prevention is tackling inequalities

We see that even more so in the Covid19 era.



Wash hands -- wear a mask
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