



A MANIFESTO FOR BETTER HEART HEALTH

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MANIFESTO

Cardiovascular disease (CVD) refers to diseases of the heart or blood vessels. It includes coronary heart disease - the UK's biggest single killer. Not only does it have a devastating impact on patients and their families, but it also places significant burden on our health service and wider economy.

HEART UK welcomes the considerable progress in the management and treatment of CVD over the past two decades, which have resulted in an overall decline in CVD deaths in the UK. However, the charity is concerned that these improvements have been met by a misplaced belief that the "job is done", resulting in a shift away from CVD as a policy priority. Coronary heart disease is still the UK's biggest killer and CVD remains one of the conditions most strongly associated with health inequalities. For these reasons it must remain high up the UK health agenda.

HEART UK is the only national charity dedicated to preventing premature deaths caused by high cholesterol and CVD. Cholesterol is one of the key risk factors for CVD. HEART UK's mission is for the majority of UK adults to know and understand their cholesterol levels and to be taking any necessary action.

The most recent data available shows that:

160,000
DEATHS

Around 160,000 people die from heart and circulatory diseases every year in the UK, accounting for more than a quarter of all deaths¹

175,000
HEART ATTACKS

There are about 175,000 heart attacks in the UK every year²

80-90%
UNDIAGNOSED

There is a low level of diagnosis and treatment of Familial Hypercholesterolaemia (FH), with between 80-90% of at least 120,000 patients undiagnosed in the UK^{3,4}

¹ British Heart Foundation . Cardiovascular disease statistics. Available: www.bhf.org.uk/heart-health/heart-statistics.aspx. Last accessed 24th September 2014.

² ibid

³ National Health Service. Primary Care Service Framework: Familial Hypercholesterolaemia. Accessed at: https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/primary_care_service_framework_familial_hypercholesterolaemia.pdf Last Accessed 28th October 2014

⁴ HEART UK (2012) Saving lives, saving families: The health, social and economic advantages of detecting and treating familial hypercholesterolaemia (FH)

There is no room for complacency - tackling CVD must remain a priority for the future Government if it wants to improve health outcomes.

This is especially important as the cost of treating people with CVD is rising at a time when the NHS is looking for significant efficiency savings.

In order to give CVD the policy focus it clearly needs, HEART UK calls for any future government to consider the following recommendations...

£19bn

The cost of CVD to the UK economy is around £19bn a year⁵

2.3m

There are around 2.3m people with coronary heart disease (CHD) in the UK⁶

6/10

Around six in every ten adults in England have high cholesterol⁷

1.3m

Nearly 1.3m people in the UK have suffered a stroke⁸

⁵ British Heart Foundation . Cardiovascular disease statistics. Available: www.bhf.org.uk/heart-health/heart-statistics.aspx. Last accessed 24th September 2014.

⁶ ibid

⁷ British Heart Foundation (2012) Coronary heart Disease statistics. A compendium of health statistics

⁸ British Heart Foundation. Cardiovascular disease statistics. Available: <http://www.bhf.org.uk/heart-health/heart-statistics.aspx>. Last accessed 24th September 2014.

Key Recommendations...

1

Commit to see through implementation of the CVD Outcomes Strategy

Background...

HEART UK welcomed the publication in March 2013 of the Cardiovascular Disease Outcomes Strategy⁹ which set out important ambitions to reduce premature CVD.

In particular, the charity was pleased to see a commitment to continued rollout of the NHS Health Checks Programme, and an acknowledgment of the urgent need to improve the identification of patients at risk of Familial Hypercholesterolaemia and to introduce cascade screening.

However, there has been limited progress by way of implementation.

Commit to see through implementation of the CVD Outcomes Strategy

HEART UK urges the future Government to fully implement the recommendations set out in the Outcomes Strategy by 2020, and to introduce mechanisms to measure progress annually.

⁹ Department of Health [2013] Cardiovascular Disease Outcomes Strategy. Improving outcomes for people with or at risk of cardiovascular disease. Available: www.gov.uk/government/uploads/system/uploads/attachment_data/file/217118/9387-2900853-CVD-Outcomes_web1.pdf Last accessed 6th October 2014.

Key Recommendations...

2

Incentivise and support better management of CVD at a local level

Background...

Changes to the Quality and Outcomes Framework (QOF) in 2014 have seen the withdrawal of cholesterol indicators. HEART UK is concerned this will impact negatively on GP prioritisation of cholesterol management in patients living with or at risk of CVD.

Research carried out by HEART UK in 2013/14 demonstrated that CVD representation in Joint Strategic Needs Assessments is patchy and not based on prevalence, and that there is a lack of strategic direction around CVD inequalities in Joint Health and Wellbeing Strategies.¹⁰

Incentivise and support better management of CVD at a local level

HEART UK would like to see a review of the current incentive structure for CVD management in primary care. The charity also calls for national guidance to Health and Wellbeing Boards on the key priority areas their local needs assessments and strategies should include, e.g. CVD burden and risk factors.

Key Recommendations...

3

Develop a national programme for Familial Hypercholesterolaemia under NHS England with ring-fenced funding

Background...

Familial Hypercholesterolaemia is a relatively common genetic disorder which leads to higher than normal cholesterol levels, affecting at least 1 in 500, or more than 120,000.¹¹ If their condition remains untreated, people with Familial Hypercholesterolaemia suffer a much higher premature death rate from CVD than the general population. There is significant variation in the implementation of the NICE guideline on Familial Hypercholesterolaemia (2008)¹² and diagnosis remains low, with between 80-90% of UK patients currently undetected.^{13,14}

If 50% of patients with Familial Hypercholesterolaemia were diagnosed and treated, the NHS could save £1.7 million per year on healthcare by preventing cardiovascular events.¹⁵ The CVD Outcomes Strategy recognises the need to roll out cascade screening for Familial Hypercholesterolaemia, but there is a lack of government funding to make this happen.

Wales is leading the way in rolling out Familial Hypercholesterolaemia cascade screening. England must do the same to overcome the postcode lottery of service and care.

11 Nordestgaard BG, et al (2013) Familial Hypercholesterolaemia is underdiagnosed and undertreated in the general population: guidance for clinicians to prevent coronary heart disease. Consensus Statement of the European Atherosclerosis Society. *European Heart Journal*.

12 National Institute for Health and Clinical Excellence (2008) Identification and management of familial hypercholesterolaemia [CG 71]. Available: www.nice.org.uk/guidance/cg71/resources/guidance-identification-and-management-of-familial-hypercholesterolaemia-pdf Last accessed 6th October 2014.

Develop a national programme for FH under NHS England with ring-fenced funding

HEART UK calls for a national programme for Familial Hypercholesterolaemia to help increase the proportion of patients diagnosed and treated to 50% by 2020. This should include a dedicated network of professionals, clear referral pathways, and a UK-wide national patient register and database for Familial Hypercholesterolaemia to aid better cascade screening across the country.

13 National Health Service. Primary Care Service Framework: Familial Hypercholesterolaemia. Accessed at : https://www.pcc-cic.org.uk/sites/default/files/articles/attachments/primary_care_service_framework_familial_hypercholesterolaemia.pdf Last Accessed 28th October 2014

14 HEART UK (2012) Saving lives, saving families: The health, social and economic advantages of detecting and treating familial hypercholesterolaemia (FH)

15 *ibid*

4

Implement robust data collection and support access to quality data

Incompatible IT systems continue to plague Local Authorities and CCGs. This is making it difficult to review and monitor progress and maintain consistency in delivering NHS Health Checks, impacting on referral pathways, patient management and outcomes in primary care.

Transparency of performance, data analysis and comparison between providers play an important role in driving service improvement. QOF data have historically been used to feed into commissioning toolkits and HEART UK is concerned that the recent withdrawal of cholesterol indicators from QOF may make these commissioning tools less effective in addressing public health.

HEART UK calls for continued support for the Cardiovascular Intelligence Network to give a more comprehensive picture of outcomes and health inequalities in CVD. By 2016, HEART UK wishes to see detailed publicly available information on cholesterol by CCG and GP practice, including aggregate known cholesterol levels and data on numbers of patients tested per CCG.

GPs should be encouraged to continue to record data against previous QOF codes, despite the removal of financial incentives. We need clear, integrated IT systems across the NHS Health Checks Programme and primary care.



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