

HEART UK Manifesto

Despite real progress in the management and treatment of cardiovascular disease (CVD), it remains the UK's number one killer. As such, CVD should be at the top of the health agenda.

The most recent data available shows that:

- 191,000 people died from heart and circulatory diseases in 2008
- There are about 124,000 heart attacks and 150,000 strokes in the UK every year
- There are around 2.7m people with coronary heart disease (CHD) in the UK
- Nearly 1.2m people in the UK have suffered a stroke
- Around six in every ten adults in England have high cholesterol
- The cost of CVD to the UK economy is around £30bn a year.

In addition, there is a low level of diagnosis and treatment of Familial Hypercholesterolaemia (FH), a relatively common genetic disorder, affecting 1 in 500 people. If their condition remains untreated, people with FH suffer a much higher premature death rate from CVD than the general population. The condition has been poorly overlooked, as the NICE guideline on FH (2008) has not been well implemented, and diagnosis remains low.

So there is absolutely no room for complacency - tackling CVD must remain a priority for the Government if it wants to achieve its goal of improving health outcomes. This is especially important as the cost of treating people with CHD is rising at a time when the NHS is looking for significant efficiency savings.

We are encouraged that the Government is due to publish a Cardiovascular Outcomes Strategy shortly. The Government must ensure that the NHS Health Checks programme, which has proven a cost-effective way of tackling CVD, reaches as many people as it can to both raise awareness on cholesterol and help prevent heart attacks and strokes. This would help to support HEART UK's vision that the majority of adults in the UK know their cholesterol levels and understand how cholesterol impacts heart disease.

Key Recommendations for the Cardiovascular Outcomes Strategy

HEART UK would like the Government to consider the following seven recommendations as it develops its thinking on the Cardiovascular Outcomes Strategy:

1. **Target People at Risk** - Ensure that the NHS Health Checks programme is widely implemented *and* reaches people most at risk of a heart attack or stroke.
2. **National Oversight of Health Checks** - The NHS Commissioning Board should oversee the continued delivery of the Health Checks programme.
3. **Review QOF Indicators on CHD** - NICE should review QOF indicators for secondary prevention of CHD to incorporate uptake and quality of cardiac rehabilitation and ensure that all existing targets reflect best practice guidelines and are sufficiently ambitious to help individuals achieve the best possible outcomes.
4. **National Programme for Familial Hypercholesterolaemia (FH)** – A national programme for FH under the NHS Commissioning Board should be established and funded centrally. NICE guidelines on FH should be fully implemented.
5. **Strengthen Local Authority Capability on Public Health** - Ensure that local authorities have the resources, skills and capability to undertake its new public health responsibilities.
6. **Share Best Practice** - Best practice on health checks should be shared across PCTs/CCGs and local authorities should share examples of good public health promotion.
7. **Health literacy and prevention** – advice to patients should improve understanding of CVD risk factors, where possible incorporating the latest patient tools published in Joint British Societies guidelines.