



British Heart
Foundation

THE CVD CHALLENGE IN ENGLAND

**FIGHT
FOR EVERY
HEARTBEAT**

bhf.org.uk

Together we can save lives
and reduce NHS pressures

The challenge of CVD continues today.

Around 5.9 million people in England live with the burden of cardiovascular disease (CVD).

Millions more have undetected medical risk factors. CVD remains one of the biggest causes of death and disability in England, costing the NHS billions of pounds each year.

And despite significant successes in reducing CVD mortality, it remains a major contributor to premature death and health inequality.

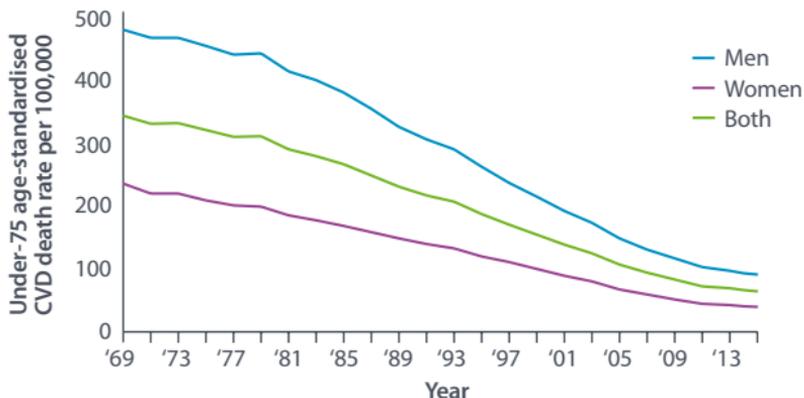
But it doesn't need to be like this.

Working with health system leaders and governments, together we can tackle undetected hypertension, atrial fibrillation and high cholesterol, to reduce the impact of stroke and heart attack.

We can improve the quality of care for patients with diagnosed conditions to reduce their risk. And we can improve patient outcomes by delivering innovative services.

Together, let us change tomorrow.

After 40 years of falling premature CVD deaths, progress has slowed



Premature CVD death rates in England have fallen 80% over the last 40 years, largely thanks to BHF-funded research, advances in treating conditions like heart attack and stroke and the decline in smoking, as well as lifestyle changes.

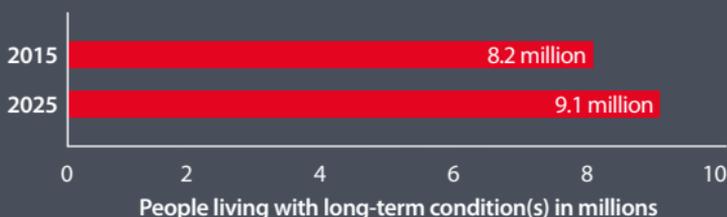
But progress has slowed since 2011. The reasons are unclear. And CVD remains a significant cause of death in England.

We must do more.

22% of all premature deaths in England are caused by CVD. That's 33,700 premature CVD deaths in England each year

We are living longer, but with more long-term conditions

By 2025, the number of people living with one or more serious long-term conditions in the UK will increase by nearly one million



In England today, 5.9m people live with CVD. This makes up a significant proportion of all long-term conditions (LTCs). At least 435,000 people have heart failure.

What's more, CVD risk increases with age: almost 8% of people in their 60s are diagnosed with coronary heart disease, for instance. And many other common LTCs increase the risk of developing CVD.

By 2030, the population in England aged 65–84 will rise by 29% and those over 85 by 61%.

We must plan for the future.

Data source: Royal College of General Practitioners (2016). Responding to the needs of patients with multimorbidity: A vision for general practice

CVD healthcare costs England billions of pounds a year



CVD healthcare costs estimate



CVD economic cost estimate

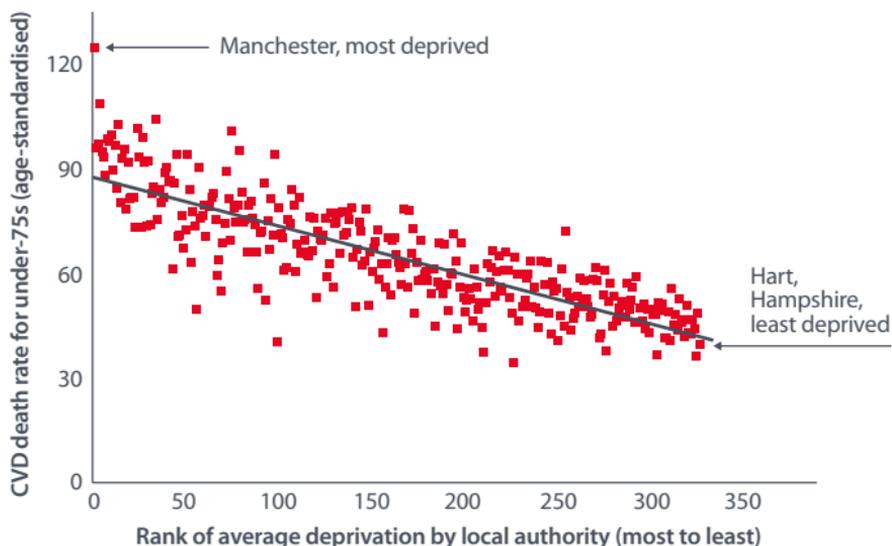
The direct and indirect costs of CVD to the NHS in England and the wider economy are significant.

Meanwhile, the NHS needs to save £22 billion by 2020.

We can bring down this cost.

You're up to 3 times more likely to die early from CVD depending on where you live

Premature CVD death rate rises in line with deprivation



CVD risk factors such as smoking, physical inactivity and obesity are more common in deprived areas of England. These increase the risk of hypertension, atrial fibrillation (AF) and high cholesterol.

So the most deprived people in our society shoulder the greatest burden of death and disability from CVD.

We must close this inequality gap.

Data source: Office for National Statistics 2017, data for 2013–15

The premature CVD death rate is three times higher in the most deprived area of England compared to the least.

More information at bhf.org.uk/cvd-england

We could perform better against other EU nations for premature CVD deaths

Despite decades of success bringing down the premature CVD death rate, England still ranks lower than nine other EU nations – behind Ireland, Denmark and Portugal.

We can do better.

England's premature CVD death rate is 29% more than France, which has the lowest rate among EU countries

Together, we can make the difference.
Turn over to find out how.



Data source: Global Burden of Disease, 2015

Together, we can act to reduce this burden.

Millions of people have undetected medical risk factors that increase their chance of developing CVD.

We can diagnose and treat them earlier.

Many with diagnosed risk factors receive sub-optimal treatment.

We can improve care.

Patients experience varying standards of care and outcomes depending on where they live.

We can innovate to improve patient outcomes.

Millions could benefit from earlier risk factor detection and treatment

Around 40% of people with hypertension and 30% of people with AF are not diagnosed.

Hypertension is implicated in half of all strokes and heart attacks.

People with AF are five times more likely to have a stroke.

Raised cholesterol increases the risk of heart attack and stroke.

We already have effective treatments available

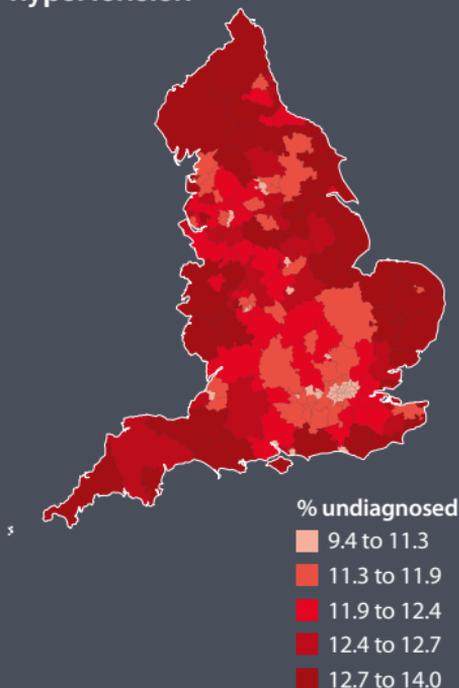
Every 10mmHg drop in blood pressure reduces the risk of strokes and heart attacks by 20%.

Anticoagulation for AF prevents 66% of related strokes.

Every 1mmol/l fall in LDL cholesterol from statin treatment reduces yearly risk of heart attack and stroke by 25%.

The problem is that significant variation in detection rate and treatment remains.

Prevalence of undiagnosed hypertension



Data source: Hypertension prevalence estimates, Public Health England, 2017

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Better risk factor management could avoid thousands of CVD events

The missed opportunities



1,618,900 (20%)

Adults with diagnosed hypertension not treated to NICE guidelines



2,000,000 (51%)

Estimated number of adults with 10-year CVD risk above 20% not treated with statins



177,800 (22%)

High-risk AF patients not anticoagulated

The potential

Over 3 years, optimally treating adults with diagnosed hypertension can avoid:



14,500 strokes
saving up to **£202m**

9,710 heart attacks
saving up to **£72m**

And optimally treating high-risk AF patients can avoid:



14,220 strokes
saving up to **£242m**

It's time to think differently about CVD services

The BHF has piloted and evaluated models of care that can avoid hospital admissions, improve patient outcomes and save the NHS millions of pounds a year.

Now they need wider roll-out.

Atrial fibrillation

The challenge

Around 14,220 strokes in England could be avoided over three years if everyone with AF was diagnosed and received appropriate anticoagulation therapy.

The solution

Arrhythmia Care Coordinators can help to enhance and optimise AF detection and management, reducing stroke incidence.

Learn more at bhf.org.uk/acc

Familial hypercholesterolaemia (FH)

The challenge

The inheritable gene mutation leads to abnormally high blood cholesterol levels, raising an otherwise healthy person's risk of dying from a heart attack in their 20s, 30s or 40s.

The solution

Cascade testing first-degree relatives of people with FH can help identify and treat at-risk family members. A BHF pilot has so far found over 1,400 cases and offered treatment to lower CVD risk.

Learn more at bhf.org.uk/fhservice

Hypertension

Four in 10 adults with hypertension remain undiagnosed. Of those who are, one in five are not treated to target.

How can we do better?

The BHF and partners in primary care, public health and the third sector came together to produce a resource that highlights these problems and offers solutions.

Learn more at bhf.org.uk/bp-better

What's next?

Find out more about the challenge of CVD today and what the BHF is doing to change tomorrow.

Visit bhf.org.uk/cvd-england



**British Heart
Foundation**

For over 50 years our research has saved lives.

We've broken new ground, revolutionised treatments and transformed care.

But heart and circulatory disease still kills one in four people in the UK.

That's why we need you.

With your support, your time, your donations, our research will beat heart disease for good.

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For full references visit bhf.org.uk/cvd-england

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