



British Heart
Foundation

Independent investigation of NHS performance: submission of evidence

August 2024

Premature death rates from CVD are rising, and the inequalities gap is increasing

We are extremely concerned that the significant progress made on heart disease and circulatory diseases (CVD) in the last 50 years is beginning to reverse. The number of people dying before the age of 75 in England from CVD has risen to the highest level in 14 years.

- This trend is mirrored in premature age-standardised death rates for CVD, which are at their highest level for 11 years.

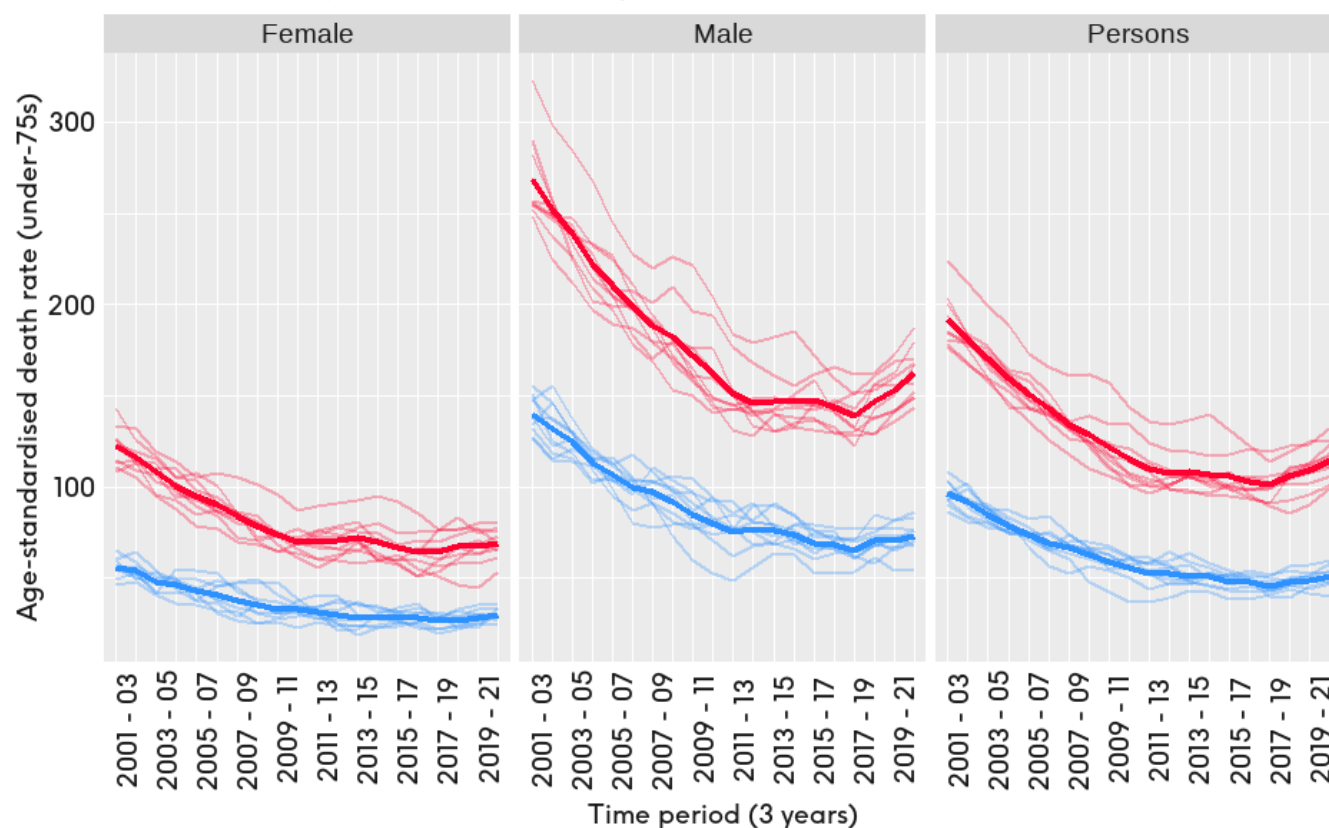
We are also concerned about widening inequalities in CVD outcomes between the most and least deprived parts of England.

- From 2001-03 to around 2011-13/2012-14, there was a significant improvement in the rate of premature deaths from CVD in both the most and least deprived LAs in England.
- However, after this, progress in reducing premature death rates slowed significantly. Since 2017-19, we have seen consistent increases in the rates of under-75s CVD deaths in both the most and least deprived LAs. However, the increase has been notably larger in the most deprived LAs.



Under-75 age-standardised death rate (3-year average) from CVD in the ten most and least deprived local authorities in England

Bold line = average of ten most/least deprived local authorities



Deprivation group: ■ Ten most deprived LAs ■ Ten least deprived LAs

Source: National data is from BHF's analysis of mortality data from the Office for National Statistics, available

at: <https://www.bhf.org.uk/what-we-do/our-research/heart-statistics/heart-statistics-publications>

Data for plots is BHF analysis of data from OHID's [Fingertips](#) tool.

Waiting lists for cardiac care are at record highs and access to care is unequal

Despite timely, specialist heart care being critical to prevent disability and premature death, record numbers of heart patients are waiting too long.

- Cardiac elective waiting lists in England are at their highest total on record, standing at 426,460. The number of people waiting over 18 weeks rose to 169,066 in June 2024.
 - We're seeing immense pressure in urgent and emergency care too. Average ambulance response times for category 2 calls (which includes heart attacks and strokes) are consistently above target, standing at over 33 minutes in July 2024. This fails to meet the amended NHS target of 30 minutes for 2024/25. These minutes are critical.

Access to care isn't equal though, and people are waiting to varying degrees depending on their socioeconomic status and where they live

- Analysis by the BHF and Strategy Unit in 2022 found that there were higher hospital admission rates for emergency care in the most deprived areas, and that patients from the least deprived areas were more likely to receive preventative healthcare.

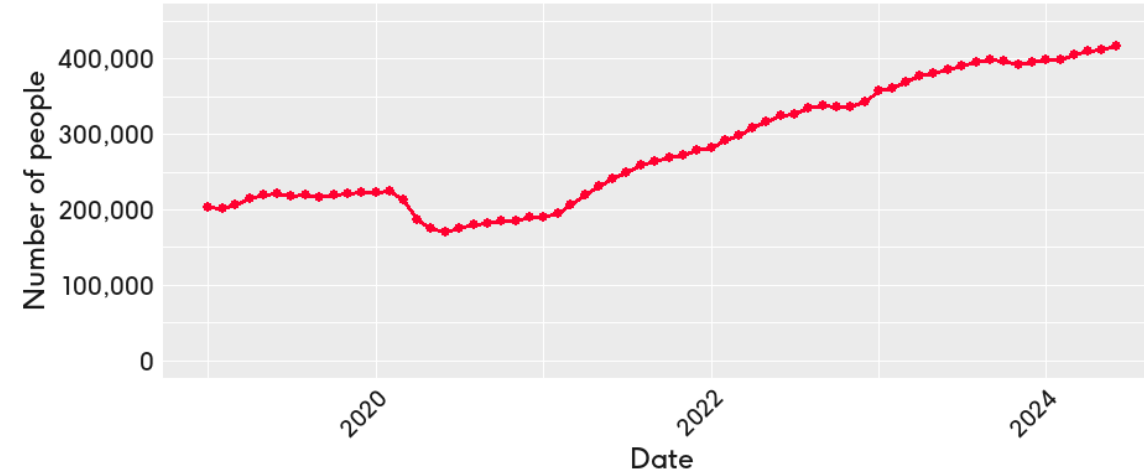
Source:

Plots: BHF analysis of NHSE Referral to Treatment (RTT) Waiting Times data. Data available here: <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

BHF and Strategy Unit, Exploring socioeconomic inequalities in coronary heart disease. Available from: <https://www.bhf.org.uk/what-we-do/our-research/heart-statistics/health-inequalities-research/exploring-socioeconomic-inequalities>

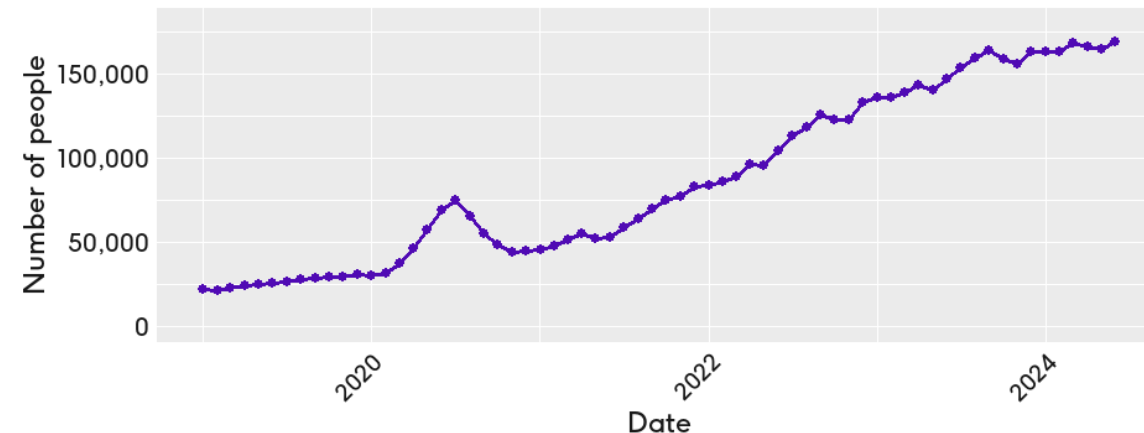
NHS England Consultant-led Referral to Treatment Waiting List for Cardiac Care

Cardiac Care = Cardiology + CT Surgery



Number of people waiting over 18 weeks, NHS England Consultant-led Referral to Treatment Waiting List for Cardiac Care

Cardiac Care = Cardiology + CT Surgery



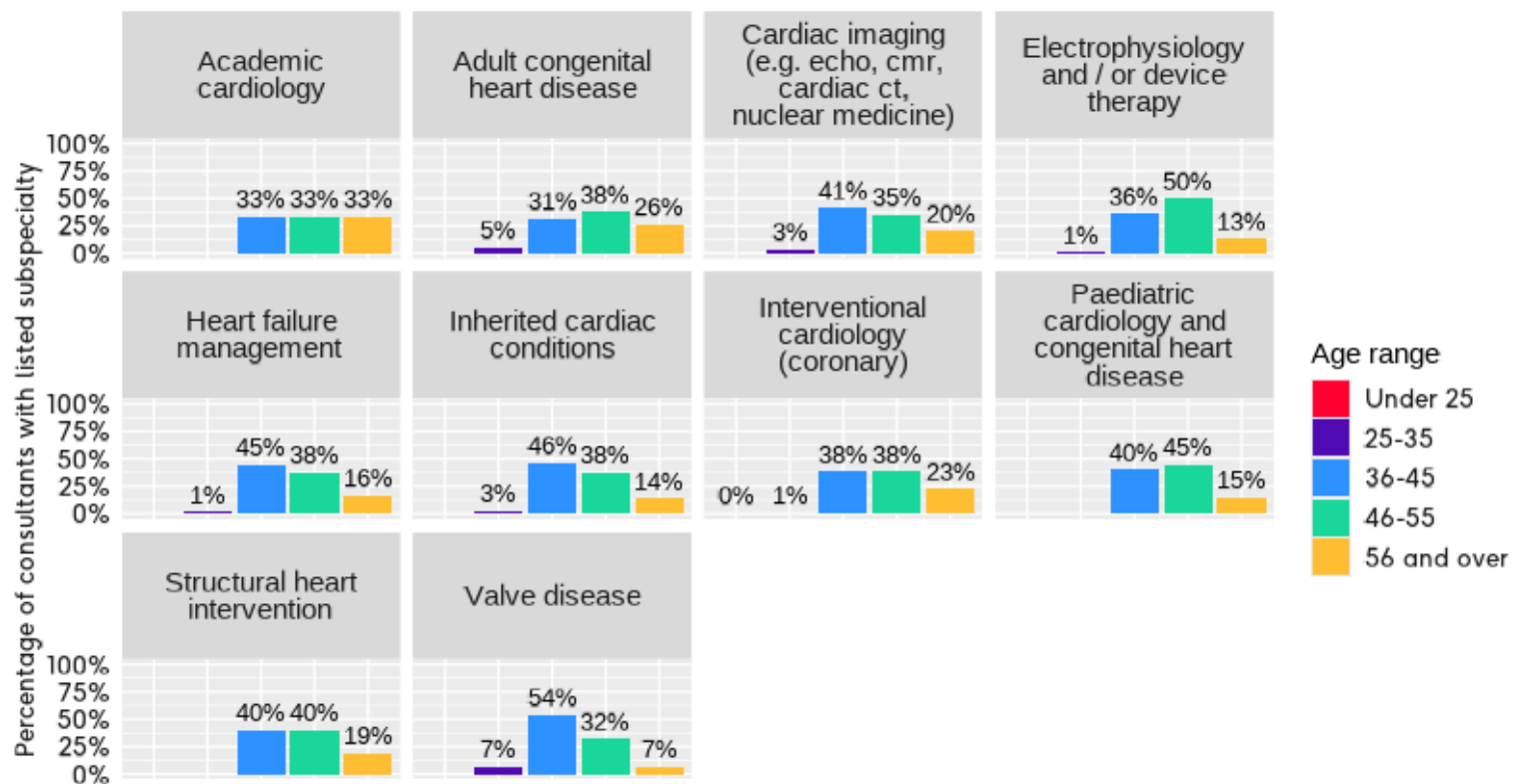
There are challenges facing the cardiac workforce

Our 2023 cardiac workforce census highlights several challenges facing the cardiac workforce, which we believe are contributing to delays to care.

- Overall, we found 1 in 5 consultant cardiologists in the census were aged 56 and over.
- This graph displays the age range of cardiology consultants for the ten most reported subspecialties in the census, excluding general cardiology.
 - It shows the highest percentage of consultants aged 56 and over were in: academic cardiology (33%), adult congenital heart disease (26%), and interventional cardiology (coronary) (23%).
 - These data illustrate subspecialties that may be particularly vulnerable to retirement trends in the next 5-10 years. Mapping these trends against projected patient demand will be important to develop measures to train and attract more people to ensure a sustainable pipeline of talent and avoid further delays to care in the future.

Age range of consultant cardiologists with listed subspecialty

Data shown for ten most commonly listed subspecialties (excluding general cardiology)



Note: Percentages represent the percentage of consultant cardiologists with listed subspecialty where age data was provided. Please also note that the absence of a bar means no consultants fell within the subspecialty and age-range combination. 0%, in place of a bar, indicates that there were consultants that fell into that subspecialty and age pairing, but with a percentage closer to 0% than 1%.

Source:

The workforce census builds on our 2022 review of accessible data on the cardiac workforce and is a first step towards addressing key data gaps, such as the number of clinicians in each subspecialty, and the demographics of the cardiac workforce. The census ran in June 2023 and received a 57% response rate from 126 Trusts in England with a cardiology department.

The prevalence of risk factors for CVD are concentrated in the most deprived areas

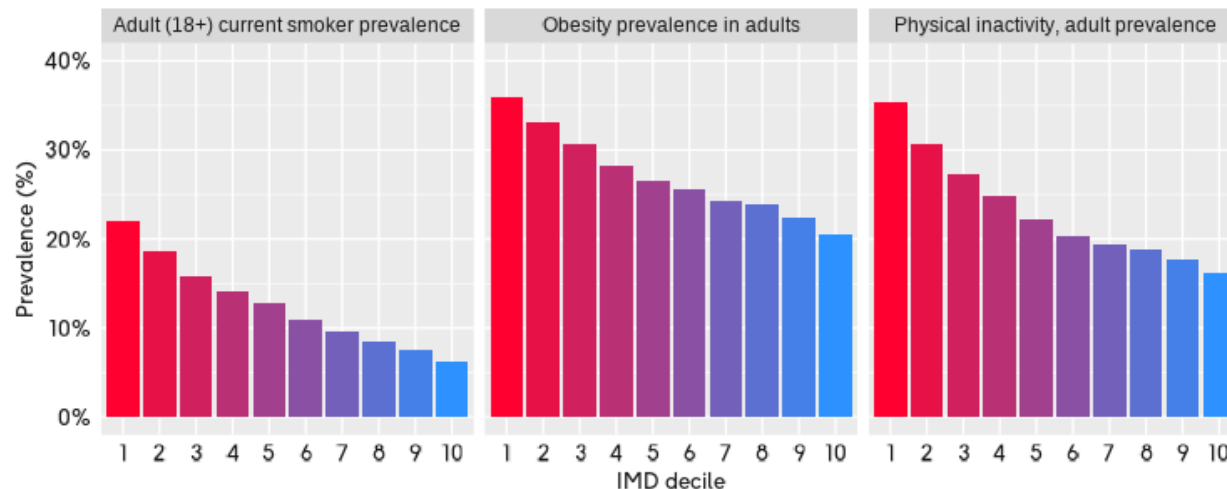
We must focus on more effective CVD prevention through a new model of care: without targeted action upstream of the cardiac pathway, there will be further pressure on the NHS in the years ahead.

- The prevalence of major risk factors for cardiovascular diseases is not spread equally across society; they are concentrated in the most socioeconomically deprived areas of England:
 - Whilst the overall prevalence of smoking has decreased, the percentage of adults who are current smokers is more than three times higher in the most deprived decile than in the least deprived.
 - The most deprived decile in England has consistently had a higher proportion of adults classed as overweight or obese. The prevalence of obesity is 15 percentage points higher in the most deprived decile than the least.
 - Physical inactivity is also higher in more deprived deciles, with a gap of 19 percentage points between the most and least deprived parts of England.
 - Age-standardised hypertension prevalence also follows the social gradient, with a gap of 5 percentage points between the most and least deprived quintiles.



Prevalence of cardiovascular risk factors in England, by Index of Multiple Deprivation (IMD) decile

IMD decile: 1 = most deprived, 10 = least deprived

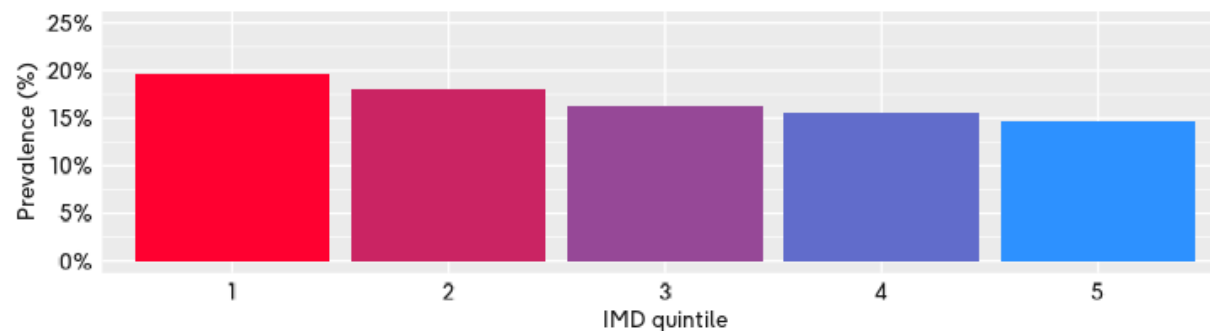


Note: Data shown is most available. For obesity and physical inactivity that is 2022/23, for smoking that is 2022. Physical inactivity is here defined as doing less than 30 minutes of moderate intensity physical activity weekly. A similar trend is also apparent for those doing insufficient physical activity (<150 minutes weekly).

Data sources: Obesity and activity data is from OHID, based on Sport England data. Smoking data is from OHID, based on ONS data.

Age-standardised hypertension prevalence in England, by IMD quintile

IMD quintile: 1 = most deprived, 5 = least deprived



Source: CVDPREVENT, data for quarter to March 2024

Rehabilitation uptake is consistently below target

Cardiac rehabilitation (CR) is an evidence-based intervention that improves mental and physical health outcomes for patients who participate. However, access to—and uptake of—CR has remained static at around 50% for the last three years of data available.

- The NHS Long Term Plan set a target that 85% of eligible patients should be accessing CR by 2028.
- However, if pre-pandemic uptake growth rates are maintained, by 2028 we may only see CR uptake at 61% by 2028.
- Post-pandemic, there have been significant barriers to monitoring CR uptake. Uptake rates for the total eligible population have not been reported for 5 years. This is because of difficulties determining the number of patients eligible, after an expansion of eligibility criteria.
- At a CR programme-level, we do know that some progress in uptake has been achieved against a more specific target: that CR programmes should have uptake rates of 85% for acute coronary syndrome patients and 33% for heart failure patients. The percentage of CR programmes meeting this target has increased by ten percentage points from 2017/18 to 2022.

Source:

CR programme data available from NHS National Audit of Cardiac Rehabilitation:

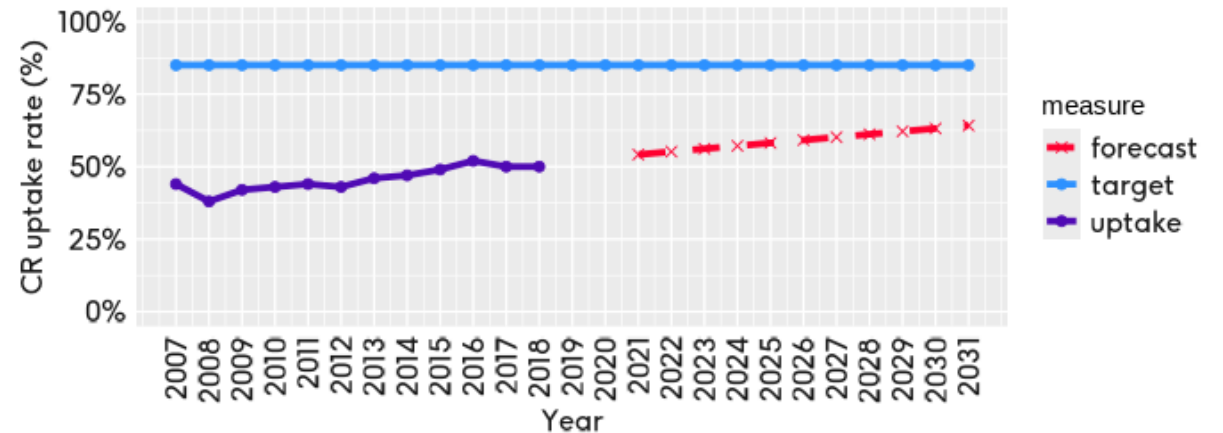
<https://www.cardiacrehabilitation.org.uk/site/about-us.htm>

Data for the pre-pandemic uptake can be found via:

<https://www.bhf.org.uk/informationsupport/publications/statistics/national-audit-of-cardiac-rehabilitation-quality-and-outcomes-report-2021>

Cardiac rehabilitation uptake rate

England only; audit based measure



Percentage of cardiac rehab programmes meeting NHS Long Term Plan cardiac rehab uptake targets

(Targets are 85% uptake for Acute Coronary Syndrome patients, and 33% for Heart Failure patients)

