

## British Heart Foundation Briefing:

### Prevention of cardiovascular disease Westminster Hall debate

#### Key messages

- Over 7.6 million people are living with, or affected by, heart and circulatory diseases in the UK.
- Cardiovascular disease (CVD) is one of the UK's biggest killers, claiming approximately 170,000 lives annually. This is, on average, one death every three minutes.
- Every year the UK spends an estimated £12 billion on CVD healthcare costs, and the wider cost to the economy is £28 billion.
- CVD is largely preventable, with around 70% of cases in the UK attributed to modifiable factors such as obesity and smoking. There are also millions of people living with risk factors for CVD like hypertension, high cholesterol, and atrial fibrillation; many of whom do not know it.
- A sustained and strategic focus on the prevention of CVD within the 10 Year Health Plan will help deliver economic growth and promote a healthy nation, supporting the Government's ambitious missions to build a future-fit NHS and fix the foundations of the UK economy.
- In particular, we are calling for Government to:
  - Implement a "polluter pays" levy on the tobacco industry to deliver vital tobacco control measures and stop smoking services
  - Incentivise manufacturers to reduce wholesale salt and sugar in everyday products by building on the success of the Soft Drinks Industry Levy
  - Provide sustainable and ring-fenced funding for local health systems to scale up successful CVD risk management programmes

#### Introduction

More than 7.6 million people are living with, or affected by, heart and circulatory diseases in the UK and CVD remains one of the leading causes of death in the UK, claiming approximately 170,000 lives annually. Additionally, IPPR found that heart disease is the single largest factor behind people leaving the workforce due to ill-health, and that 30% of people who are economically inactive have a cardiovascular condition.

However, **the majority of cases of CVD are preventable, with around 70% in the UK attributable to modifiable risk factors**, including obesity, tobacco and air pollution. Spending on disease prevention at a population level is far more cost-effective than treating individuals when they become ill— it's estimated that preventative public health measures cost only a quarter of later NHS interventions.

There are also millions of people living with risk factors for CVD like hypertension, high cholesterol, and atrial fibrillation; many of whom do not know it and are consequently not having their condition appropriately managed. These people risk ending up on the ever-growing waiting lists for elective care, or worse, experiencing a life-threatening emergency such as a heart attack or stroke.

Every year the UK spends an estimated £12 billion on CVD healthcare costs, and the wider cost to the economy is £28 billion (including premature death, long-term and informal care, and disability). A significant proportion of this is driven by cardiovascular disease-related economic inactivity. With ongoing economic uncertainty and at a time when public finances are increasingly stretched, **investing in prevention is fundamental to reducing the size of the healthcare burden, whilst boosting economic productivity and improving people's lives.**

The Government has stated its ambition to shift from 'treatment to prevention' – which is welcome – but there is a long way to go. Prevention spans a range of modes; primary prevention addresses the environmental drivers of ill-health to keep everyone in the best possible health for longer, whilst secondary prevention includes the management of clinical risk factors to limit individuals' risk of developing disease. Government must consider an approach that expands both primary and secondary prevention of CVD to create an NHS fit for the future.

#### Primary prevention of cardiovascular disease

A significant number of CVD cases are preventable through interventions to address key risk factors for CVD such as smoking and obesity. While it is unlikely that primary prevention will be addressed within the 10 Year Health Plan, there are other routes that should be explored to advance the primary prevention of CVD. The work of the Chief Medical Officer, as well as the Health Mission Board's work, present vital opportunities for primary prevention to be prioritised.

Bold and effective primary prevention strategies that stand up to the influence of health-harming industries will save thousands of lives yearly, and can reduce the strain on the NHS, our workforce and the economy.

### **Smoking**

Smoking continues to be one of the leading preventable causes of illness and death in the UK. It's estimated that at least 15,000 deaths in the UK each year from heart and circulatory diseases can be attributed to smoking. BHF welcomes the Government's Tobacco and Vapes Bill. However, to successfully achieve a smokefree future, Government should implement a comprehensive package of measures alongside the Bill to complement and help secure its aims.

This should include adequate and sustained funding for local stop smoking services, smoking cessation mass media campaigns, and enforcement of underage and illicit trade, with a levy on the tobacco industry (also known as a Smokefree Fund) to support these vital tobacco control measures. A "polluter pays" levy, which follows the principle that highly profitable tobacco manufacturers should bear responsibility for paying the cost of tobacco control and smoking cessation support, could raise up to £700 million a year to fund these measures.

### **Obesity**

An estimated 18,000 heart and circulatory disease deaths are attributable to excess weight and obesity every year in the UK. BHF-funded research has also shown that children who consume diets high in fat, sugar and calories are at an increased risk of developing arterial stiffness, a known risk factor for heart attacks and stroke, as early as adolescence.

The drivers of poor dietary health in the UK include the higher availability, accessibility, and affordability of high fat, salt and sugar (HFSS) products in comparison to healthier ones. So to increase everyone's access to a healthy diet, it is critical that the Government implements a comprehensive package of mandatory evidence-based and population-level measures to shift the balance of our food environment.

This should include expanding restrictions of the advertising and promotion of less healthy products to address other aspects of our food environment – such as outdoor and radio advertising, sports sponsorship, and mandatory front-of-pack labelling. It should also include action to incentivise manufacturers to reduce salt and sugar levels across the supply chain. This could take the form of a wholesale levy on salt and sugar, as proposed by the National Food Strategy, which could prevent over 1 million cases of CVD over 25 years and could raise up to £3 billion a year in the UK. This could be used to help families, especially those in more deprived communities, to access a healthier diet.

### **Greater focus on casefinding and management of CVD risk factors is required**

The upcoming 10 Year Health Plan provides a unique opportunity for the Government to ensure the necessary focus on secondary CVD prevention is provided. But we must get this right. Early detection and appropriate management of risk factors to prevent people from developing CVD will be crucial for the nation's future health. For example, prevalence of heart failure in England is predicted to double from one to two million over the next two decades.

Millions of people are living with risk factors for CVD like hypertension, high cholesterol, and atrial fibrillation; many of whom do not know it and are consequently not having their condition appropriately managed. These people risk ending up on the ever-growing waiting lists for elective care, or worse, experiencing a life-threatening emergency such as a heart attack or stroke.

The potential gains from increasing the number of people diagnosed with a risk factor and managing their condition appropriately are vast. UCL Partners estimate that if just 80% of people in England with diagnosed high blood pressure were on optimal treatment, around 16,000 heart attacks and strokes would be prevented in just three years with savings to the NHS of almost £200 million.

### **There are a number of examples of how CVD risk has been successfully prioritised in recent years:**

- NHS England's Core20PLUS5 approach to inequalities includes hypertension and cholesterol as clinical priorities;
- The BP@Home remote management programme has shown promising improvements for some patients;
- The CVDPREVENT audit of primary care is supporting local systems to deliver targeted support to areas of unmet need;
- The Community Pharmacy Blood Pressure Checks service is enabling hypertension case-finding in community pharmacies, closer to the patients who need it, with estimates that this could prevent more than 1,350 heart attacks and strokes in the first year alone.
- Newly announced blood pressure checks in dentistry and optometry settings, and rollout of the NHS Health Check to certain workplaces are also welcome, as is piloting of the new Digital NHS Health Check. This proactive approach is particularly important, as we know that Health Check uptake is consistently low in the eligible population.

However, programmes to drive better cardiovascular outcomes in recent years have often been curtailed by fragmented policies, an inability to scale more widely, a lack of public awareness around risk factors, and infrastructure and workforce challenges. Crucially, sustainable funding is needed to help local areas plan for more than a single financial year. Funding should be ring-fenced to its intended aims to incentivise this shift. We also support the National Audit Office's recommendations for a comprehensive review of the Health Check, to explore ways to improve provision, uptake, follow-up and potential expansion of eligible conditions and populations.

To truly shift the dial on cardiovascular disease prevention within the NHS, Government must embrace advances in technology, capitalising on innovations in data science, behavioural sciences, and digital technology and AI to stimulate development of new models of care. In future, not all provision may require delivery by nurses and doctors, and broader community touchpoints could have increasing roles to support self-management.

**It is critical that the upcoming 10 Year Health Plan sets out action across the entire cardiac pathway, alongside a clear system to appropriately monitor progress.**