

The NHS approach to prevention of CVD

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Register of Interests for Ajay Kakkar

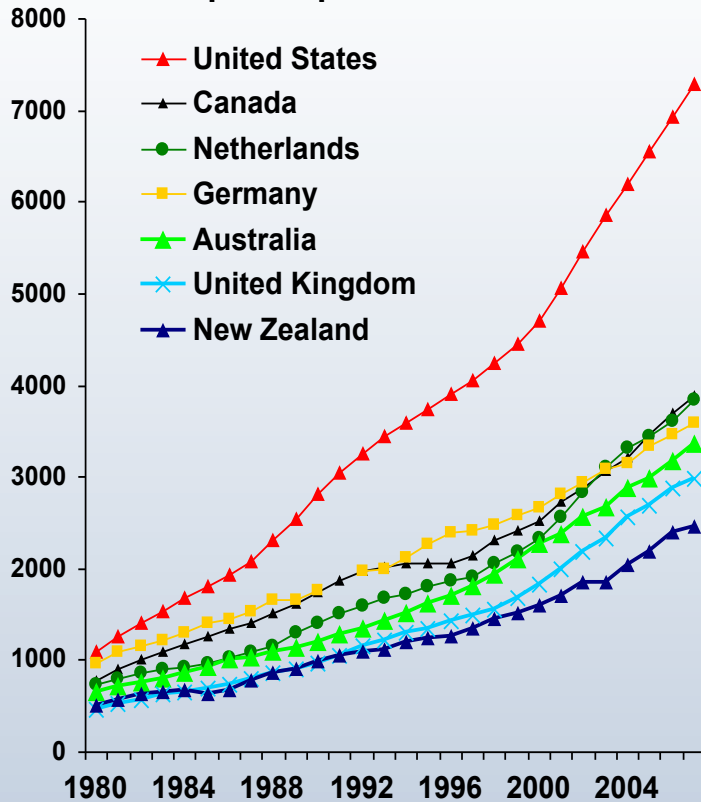
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Employee	N/A
Consultant	Bayer HealthCare, Sanofi-Aventis, Boehringer Ingelheim, Pfizer, Bristol-Myers Squibb, Eisai, Novartis, Adventrix, Daiichi Sankyo, Shire
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Honoraria	Bayer HealthCare, Sanofi-Aventis, Boehringer Ingelheim, Pfizer, Bristol-Myers Squibb, Eisai, GSK
Scientific Advisory Board	Bayer HealthCare, Sanofi-Aventis, Boehringer Ingelheim, Pfizer, Bristol-Myers Squibb, Eisai, Novartis, Daiichi Sankyo

My talk today

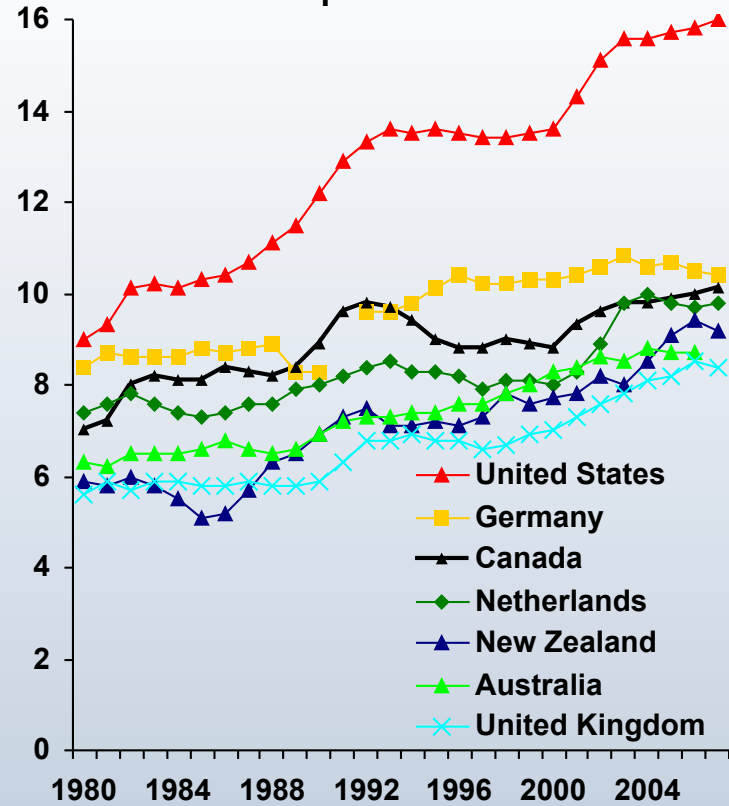
- The challenge
- NHS service framework
- What has been achieved

UK spending on Health, 1980–2007

Average spending on health per capita (\$US PPP)



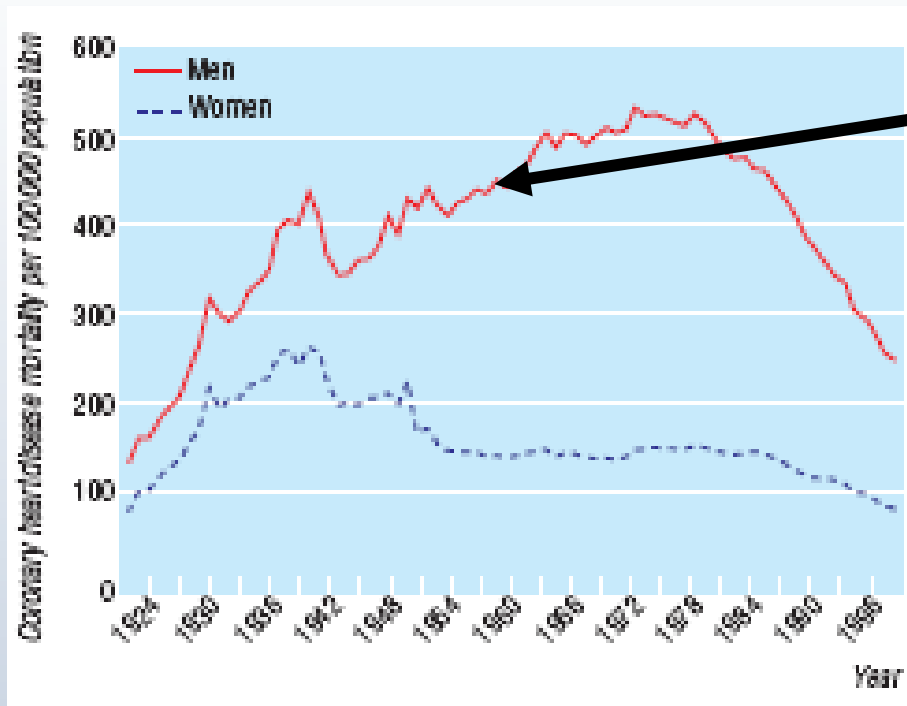
Total expenditures on health as percent of GDP



Note: \$US PPP = purchasing power parity.

Source: Organization for Economic Cooperation and Development, *OECD Health Data*, 2009 (Paris: OECD, Nov. 2009).

Age-standardised CHD mortality England and Wales (1924 – 1998)



185,000 men dying
each year in 1959

British Heart Journal

1959 – 6/65 articles on CHD

1964 – 7/85 articles on CHD

English NHS is a large complex system



1,400,000 employees

1,000,000 patients every 24 hrs

Primary & secondary care

Mental health

Dentists, Opticians, Pharmacies

Ambulance services

10 regional Strategic Health Authorities

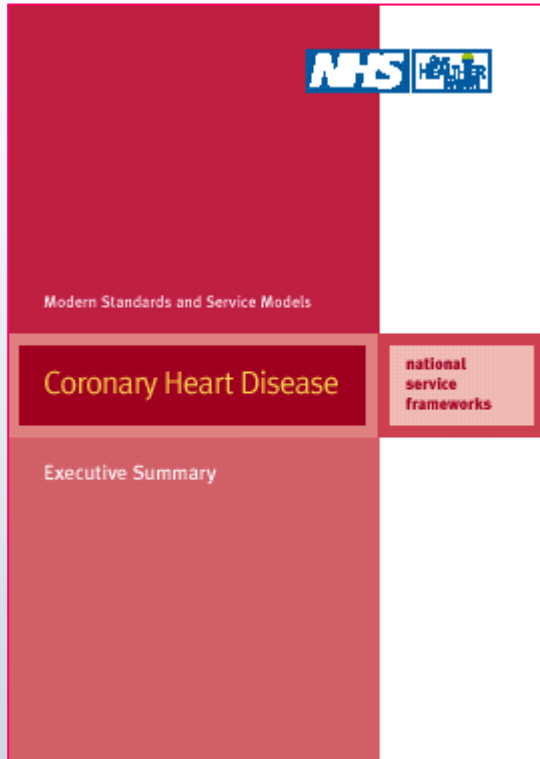
Each with a population between

2.5 and 7 million

Similar in population to Ireland,

Norway, Finland & Denmark

National Service Framework for Coronary Heart Disease



March 2000

This Framework will transform the prevention, diagnosis and treatment of coronary heart disease.

It will help professionals to give better, fairer and faster care everywhere, to everyone who needs it.

We want a service that is amongst the best in the world. Our people deserve nothing less.

Alan Milburn
Secretary of State for Health

Cardiovascular Disease strategy: Sir Roger Boyle

Reduce deaths due to Cardiovascular disease by
40% in those under 75

- Modernise the prevention, diagnosis and treatment of CHD
- Integrate Government and local government to work to improve health
- Tackle smoking as the single biggest preventable cause of poor health

Process

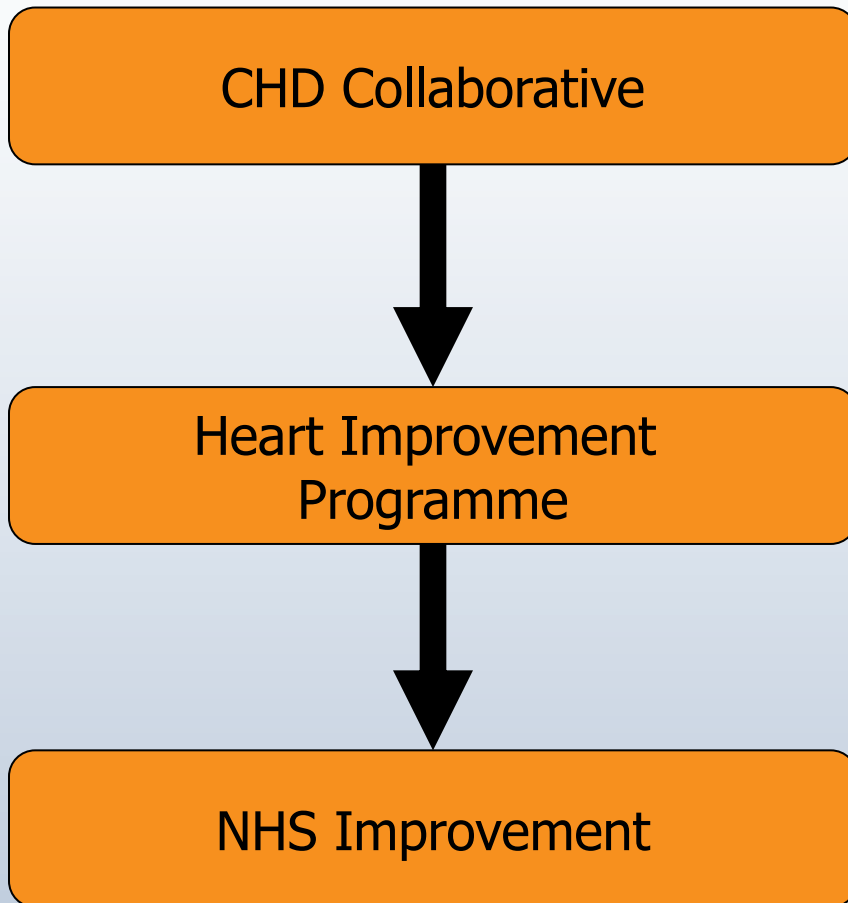
- Setting up of an independent expert group to review the evidence and make recommendations on the basis of best evidence
- Included patients and carers as well as various clinicians, public health experts and epidemiologists

Heart Attack Programme

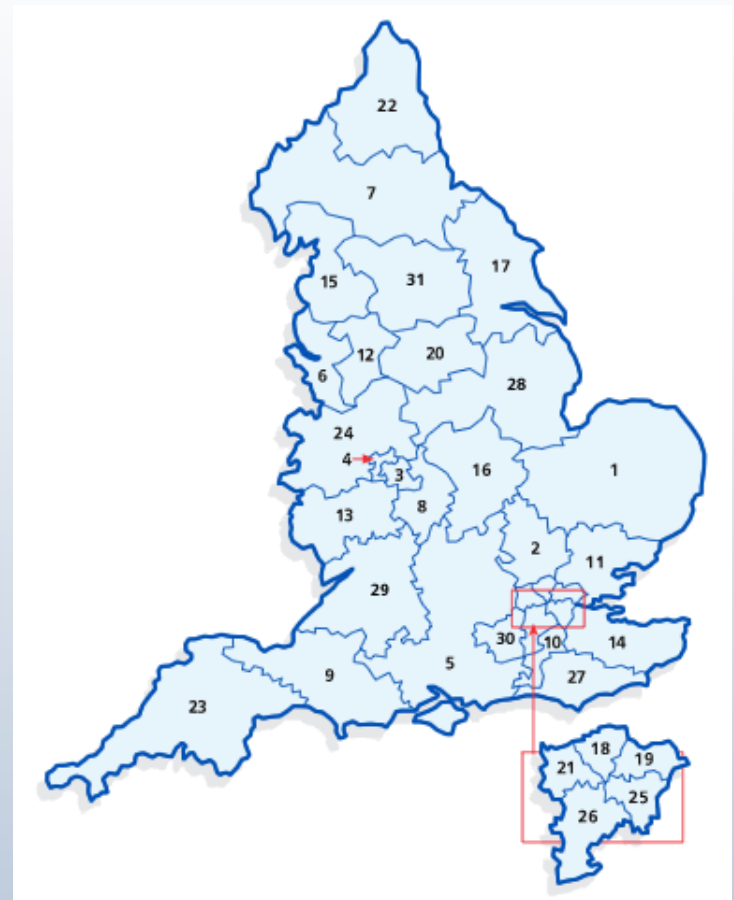
Twin Track Approach

- Better prevention
 - Primary
 - Secondary
- Better treatment
 - Faster
 - Better outcomes
 - More equity

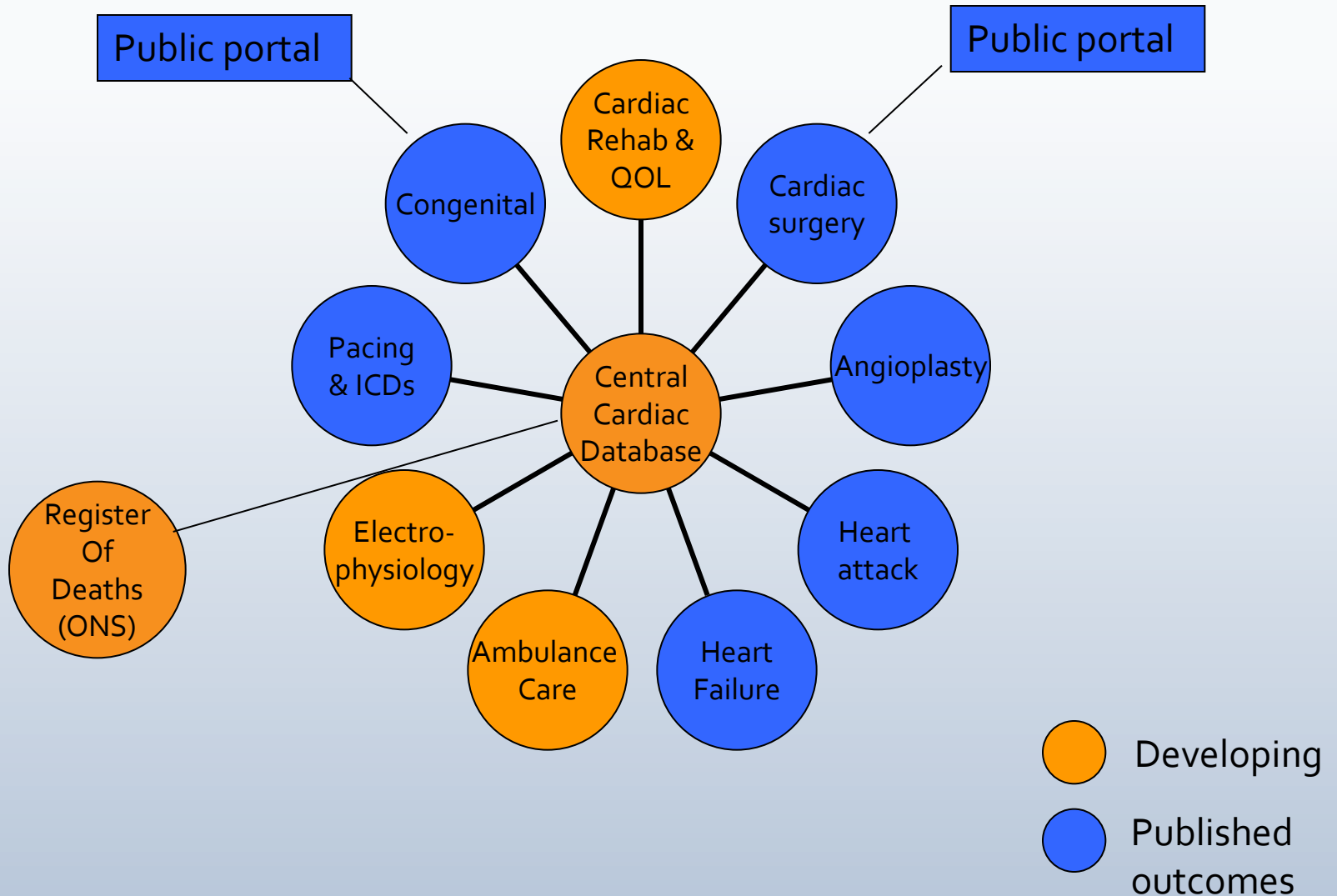
Modernising care



Clinical networks



National audits and registries



Smoking



1. Ban on advertising
2. Advertising campaigns
3. Pack health warnings
4. Price increases (serial)
5. Smoking cessation clinics
6. Ban on smoking in the workplace & public places
7. Increasing the minimum legal age for buying cigarettes

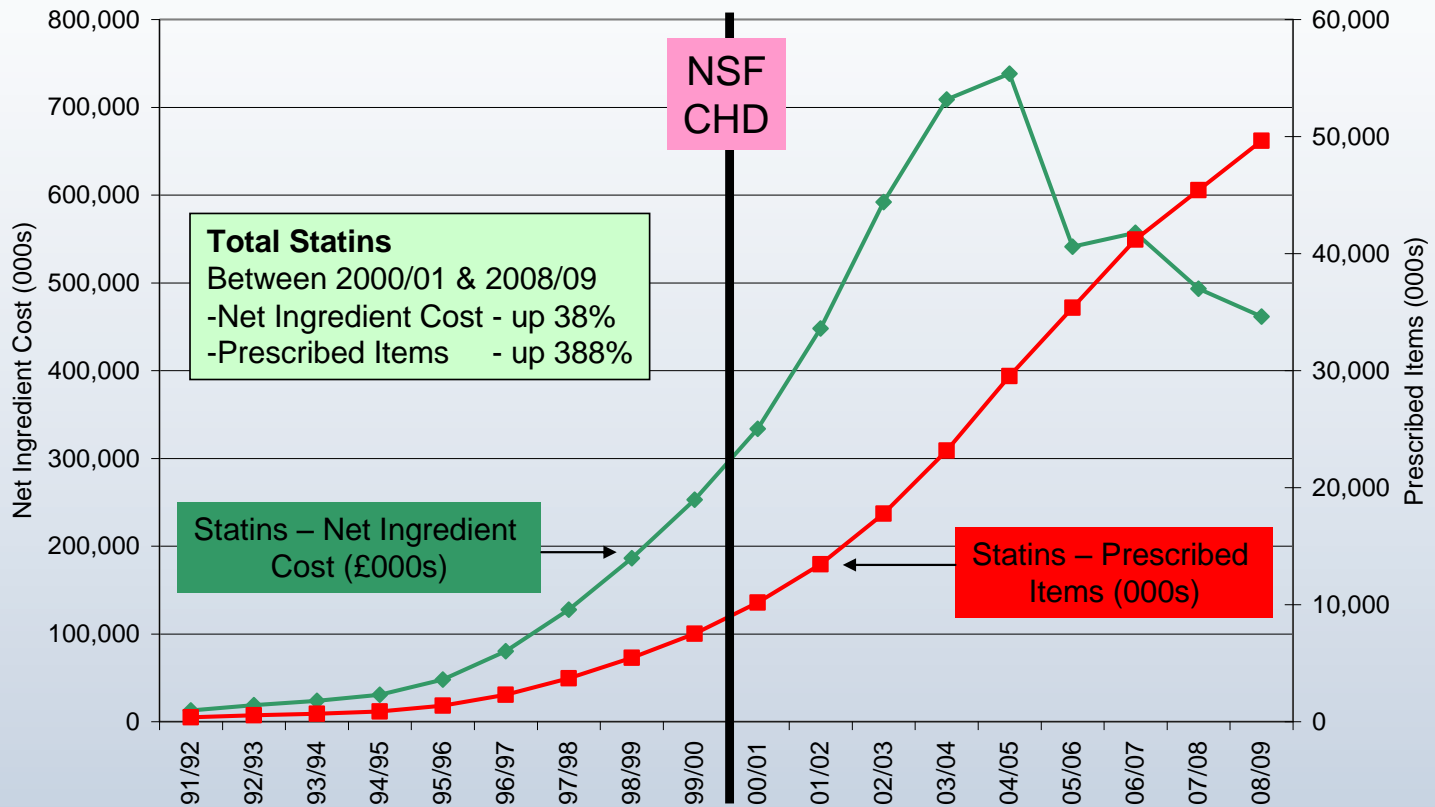


Advertising campaign against fat

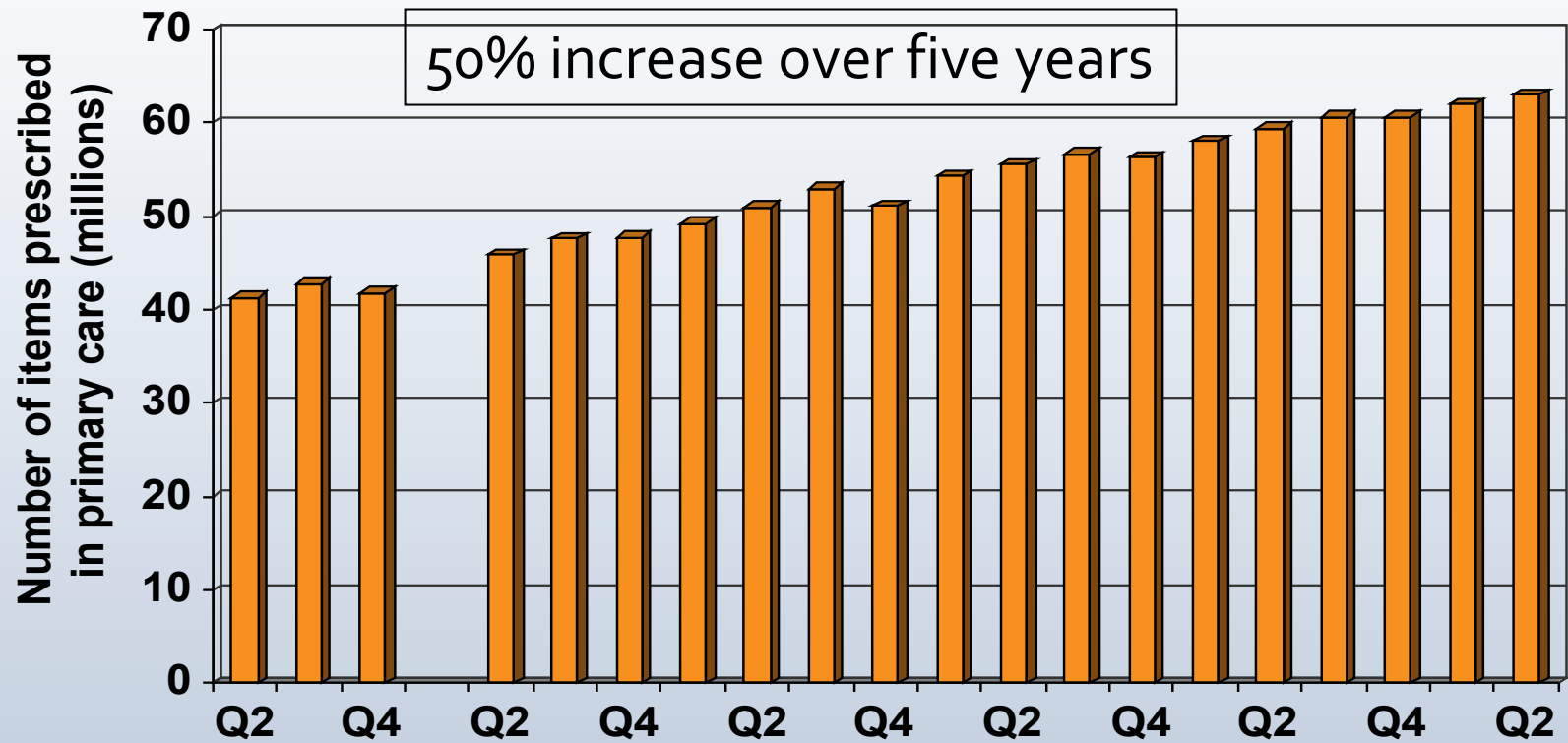


Statin prescriptions

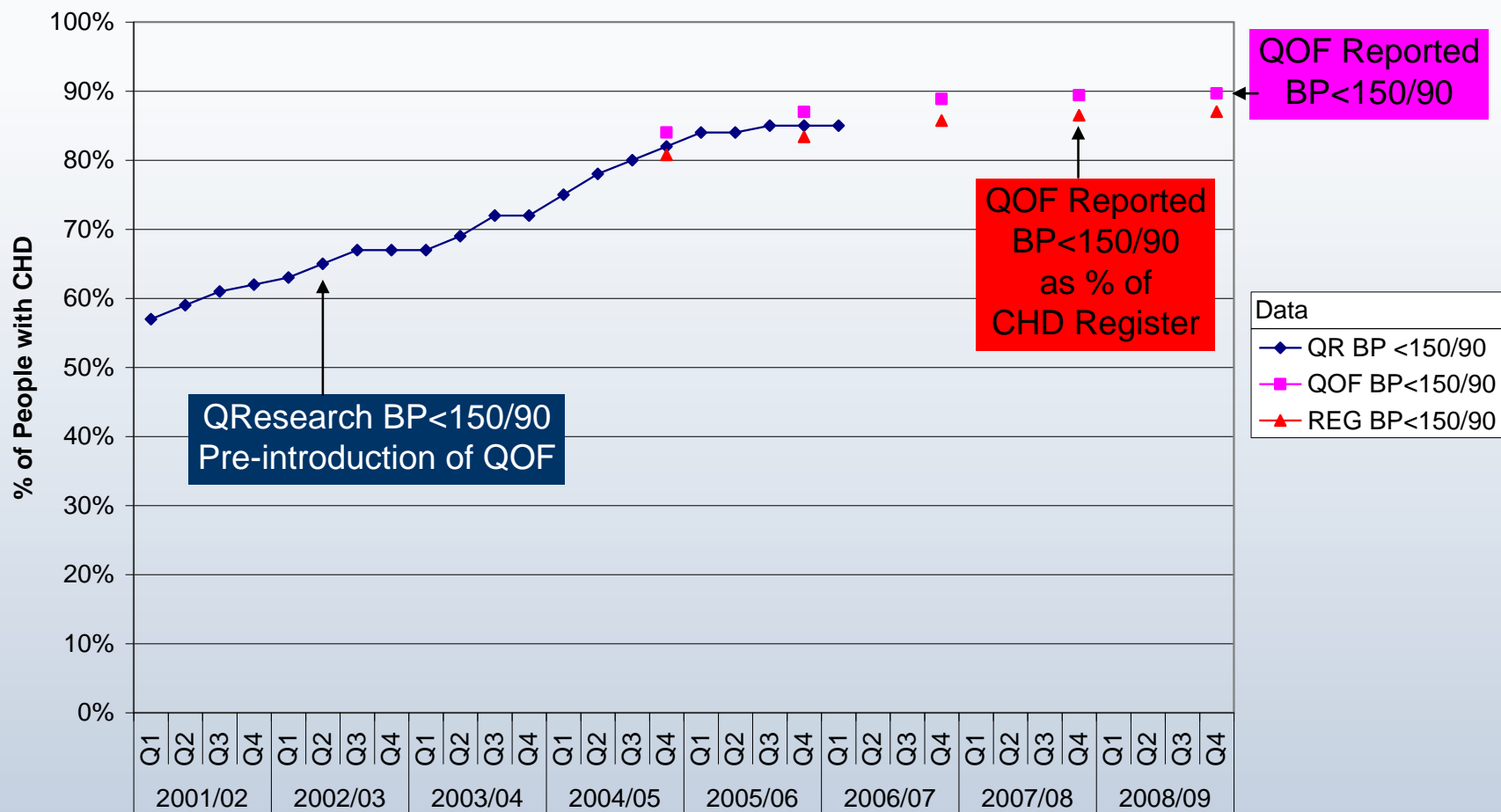
England – Statin Prescribing – Total Statins (Proprietary & Generic)
 Prescribed Items (000s) & Net Ingredient Costs (£000s)



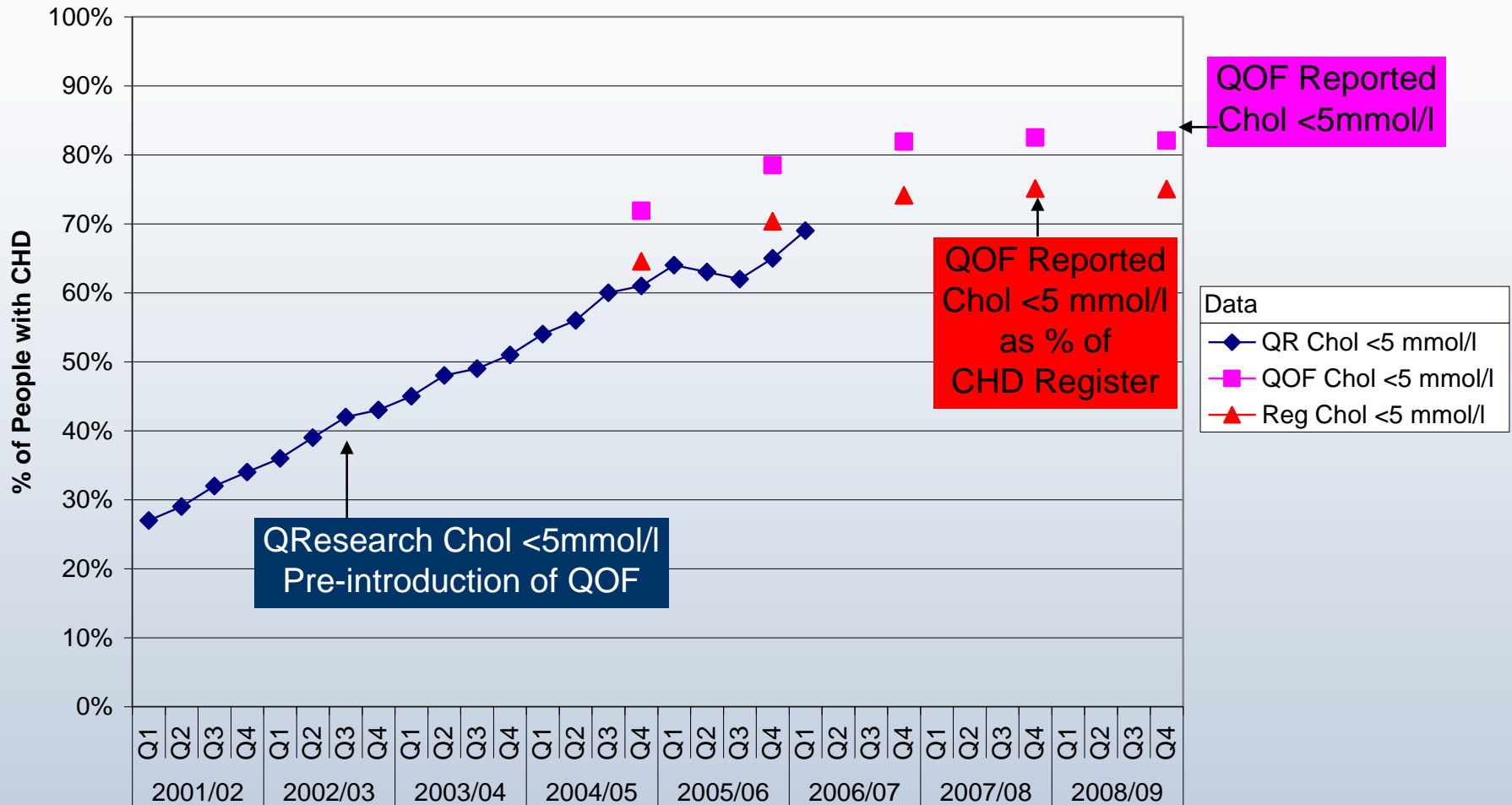
Trend in prescriptions for CV drugs



England – QOF % of People with CHD with BP <150/90 – 2001/02 – 2008/09 QResearch Population & National QOF Results



England – QOF % of People with CHD with Cholesterol 5mmol/l or less – 2001/02 – 2008/09 - QResearch Population & National QOF Results



: Achievements

2002

- Number of consultant cardiologists had increased by 26%
- Secondary prevention given to over 80% patients leaving hospital
- 681 AEDs installed in 110 sites around the country

2003

- **Statins were made available over the counter in 2003**
- Stronger health warning applied to cigarette packaging

2004

- The target of a reduction in deaths from cardiovascular disease by 40% in people under 75 was met, this was five years ahead of target
- Mortality rates of every cardiac surgeon published

Achievements

2008

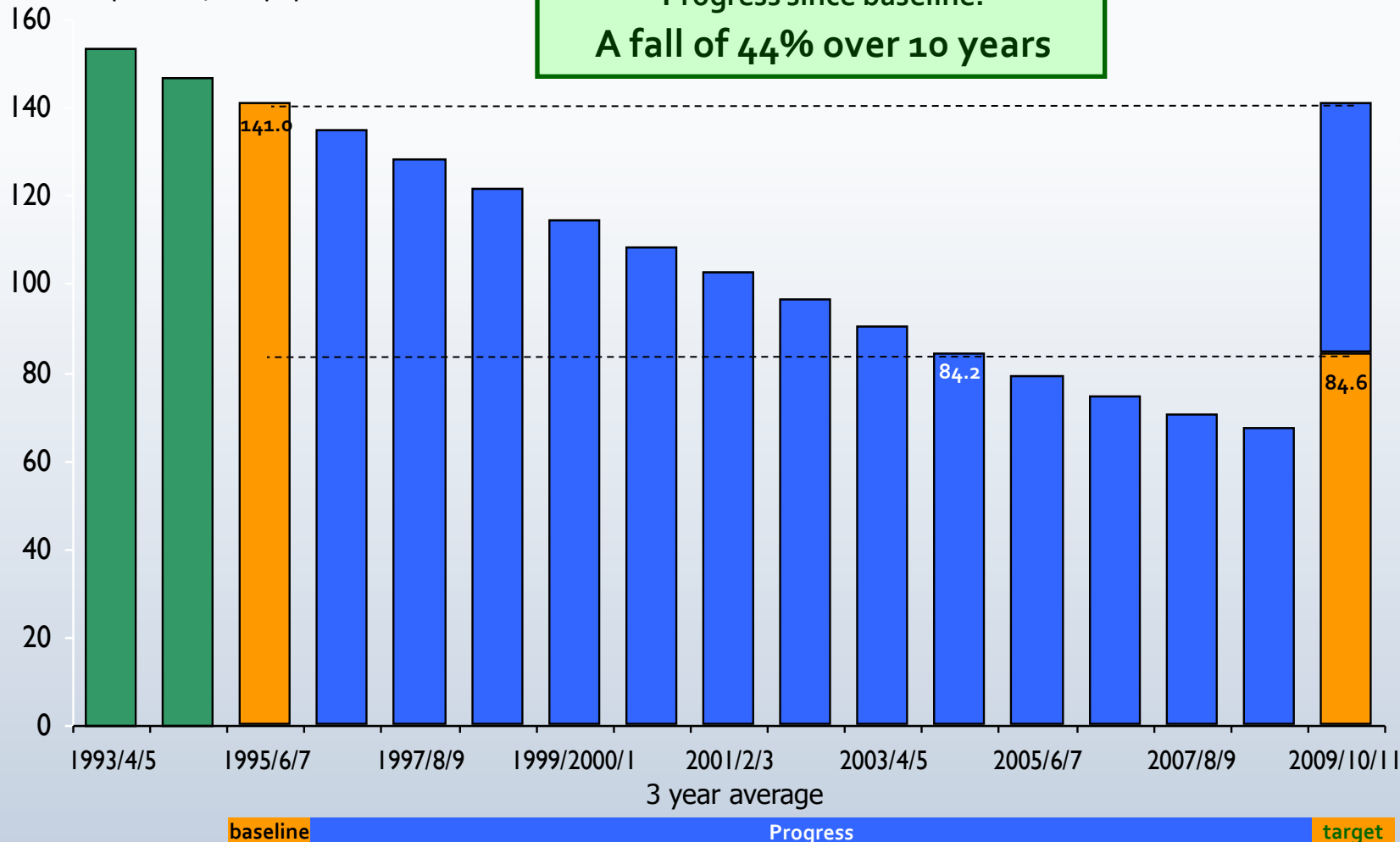
- A £735 million capital programme provided the nation with world-class, state-of-the-art facilities and equipment for treating patients with coronary heart disease and other heart diseases
- Number of consultant cardiologists increase from the 1999 baseline by 61%
- **4 million people receiving statins saving an estimated 10,000 lives every year**
- Inequalities being tackled – the gap in the death rate from coronary heart disease between the most deprived areas and the national average narrowed by 32%.
- Over 70% with MI treated with thrombolytics within 60 minutes
- Waiting time for heart bypass surgery now under three months

Circulatory Disease Mortality Target

Death rates from All Circulatory Disease in England 1993-2006 and target

Persons under 75

Death rate per 100,000 population



Rates are calculated using the European Standard Population to take account of differences in age structure.

ICD9 data for 1993 to 1998 and 2000 have been adjusted to be comparable with ICD10 data for 1999 and 2001 onwards.

Conclusions

- Multidisciplinary approach
- Definition of a quality framework
- Systems based approach to implementation