

Lowering Cholesterol.

Saving Lives.

Tackling
Cholesterol
Together

HEART UK

Tackling Cholesterol Together Roadshow East of England

Thursday 21st March 2024

Tackling Cholesterol Together: About HEART UK



Vision

To prevent early disease and deaths from cholesterol and other blood fat (lipid) conditions in the UK



Mission

For UK adults to know and understand their cholesterol and other blood fat (lipid) levels and take appropriate action

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Lowering lipids, saving lives.



What is Tackling Cholesterol Together?

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Tackling Cholesterol Together:

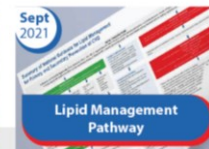
- Free healthcare professional education programme all about cholesterol and lipids
- Housed in the HEART UK Healthcare Professional pages
- Developed through a collaboration between the HIN, HEART UK and NHSE (and partners such as the RPS, CPPE)
- Launched June 2021 to support the implementation of the [AAC National Lipid and FH programme](#)
- A suite of learning materials based on current evidence suited to all levels of experience and all professions
- Finalists 2023 HSJ Partnership Awards 'Best not for profit in partnership with the NHS'



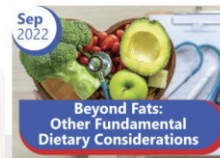
Statin Intolerance



Identifying FH in Primary Care

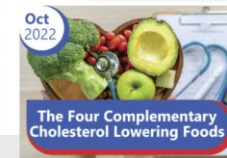


Lipid Management Pathway



Diet and Lipids (module 4 of 5)

120 mins of CPD



Diet and Lipids (module 5 of 5)

45 mins of CPD



Metabolic Syndrome (MetS)

45 mins of CPD

Tackling Cholesterol Together: Everyone can be involved

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Coming soon:

Roadshow in 2024 : KSS

Shared decision making videos in collaboration with NICE

Talking head videos

And more!

House keeping & Outline of today's agenda

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NHS
England



Importance of CVD Prevention for the East of England

Presented by:
Prof. Aliko Ahmed, Regional Director of Public Health

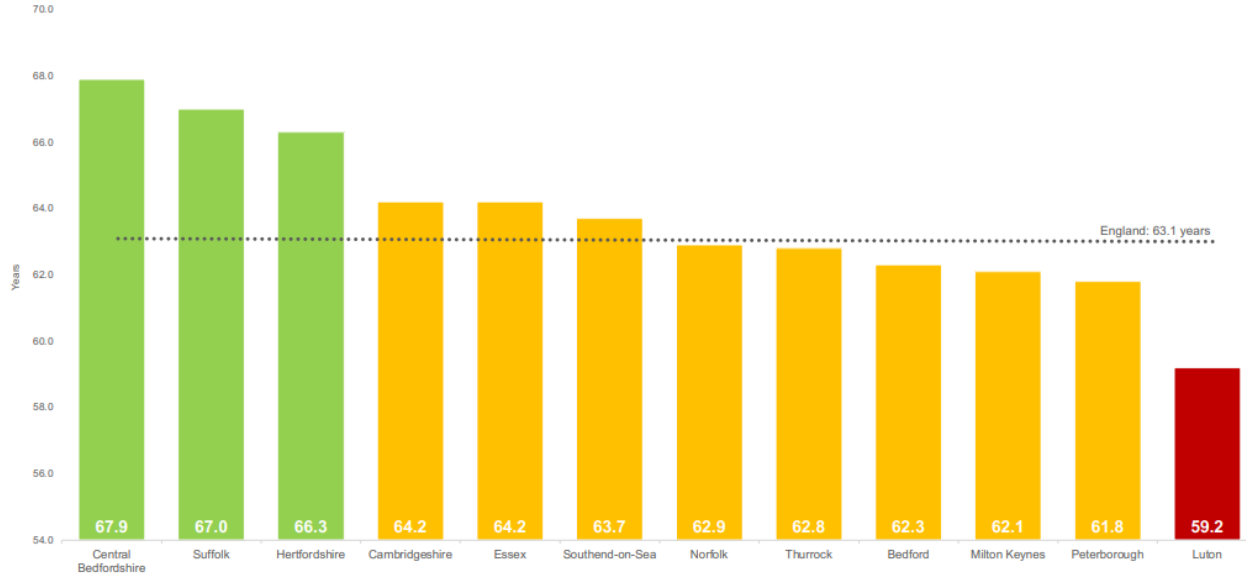
EoE Population: getting older & spends 16-20 years in poor health

Population - highest pop growth of all English regions last census (526,000) - additional 580,000 by 2040, Older

- ACORN Health & Wellbeing Classification
 - 2.4 million (36%) people fall into the healthy category -
 - 2m -3.2m (30 -48%) are in the caution/at risk of poor health
 - 1 million (15%) are classified as having health challenges

	Life expectancy (years)	Healthy life expectancy (years)	Disability free life expectancy (years)	
 Men	England	79.4	63.1	62.4
	East of England	80.2	64.6	62.4
 Women	England	83.1	63.9	60.9
	East of England	83.8	65.0	61.9

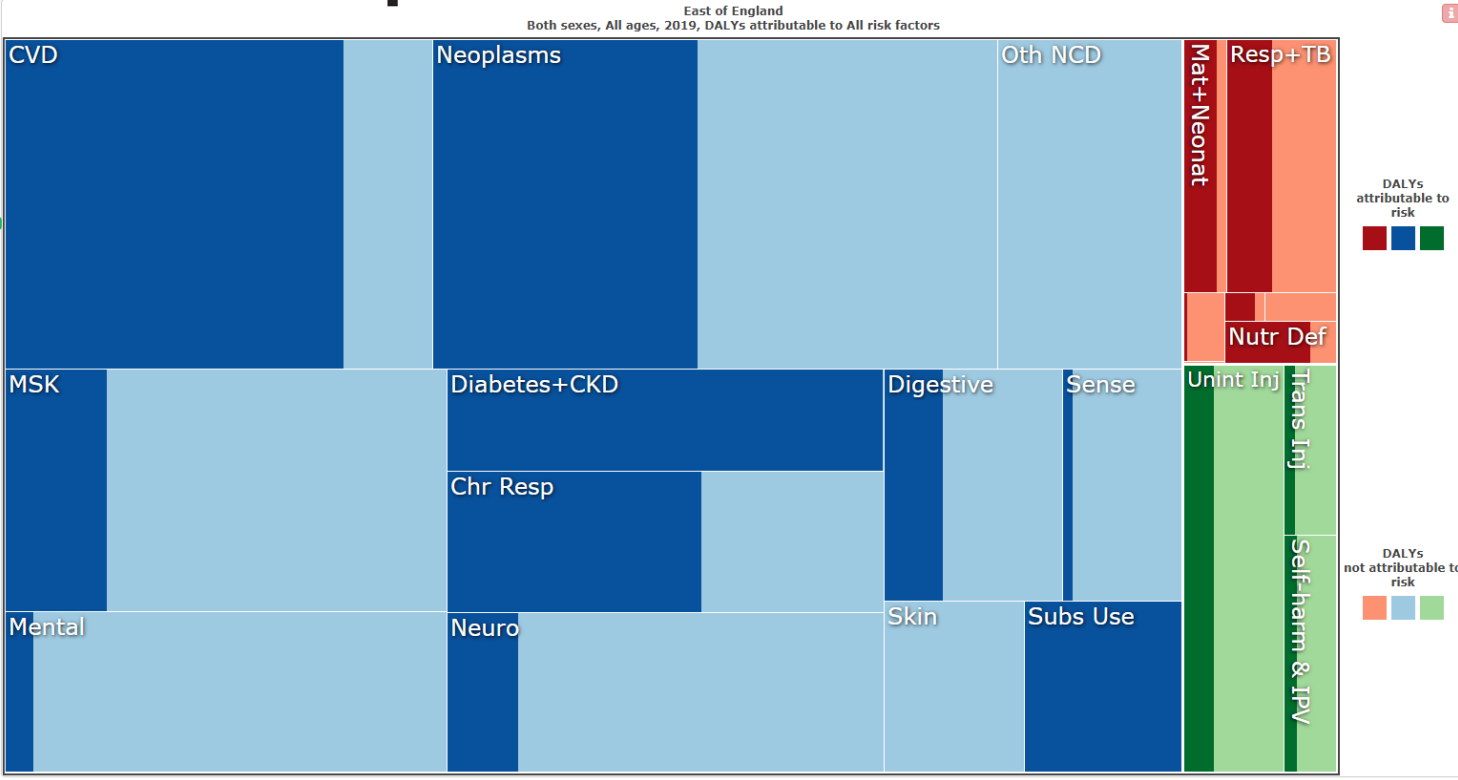
Inequalities in healthy life expectancy



HLE at birth in men born in Luton was 8.7 years less than men born in Central Bedfordshire

Source: Healthy Life Expectancy in East of England, Dr Marilena Korkodilos, Nov 2023

Burden of preventable disease in the EoE: CVD



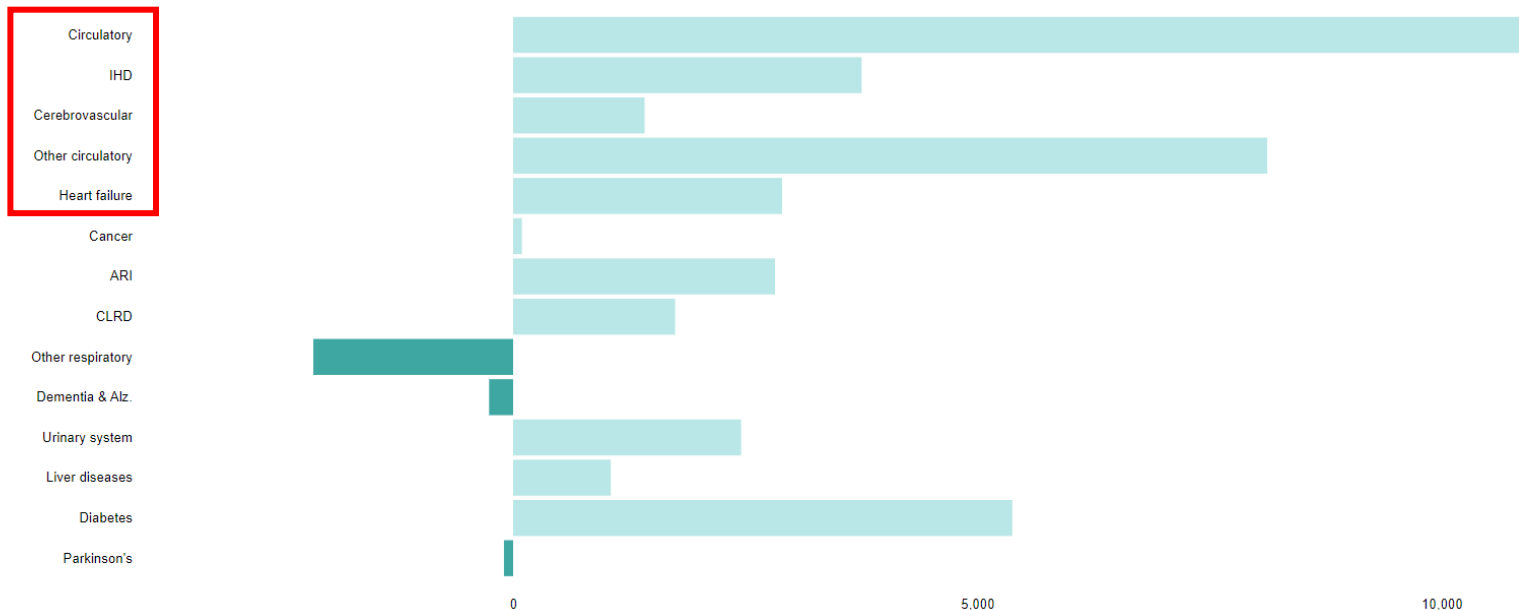
42% of the disease and mortality burden can be associated with potentially modifiable risk factors

For CVD, nearly **80%** can be associated with preventable risk factors

CVD is the leading cause of excess deaths in EoE

[Back to report](#)

EXCESS DEATHS IN EAST OF ENGLAND BY CAUSE OF DEATH

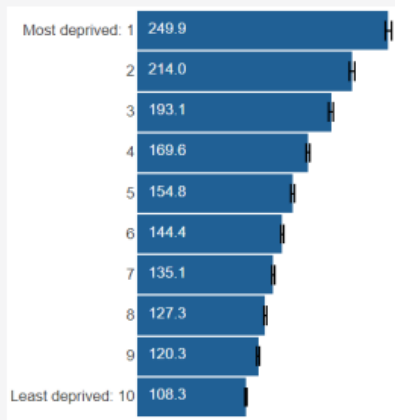


Source: Office for Health Improvement and Disparities. Excess mortality in English regions. Date range: 27 March 2020 – 29 Dec 2023

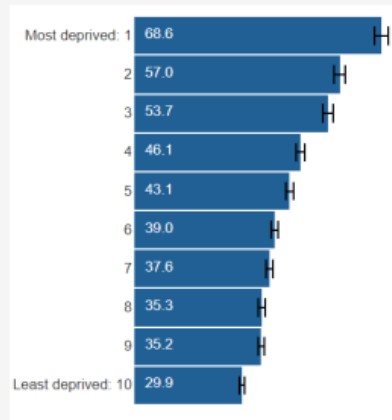


There were clear deprivation gradients for all cardiovascular diseases, with the highest ASMRs in the most deprived areas

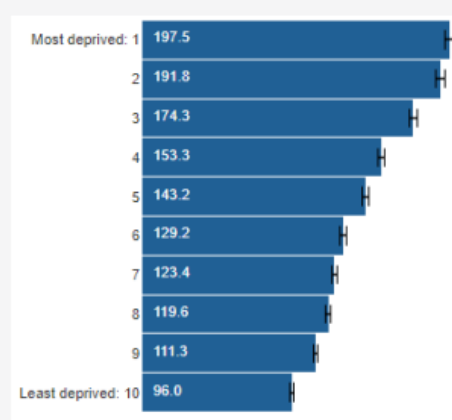
Chronic IHD



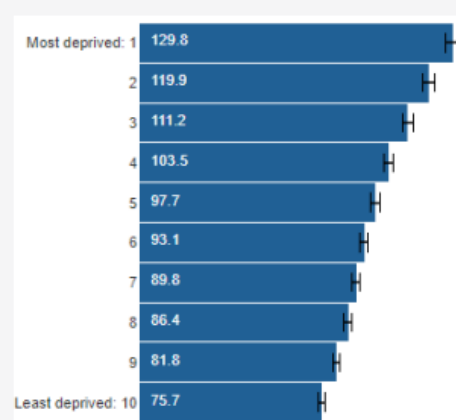
Myocardial infarction



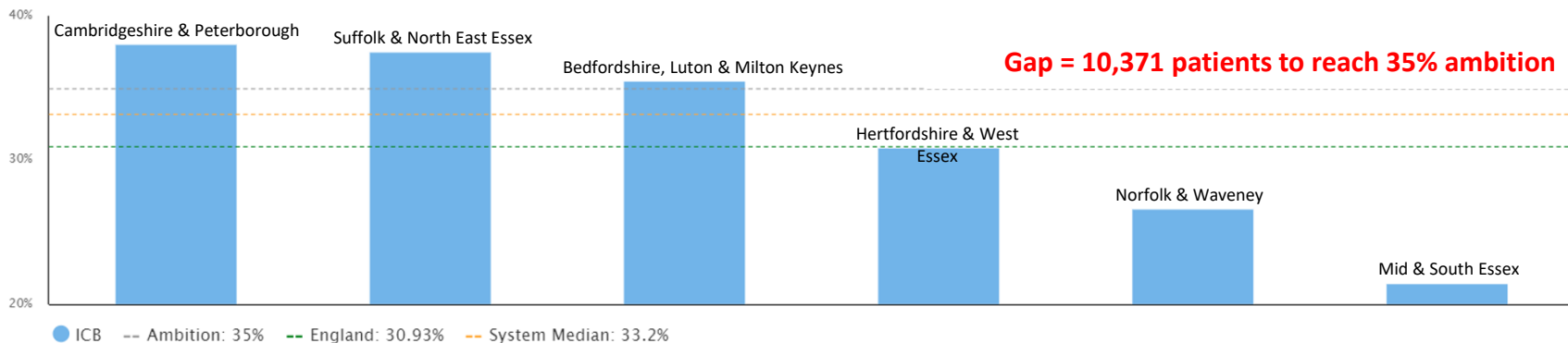
Hypertensive diseases



Stroke



Management of CVD in EoE: CVD treated to target variation by ICBs



CVD prevention: regional performance at a glance

System	Blood Pressure				Atrial Fibrillation		Cholesterol							
	Monitoring (CVDP004HYP)		Management (CVDP007HYP)		Management (CVDP002AF)		Management (CVDP006CHOL)		Management (CVDP003CHOL)		Management (CVDP009CHOL)		Management (CVDP007CHOL)	
	%	Rank (EoE)	%	Rank (EoE)	%	Rank (EoE)	%	Rank (EoE)	%	Rank (EoE)	%	Rank (EoE)	%	Rank (EoE)
National ambition	-		77		95		-		60		95		35	
England	85.29		66.72		90.47		50.40		60.34		82.35		28.68	
East of England	84.50		65.61		91.24		49.35		58.79		82.50		28.72	
SNEE	87.09	1 st	69.47	1 st	91.86	3 rd	47.71	5 th	57.40	5 th	83.32	2 nd	35.40	2 nd
BLMK	83.45	5 th	61.41	6 th	92.53	1 st	50.60	2 nd	61.27	1 st	84.43	1 st	33.62	3 rd
C&P	85.07	3 rd	64.52	4 th	91.10	5 th	47.68	6 th	58.68	3 rd	81.73	5 th	35.43	1 st
N&W	86.83	2 nd	67.37	2 nd	88.81	6 th	48.63	4 th	56.92	6 th	80.44	6 th	25.13	5 th
HWE	84.42	4 th	66.93	3 rd	91.89	2 nd	51.70	1 st	61.03	2 nd	82.69	4 th	29.22	4 th
MSE	80.08	6 th	62.41	5 th	91.82	4 th	49.16	3 rd	58.00	4 th	82.88	3 rd	15.95	6 th

Key		Highest performing system in the East of England
		Medium performing system in the East of England
		Lowest performing system in the East of England

Source: CVDPREVENT (June 2023 data)



Management of CVD in EoE:

Patients with CVD on a LLT...

24,081 more males
compared to females

11,083 more people
from low deprived
areas compared to
people from high
deprived quintiles

4,455 more people
with white ethnicity
compared to people
with black ethnicity

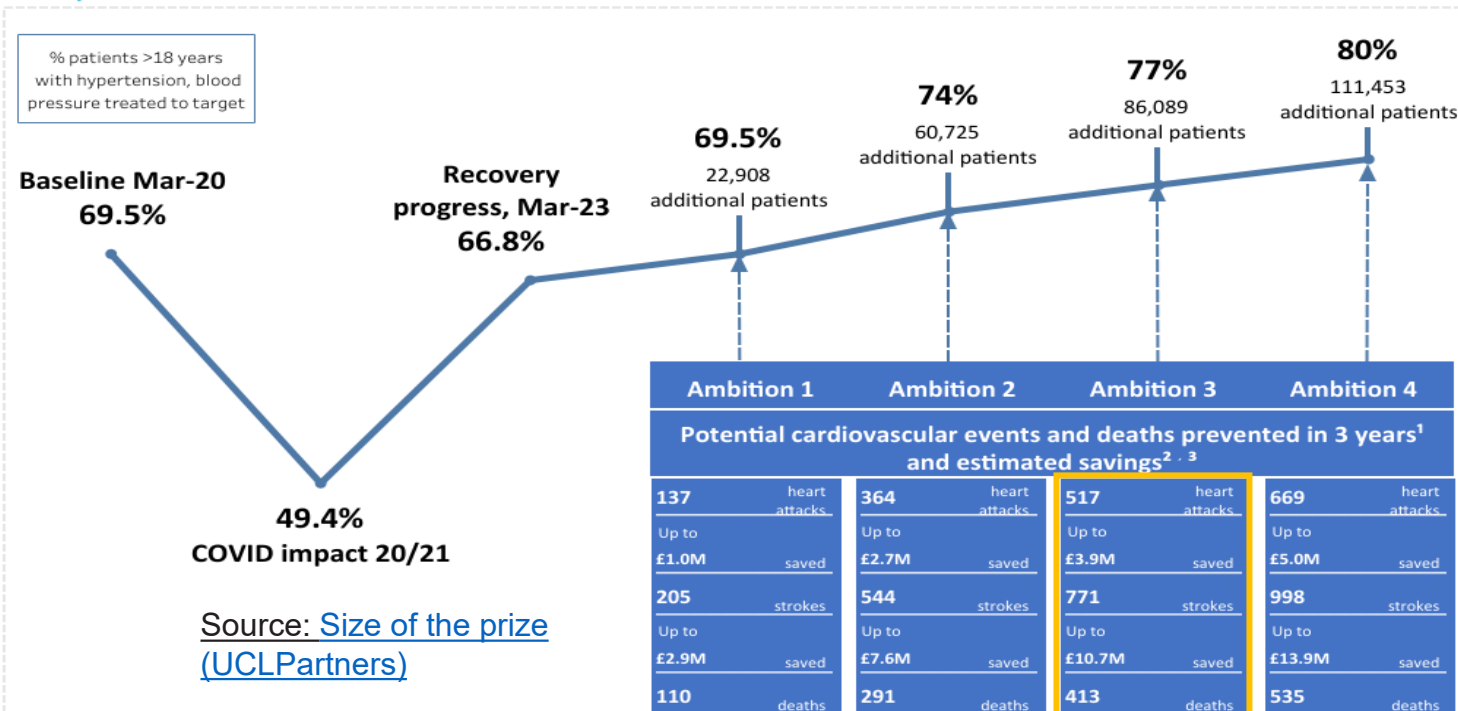
3,070 more people
without a diagnosed
learning disability
compared to people
with a diagnosed
learning disability

Region East of England

Select ICB here: All

Size of the Prize - East of England BP Optimisation to Prevent Heart Attacks and Strokes at Scale

UCLPartners



References

- Public Health England and NHS England 2017 Size of the Prize
- Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis.
- Kerr, M (2012). Chronic Kidney disease in England: The human and financial cost

Modelling

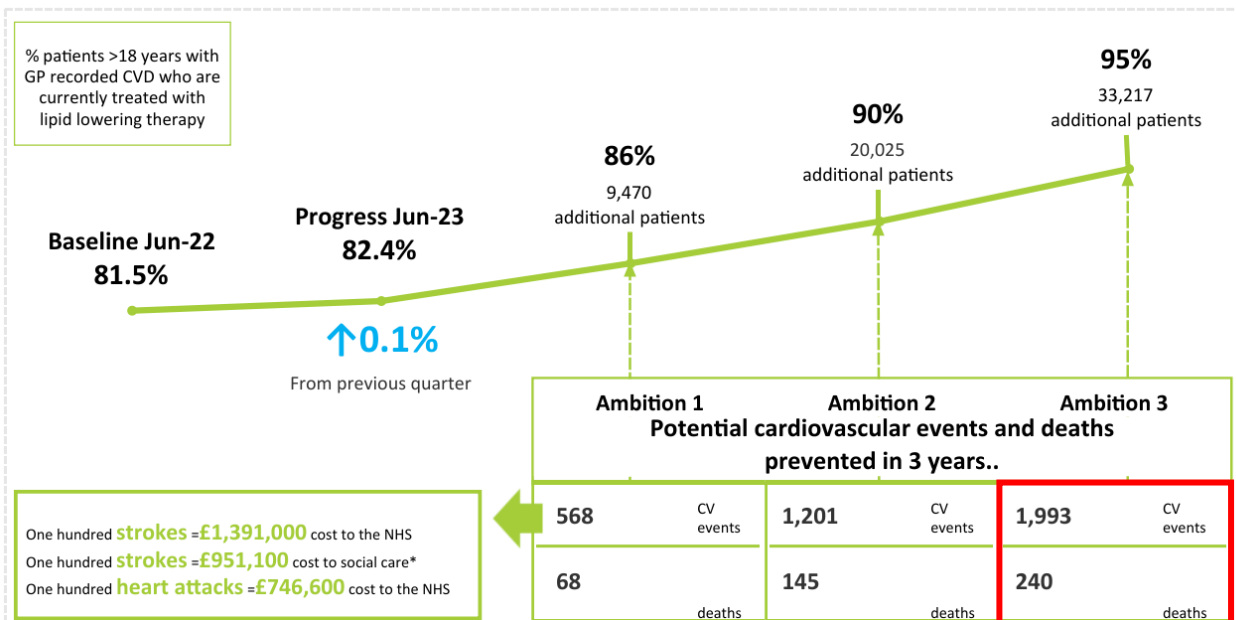
Data source: CVDPrevent. Briefing note: [CVDPrevent online methodology annex v1 December 2022](#)
Potential events calculated with NNT (theNNT.com). For blood pressure, anti-hypertensive medicines for five years to prevent death, heart attacks, and strokes: 1 in 100 for heart attack, 1 in 67 for stroke.

Region
East of England

Select ICB here:
All

PCN breakdown

Size of the Prize - East of England Cholesterol Optimisation to Prevent Heart Attacks and Strokes at Scale



Source: [Size of the prize \(UCLPartners\)](#)

References

- Collin et al. (2016). Interpretation of the evidence for the efficacy and safety of statin therapy, *The Lancet*, 388, 2532-2561. DOI: [https://doi.org/10.1016/S0140-6736\(16\)31357-5](https://doi.org/10.1016/S0140-6736(16)31357-5)
- Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis.
- Kerr, M (2012). Chronic Kidney disease in England: The human and financial cost

Modelling

Data source: CVDPrevent. Briefing note: [CVDPrevent online methodology annex v1 December 2022](#)

Potential events calculated with NNT (Collins, 2016). For patients with known CVD, lipid lowering medicines for five years to prevent cardiovascular events and death: 1 in 10 for cardiovascular events, 1 in 83 for mortality. * Stroke costs to social care are given for the 1st year following stroke only.

Prevention is the *only* way to a sustainable NHS

- Prevention of ill-health is now a **‘must do’**
- **Primary prevention** including healthy lifestyles options is addressing common risk factors
- **Secondary prevention** should be a key focus for the NHS – to optimise management and improve outcomes
- Preventing and managing CVD and its risk factors has the potential to reduce healthcare demand and ease pressures on overstretched services
- Improving CVD prevention supports ICB duty to improve population health and reduce health inequalities
- Strategic alignment needed between **prevention and health inequalities** to maximise impact within limited resources

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Thank you

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