

Thames Valley CVD Ambition

Introduction

CVD affects around six million people in England. After cancer it is the leading cause of disability and it accounts for a quarter of all premature deaths. In addition to the individual trauma of a loved-one's sudden death, people who survive heart attacks and strokes often find that their lives are dramatically changed, and their quality of life much reduced. The financial impact is not restricted to the NHS, with local authorities often picking up substantial costs for care and rehabilitation over many years.

Many strokes and heart attacks could be avoided through earlier diagnosis and intervention in the high risk cardiovascular conditions – especially hypertension, atrial fibrillation (AF), high cholesterol, diabetes, 'pre-diabetes', chronic kidney disease and other risk factors like smoking, alcohol, being overweight or obese, inactivity, family history of CVD, ethnic background, age, gender and diet.

The information from the Size of the Prize for Cardiovascular disease (CVD) for each STP within Thames valley region shows thousands of people with undetected or under treated conditions and hundreds of life changing events avoided. Aggregating these numbers across the Thames valley region over 3 years, optimising blood pressure treatment could prevent nearly 400 heart attacks and 570 strokes and save £10.80 million, and optimising AF treatment could prevent 580 strokes and save £9.70 million.

This document focusses predominantly on Atrial Fibrillation and Hypertension as it recognises various initiatives from NHSE and PHE on primary prevention within Thames Valley.

Vision

To improve the cardiovascular health across the Thames valley population by ensuring earlier detection and better management of cardiovascular diseases for all the patients within Thames Valley resulting in a reduction of CVD incidents and improved patient outcomes.

Aim

Hypertension

Prevalence

Year on year increase within practices in hypertension diagnosis to reduce undiagnosed hypertension to meet the expected Hypertension prevalence objective.

5 year objective

Every CCG to achieve Hypertension diagnosis to $\geq 80\%$

2 year milestone

Every CCG to achieve Hypertension diagnosis to $\geq 65\%$

Treatment

Strong performance is noted with the management of patients with BP $\leq 150/90$ mmHg and there by offers a challenge to all the practices to take on a new objective endorsed by Canada and NICE who recommend $<140/90$ mmHg clinic blood pressure in people aged under 80 years with treated hypertension.

5 year objective

Every CCG to achieve $\geq 80\%$ of the total number of people diagnosed with hypertension are treated to objective $<140/90$ mmHg

2 year milestone

Every CCG to achieve $\geq 60\%$ of the total number of people diagnosed with hypertension are treated to objective $<140/90$ mmHg

Atrial Fibrillation

Thames Valley CVD Ambition

Prevalence	Year on year increase within practices to meet the expected AF prevalence objective to reduce undiagnosed AF	5 year objective Every CCG to achieve AF diagnosis $\geq 90\%$ 2 year milestone Every CCG to achieve AF diagnosis $\geq 75\%$
	All practices to achieve the objective for the best CCG in England for patients treated with anticoagulant therapy	5 year objective Every CCG to achieve $\geq 90\%$ for anticoagulation in patients with AF who are known to be at high risk of a stroke 2 year milestone Every CCG to achieve $\geq 85\%$ for anticoagulation in patients with AF who are known to be at high risk of a stroke
Variation		
Prevalence and Treatment	To reduce variation between practices for hypertension and AF prevalence and Treatment	5 year objective To ensure 85% of all the practices within each CCG are able to meet the expected Hypertension and AF prevalence and treatment objective 2 year milestone To ensure 75% of all the practices within each CCG are able to meet the expected Hypertension and AF prevalence and treatment objective

**The TV ambition figures takes into account the inclusion of exceptions within the denominator and the exception rates for hypertension management ranging between 2.97 to 5.48 and for AF management ranging between 5.02 to 7.80 for 2017/18 data.*

*** Individual CCGs could aim for higher objectives should they be able to meet the above expected ambition*

The Thames Valley Strategic Clinical Network has now established a CVD Clinical group to bring all the localities and key partners together to drive the CVD programme within Thames Valley by taking on recommendations from the group and offering a suite of resources to the localities on CVD to help deliver the above ambitions there by improve patient outcomes.