
Haringey and Islington Prevention at Scale: Cardiovascular disease prevention with a focus on blood pressure and atrial fibrillation

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Overview

This slide set covers:

- Why cardiovascular disease (CVD) remains a major local health issue
- Joint CVD Prevention at Scale project
- Focus on high blood pressure and atrial fibrillation (AF)
- Existing examples of local good practice in CVD prevention
- Call for support from the Joint Health and Wellbeing Board

Background: Cardiovascular disease

What is CVD?

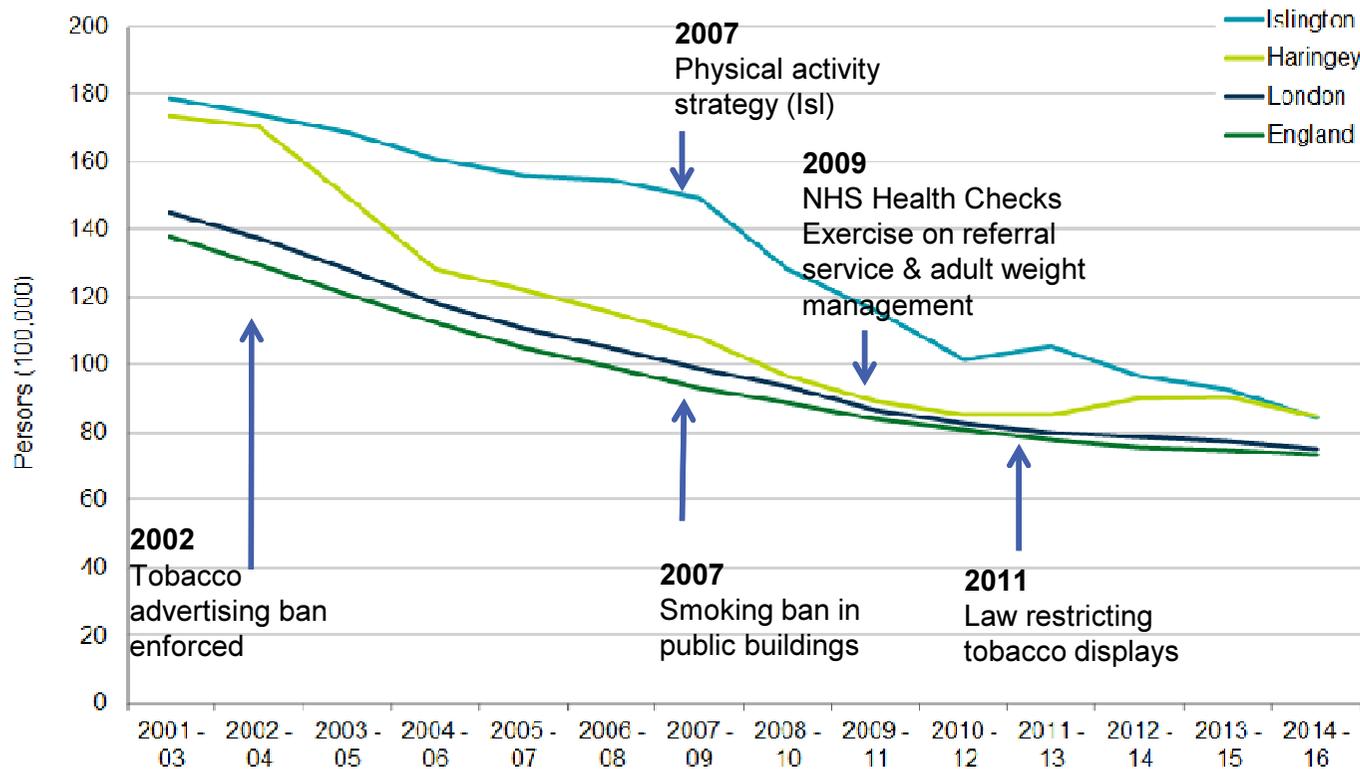
- Cardiovascular diseases are diseases that **affect the blood vessels and heart**, including heart attacks and strokes.
- They are the **second biggest cause of early death** after cancer.
- Important driver of gap in life expectancy between affluent and deprived parts of Haringey and Islington
- Stroke is the **leading cause of complex disability** in adults.

Can we prevent it?

- Most strokes and heart attacks can be prevented by taking action on the main risk factors, e.g:
 - Behavioural: Physical inactivity, smoking, poor diet, excess alcohol use.
 - Clinical: High blood pressure and atrial fibrillation (a kind of irregular pulse rhythm).

Local need for action: Health needs

Trends in directly standardised rates of premature CVD mortality per 100,000 people, Haringey and Islington's population under 75, 2001-03 to 2014-16



Source: PHOF, 2017

Rates of early death from CVD are falling nationally and locally.

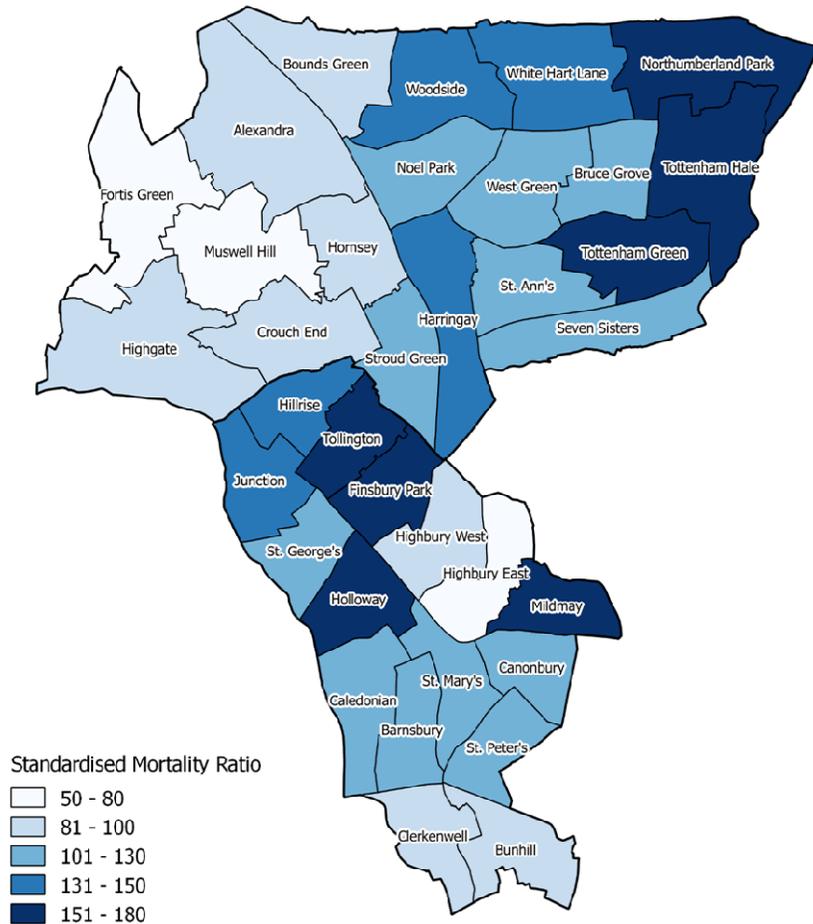
Local rates have fallen faster, closing the inequality gap to national CVD rates.

However, the rates in Islington and Haringey remain significantly higher than that for London and England.

Islington and Haringey have the 6th and 9th highest rates respectively amongst London boroughs.

Local need for action: Health inequalities

Deaths from circulatory disease, under 75 years. 2011-15.



Some groups are more likely to die young (under the age of 75) from CVD:

- People living in **most deprived parts** (3 times more likely)
- **Men**
- People with **serious mental illness**
- People from **Black Caribbean and Black African** ethnic backgrounds are more likely to have high blood pressure and stroke.

Source: PHE local health – A standard mortality ratio of 100 is equivalent to the national average. Wards with a ratio above this value have higher death rates from stroke than the national average.

Local need for action: Health and care cost

Hospital care:

- Total spending on emergency hospital care for diabetes and cardiovascular disease in Haringey and Islington is estimated as **£16 million per annum**.
- This is **£1.2 million and £1 million more per year**, respectively, than the top quartile of comparable CCGs.

Prescribing:

- Total combined spending on prescribing for diabetes and cardiovascular disease in Haringey and Islington estimated as **£11 million per annum**.

Social care:

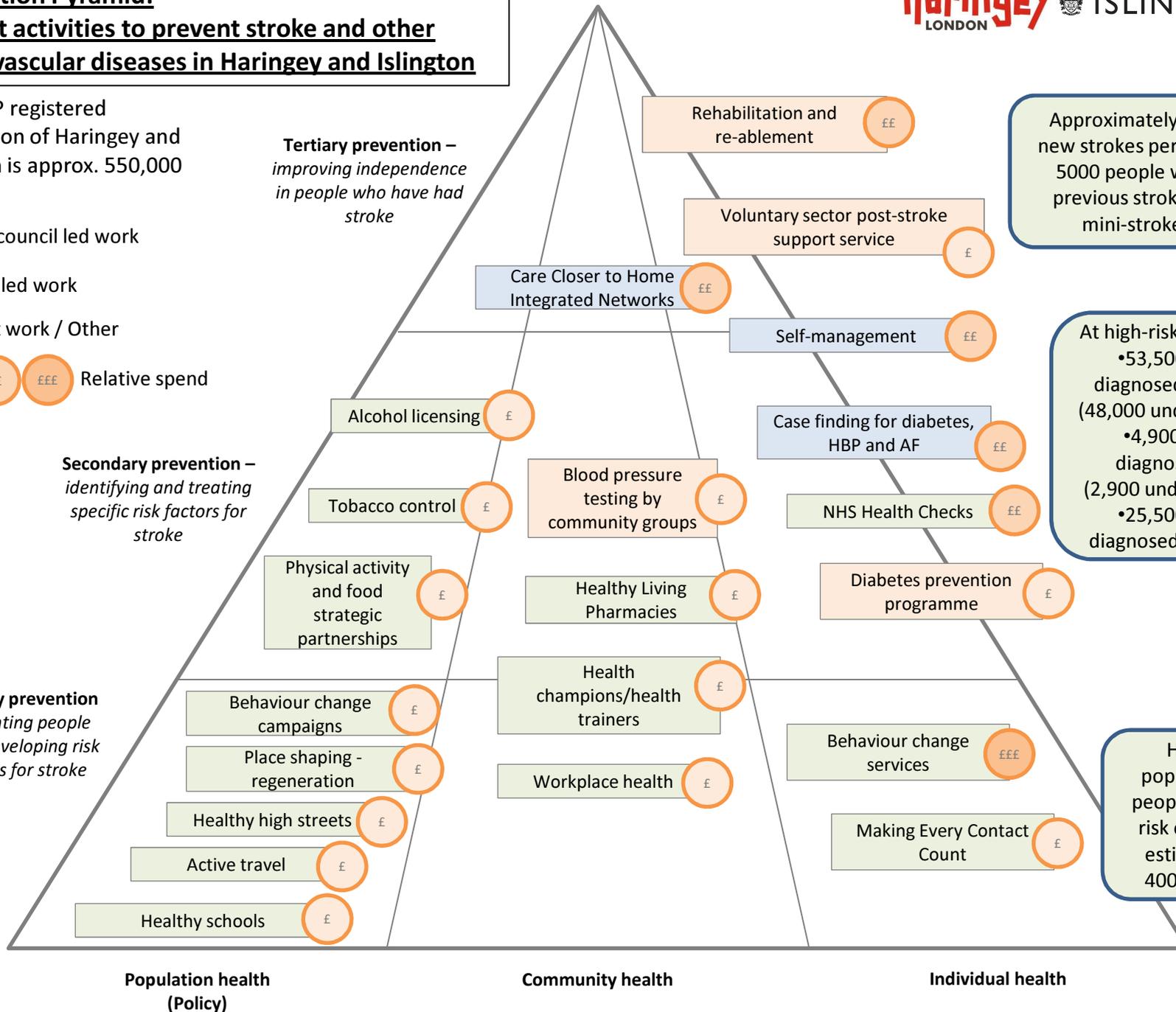
- Over **£25,000 per stroke** on average for health and social care services.
- Long-term care costs of stroke estimated at **£7,000 per year per stroke**.

Prevention Pyramid:
Current activities to prevent stroke and other cardiovascular diseases in Haringey and Islington

Adult GP registered population of Haringey and Islington is approx. 550,000

- PH/ council led work
- CCG led work
- Joint work / Other

Relative spend
 £
 ££
 £££



Approximately 700 new strokes per year.
5000 people with previous stroke or mini-stroke

At high-risk of stroke:

- 53,500 with diagnosed high BP (48,000 undiagnosed)
- 4,900 with diagnosed AF (2,900 undiagnosed)
- 25,500 with diagnosed diabetes

Healthy population or people at lower risk of stroke – estimated as 400-450,000

Population health (Policy)

Community health

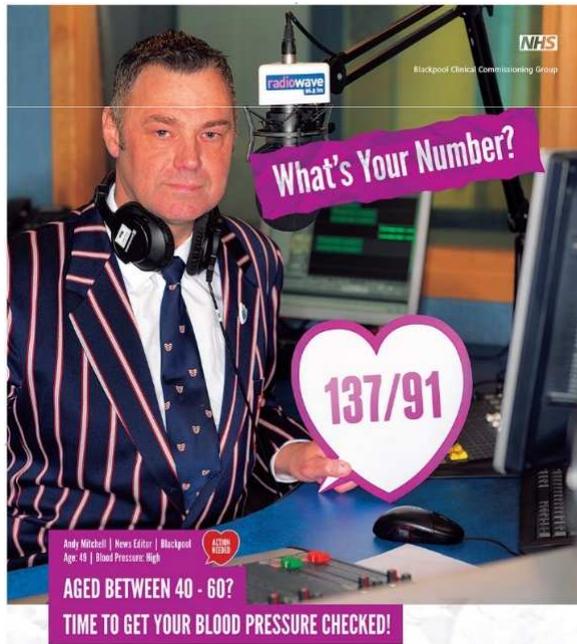
Individual health

Prevention at Scale programme: Intro and focus

What is the *Prevention at Scale* programme?

- Led by the **Local Government Association (LGA)** and **Public Health England**
- Offers **20 days** of expert support over **12 months**.

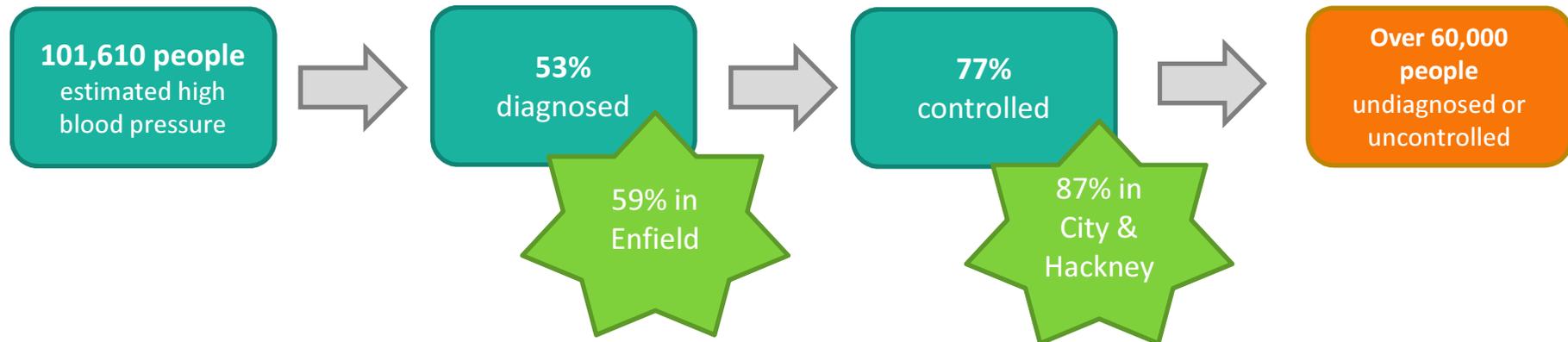
Why did we decide to focus on high blood pressure and atrial fibrillation?



- Need to **focus down** to make gains in 12 months.
- Clear **evidence of gains** through scaling up simple interventions.
- Builds on **local good practice** and partnership.
- Chance to follow **national examples** (see left)

“Size of the prize”: Better identification and treatment of hypertension

In Haringey and Islington in 2016/2017...



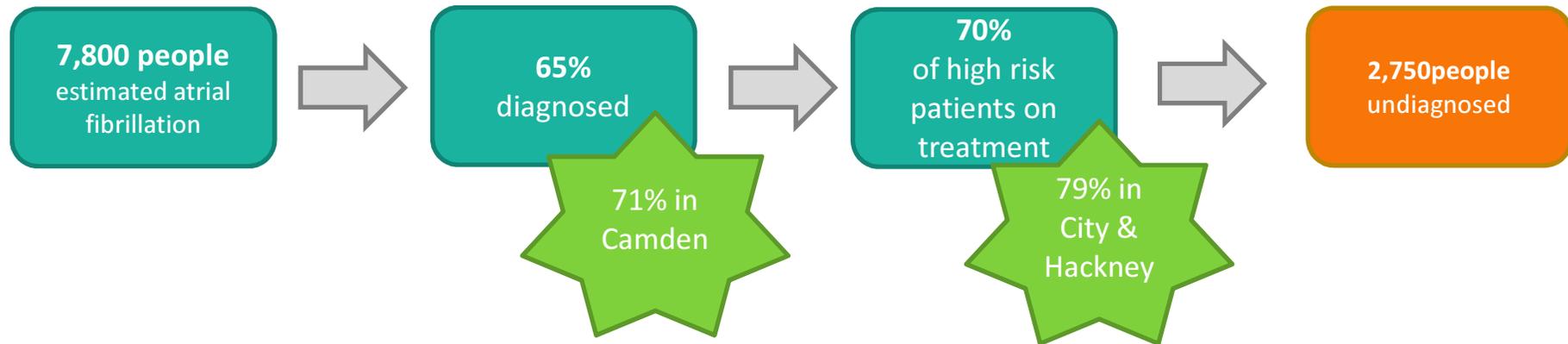
The same diagnosis and control rates as best performing nearby boroughs over the next 5 years would mean:

- 11,300 more people with diagnosed and controlled blood pressure
- 120 strokes could be prevented
- 53 heart attacks could be prevented
- A potential saving to health and social care of **£3,184,200***

* Based on cost of stroke = £24,855 (National audit office report),
Cost of primary heart attack treatment = £3,804 (NICE costing tool)

“Size of the prize”: Better identification and treatment of atrial fibrillation

In Haringey and Islington in 2016/2017...



The same diagnosis and treatment rates as best performing neighbouring boroughs over the next 5 years would mean:

- 674 additional cases of atrial fibrillation diagnosed
- 958 more people on the right treatment
- 96 strokes could be prevented
- A potential health and care saving of **£2,306,000***

* Based on cost of stroke = £24,855 (National audit office report),
Cost of primary heart attack treatment = £3,804 (NICE costing tool)

Local good practice: Community blood pressure checks

Overview

- **2-year** British Heart Foundation grant worth **£100k** secured by Haringey and Islington
- **5 VCS organisations** trained to deliver blood pressure checks in community settings
- Focus on **BME communities**
- People also given **lifestyle advice**
- Those requiring follow-up **linked to primary care**

Outcomes so far

- Over **75 staff and volunteers** trained to deliver blood pressure checks
- Roll out of programme from **Nov 2017**
- Residents detected with high blood pressure and engaging in behaviour change conversations



Local good practice: NHS Health Checks Islington

Overview

- Comprehensive programme for **checking and managing CVD risk** in 40-74 year-olds in **GP practices, community and pharmacies**.
- **Targeting high-risk groups:**
 - High estimated CVD risk and people with mental illness/ learning disabilities (GPs).
 - People from deprived areas, ethnic minorities and men (community).

Outcomes so far (2010-2015)

- **42,113** NHS Health Checks delivered in Islington
- **42%** of eligible people received a check (27% national).
- **1:20** NHS Health Checks resulted in a CVD diagnosis.
- **1:10** NHS Health Checks resulted in statin prescription, further 10% were prescribed antihypertensive.



Local good practice: Stroke prevention scheme

Haringey

Overview

- £80k per year invested by Haringey CCG between 2015 and 2017 on detection of high blood pressure and atrial fibrillation.
- Opportunistic pulse and blood pressure checks (e.g. during annual flu vaccination)



Outcomes thus far (2015-2017)

- Over **10,000 blood pressure and pulse checks** carried out each year
- Over **500 new AF diagnoses** and **1,500 new high blood pressure diagnoses**
- Over **30 strokes will be prevented** as a result of this work
- Stroke mortality and hospital admissions now beginning to fall

Our Prevention at Scale Project: -What we plan to do

We plan to scale up and build on existing local work on high blood pressure and atrial fibrillation

Plans are at an early stage, but we will use the Local Government Association and their partners to help us:

1. Co-design and deliver **consistent messages** for residents and staff about prevention of CVD (in particular about blood pressure) using social marketing techniques.
2. Mobilise our communities and local health and care organisations to take action on these messages with an aim to create a bottom up social movement.
3. Developing an agreed **vision and action plan** for improving detection and management of high blood pressure in primary care, secondary care and community settings
 - This will link to work on care closer to home networks (CHINS) and quality improvement work in primary care (QISTs)

We are provisionally calling this project **Haringey and Islington Healthy Hearts**



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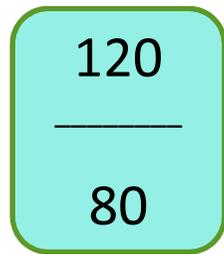
The ask of the Health and Wellbeing board partners

1. To support the Prevention at Scale project on cardiovascular disease prevention described here
2. To think about how your organisation can take practical steps to support this work – examples include:
 - **CCGs and GP federations** – continued commitment to investing and improving programmes that support detection and management of high blood pressure and atrial fibrillation in primary care
 - **Voluntary sector** – build on community blood pressure checks project to be champions for CVD prevention
 - **Acute trusts** – improve opportunistic detection of high blood pressure and atrial fibrillation and improve communication of findings back to General Practices
 - **Mental health trusts** – ensure service users have access to BP checks and support to maintain health lifestyles
 - **Adult social care leads** – train enablers to carry out BP checks and talk about CVD prevention
 - **Councillors** – be champions for the local community on knowing your blood pressure and taking action, linking to existing local assets that support healthier lifestyles

Appendix: High blood pressure and atrial fibrillation: Quick introduction

High Blood Pressure

- Also referred to as “hypertension”
- Causes extra strain on heart and blood vessels
- When left untreated – can cause heart attacks and strokes
- Occasionally can cause headache, usually *no symptoms*



“Systolic”: the pressure in blood vessels during a heart beat
120 - normal, above 140 - high

“Diastolic”: the pressure in blood vessels in between heart beats
80 - normal, 90 - high

Atrial Fibrillation

- Irregular heart rhythm
- Can affect ability of heart muscle to pump
- Major cause of stroke
- Can cause dizziness, breathlessness or palpitations, often *no symptoms*

AF is diagnosed with an **ECG** –which shows the electrical activity of the heart

