

Protecting and Promoting Cardiovascular Health in Northern Ireland

NICHS Cardiac Manifesto 2024

**TIME FOR
HEART HEALTH
ACTION**

Chest
Heart &
Stroke



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Our Family Support Service is here to provide practical advice and support to anyone living with a cardiac condition and their family.

Cardiovascular Disease (CVD) is one of the main causes of death and disability in Northern Ireland. It accounted for about one in five of all recorded deaths in Northern Ireland in 2022.¹ It is also strongly linked to health inequality.² For example, four in ten circulatory deaths last year amongst people under 75 were due to deprivation.³ You are twice as likely to die of circulatory disease under the age of 75 if you come from the most deprived areas compared to the least deprived.⁴

There are CVD risk factors that we cannot control but should be aware of. These are family history, age, gender, ethnic background and inherited conditions. Many inherited conditions such as cardiomyopathy⁵ and familial hypercholesterolemia (FH)⁶ can be treated when diagnosed early. The health service in Northern Ireland is a world leader in identifying people with FH and NICHS is proud of the role it played in influencing the establishment of this service⁷ which paved the way for the genetic testing of those suspected of having FH.⁸

In Northern Ireland over 150 babies are born each year with congenital heart disease (CHD).⁹ NICHS has also funded the NI Baby Heart Research into primary prevention of congenital heart disease by identifying potential risk factors associated with the risk of CHD¹⁰ and recently agreed follow-up funding for this research.

Most premature deaths from CVD – that is, among people aged less than 75 – are preventable.¹¹ Risk factors like lack of physical activity, poor diet, being overweight, smoking, and excessive alcohol consumption can all be changed with support to lower the risk of developing CVD. In addition to living a healthy lifestyle to improve health and reduce the risk of developing early CVD, people should know their 'ABC numbers'. Atrial fibrillation, blood pressure, and cholesterol are often 'hidden risk factors' that can only be identified by having a health check. If your numbers are high, treatment to control these conditions is required.¹²

In addition to focusing on individuals, NI needs to prioritise, develop and deliver effective population-based policies and plans to improve population health and to reduce health inequalities. Examples could include policies to reduce the production and promotion of high fat, sugar and salt foods, further tightening the regulation of cigarettes and vapes, and introducing a minimum unit price (MUP) for alcohol, to name but a few policy areas.

In order to inform this document, we at Northern Ireland Chest Heart and Stroke (NICHS) conducted a survey across Northern Ireland of people living with cardiovascular disease and their carers, receiving over 280 responses.

NICHS and our cardiac community want to see reforms across a number of areas in order to protect, promote, reduce, and improve cardiovascular health for the people of NI. We are now calling for the Department of Health and policy makers to make cardiovascular health and services a priority for action.


It's Time for Heart Health Action.

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Our Cardiac Manifesto

Northern Ireland Chest Heart and Stroke is calling for:


- 1 A Plan for Cardiovascular Health in Northern Ireland:** We need a clear strategy for heart health in Northern Ireland, building on what's already there.




- 2 Investment in and Development of the Cardiac Healthcare Workforce:** The HSC needs to attract, retain and invest in its workforce.




- 3 More Support for Heart Failure:** We should do more to identify heart failure early on and make it easier for people to get the tests and care they need.




- 4 Community Rehabilitation for Recovery:** People recovering from heart problems should have the right to community rehab. This helps them live healthier lives, preventing more heart issues and improving their overall quality of life.




- 5 Preventing Population Heart Problems:** We need better plans to prevent heart issues in the whole population. This includes dealing with things like obesity, lack of exercise, smoking and excessive alcohol consumption.




- 6 Closing the Health Inequality Gap:** We want to reduce the big difference in heart disease between richer and poorer areas in Northern Ireland, and we're committed to addressing differences between genders too.



- 7 Early Detection and Treatment:** Finding and supporting more people with conditions like atrial fibrillation, high blood pressure, and high cholesterol can save lives.



- 8 Faster Access to Treatment:** Waiting for tests and treatments is tough. We want to make this quicker and more equal, so everyone gets the care they need.





Our Taking Control Self-Management Programme provides a range of skills which help individuals living with a long term condition to manage their condition better and improve their confidence.

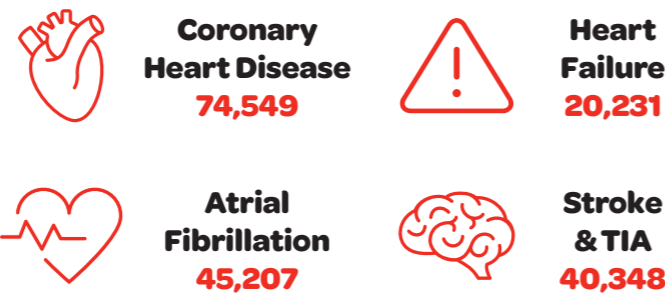
Chest Heart & Stroke

The Burden of Cardiac Conditions

Over 180,000 people in NI are living with diagnoses of circulatory conditions.

10 deaths per day (3,713 per year) and **112 hospital admissions** per day (40,864 each year) were due to circulatory conditions.

Numbers of patients recorded on registers at 31st March 2023.



Cardiovascular disease (CVD) includes all diseases of the heart and circulation but most commonly it refers to coronary heart disease, angina, heart attack, stroke and other blood vessel diseases.

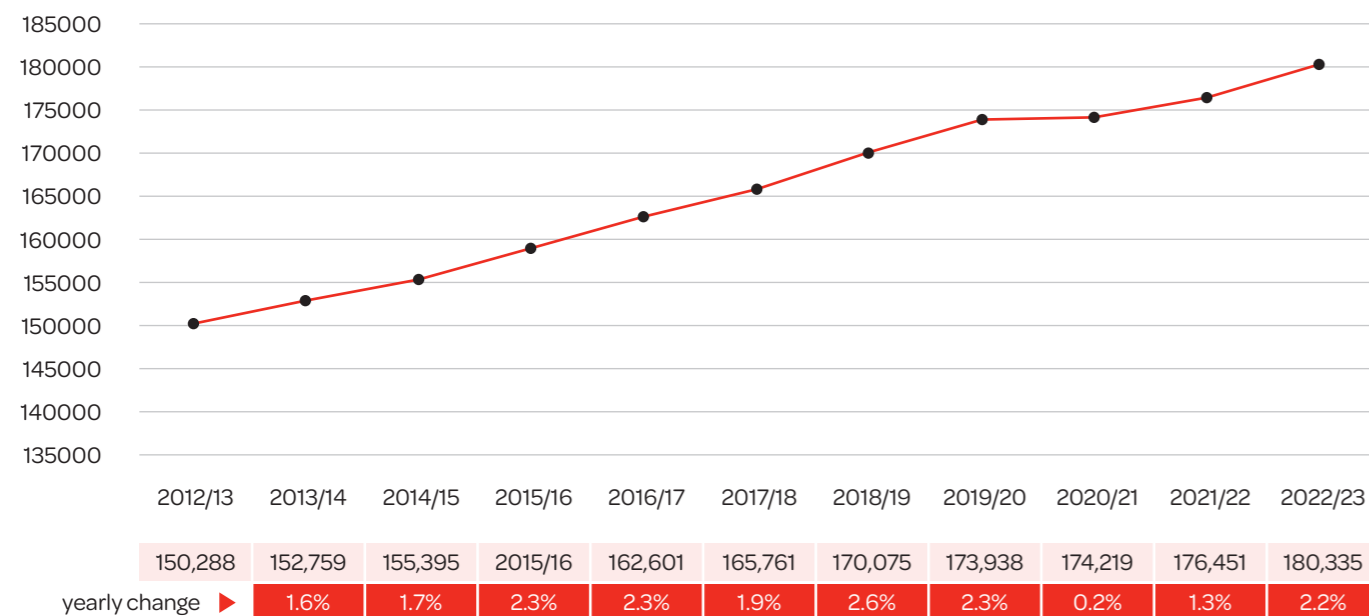
Other conditions include congenital heart disease, heart valve disease and disease of the heart muscle (cardiomyopathy).

Often symptoms of cardiovascular disease are undetectable and the first time a patient knows they have an issue is when they have a heart attack or a stroke, or present with decompensated heart failure. This is why regular checks for underlying and often silent conditions such as high blood pressure, cholesterol and irregular heartbeat are vital.

Figure 1

Numbers on NI registers for circulatory conditions.

▲ 20% Since 2013



Almost 180,335 people are living with diagnoses of circulatory conditions and around 10 deaths per day (3,713 per year) are due to circulatory conditions.¹³ Coronary heart disease is the biggest single cause of premature deaths in people younger than 75 across NI.

Deaths in Northern Ireland due to preventable cardiovascular diseases had fallen gradually over the past few decades, with around 43% decline over the past 20 years (see figure 2).¹⁴

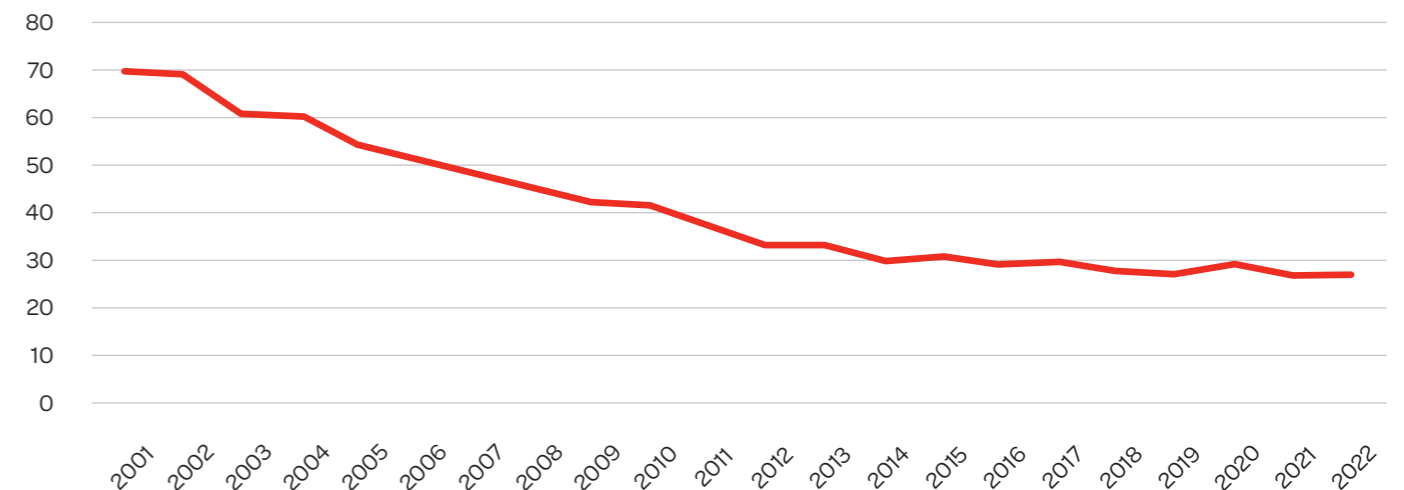
This reduction has mainly been due to advancements in prevention, early detection and treatment of CVD. This has included improved lifestyle behaviours such as a decrease

in smoking rates over the years, and improved scientific knowledge. This has led to better medications for preventing heart attacks and strokes and the risk factors involved, such as AF, high blood pressure, and cholesterol.¹⁵ It has also led to new treatments and medications to manage conditions such as heart failure and AF.

However, the reduction in preventable CVD deaths in NI has stalled and slowed down since 2012 (see Figure 2). Premature death rates are beginning to increase globally¹⁶ and in the UK¹⁷ after a decade of slow progress, with a likely similar pattern here in NI. The premature death rate for cardiovascular disease in NI fell by just 6.2% between 2012 and 2022.

Figure 2

Deaths in N. Ireland, due to preventable cardiovascular diseases, 2001-2022 (per 100,000 population).



Why is the CVD death rate slowing down, and beginning to increase?

Our population is ageing and growing, with more people living longer with long term chronic conditions, which puts pressure on our health and social care systems to focus on care of rather than prevention of CVD.¹⁸ Health inequalities continue to exist with higher rates of smoking, alcohol, obesity and premature CVD rates in more deprived areas¹⁹ and overall population lifestyle risks reported.²⁰

NICHs is calling for the development of a Northern Ireland Cardiovascular Disease Strategy to prevent, protect and promote cardiovascular health and services in NI.

It is time for the Government to take Heart Health Action.



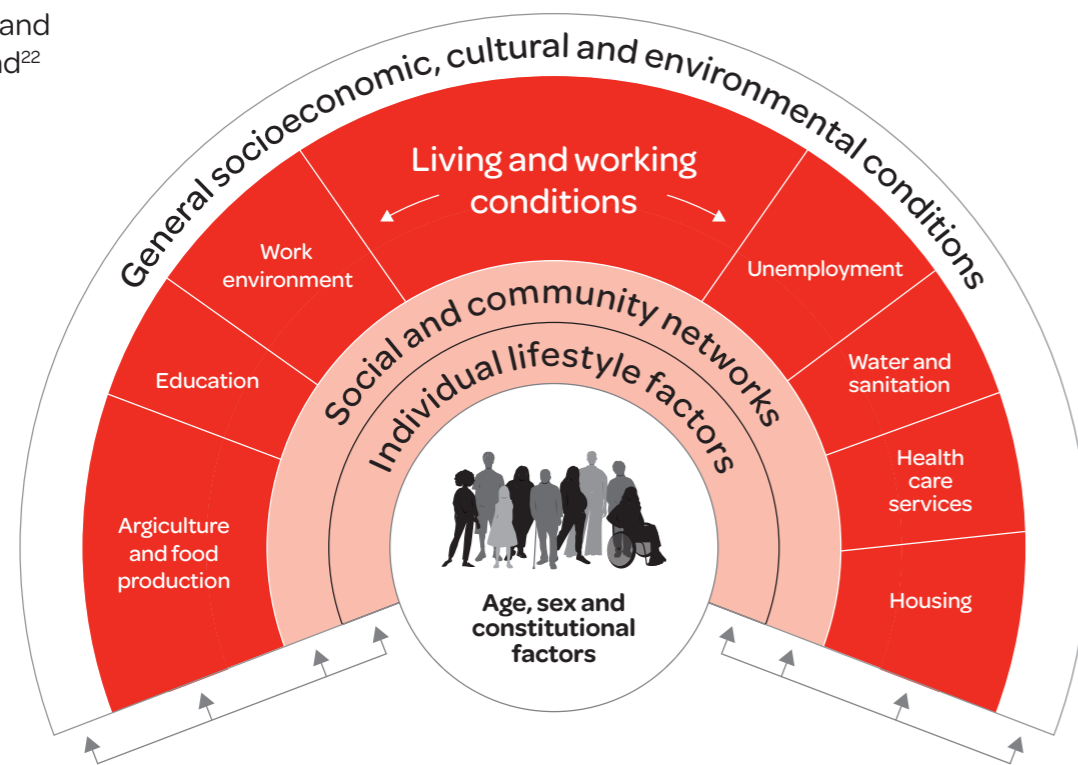
Cardiovascular Health and its Determinants

Good or bad health is not simply the result of individual behaviours, genetics, and medical care. A substantial part of the difference in health outcomes is down to the social, economic, and environmental factors that

shape people's lives.²¹ These factors are collectively described as the wider determinants of health, as described in the well-known diagram outlined in figure 3 below.

Figure 3

Dahlgren and Whitehead²²



In Northern Ireland, stark and significant health inequalities continue to exist, as outlined in the latest health inequalities report for NI 2024. If you live in Northern Ireland's most deprived areas, you are more likely to be admitted to the hospital for heart and circulatory conditions, and four in ten circulatory deaths last year amongst people under 75 were due to deprivation.²³ You are twice as likely to die of circulatory disease if you are under 75 and come from the most deprived

areas, compared to the least deprived²⁴ and more likely to have high blood pressure²⁵ - the biggest single known risk factor for heart attack and stroke.²⁶ People in most deprived areas are more likely to be prescribed medications for blood pressure²⁷ and high cholesterol²⁸, compared to those in the least deprived areas and Northern Ireland as a whole.

Life expectancy gap²⁹ and healthy life expectancy³⁰ are important indicators of the nation's health and of health inequalities. On average, men living in the least deprived areas live about 7 years longer than those from the most deprived areas of Northern Ireland.³¹ They also live disability-free for 11 years more. Women from the least deprived areas also fare better than those from the most deprived. On average, they live for about 5 years more and will live for 11

years more disability-free.³² Preventable deaths are three times higher in the most deprived areas, compared to the least deprived³³ with inequality gaps in obesity, smoking, alcohol rates³⁴. NI needs a CVD strategy to prevent, improve and protect cardiovascular, population and community health and to tackle unacceptable health inequalities.

Figure 4

Data shows consistent variation in life expectancy and quality of life between our most socioeconomically deprived areas and our most well-off areas. The inequalities are also stark between genders.

Deprivation and Inequality

Cardiovascular disease (CVD) is one of the conditions most strongly associated with health inequalities. **In NI, people living in the most deprived areas (compared to the least deprived) are...**



More likely to smoke, use e-cigarettes, drink alcohol more frequently, and be overweight or obese. They are less likely to be physically active, and to get their 5 a day.



More likely to have a lower "healthy" and "disability free" life expectancy.



More likely to be taking medication for high blood pressure.



You're up to 30% more likely to die early from CVD depending on where you live.



Preventable deaths in the most deprived areas are three times higher than the least deprived areas.

The Impact of Living with Cardiac Illness

Over 280 people living with cardiac conditions and their carers took the time to respond to our recent survey.

We asked a series of questions with an emphasis on how cardiovascular disease sufferers felt that they were treated by our healthcare system. The graphs below are just some of the results we wish to highlight.

Figure 5

The graph below shows that of the 214 respondents to the question, 'Do you get enough help and support with your condition from the Health Sector?' 51% stated that they need more help or support.

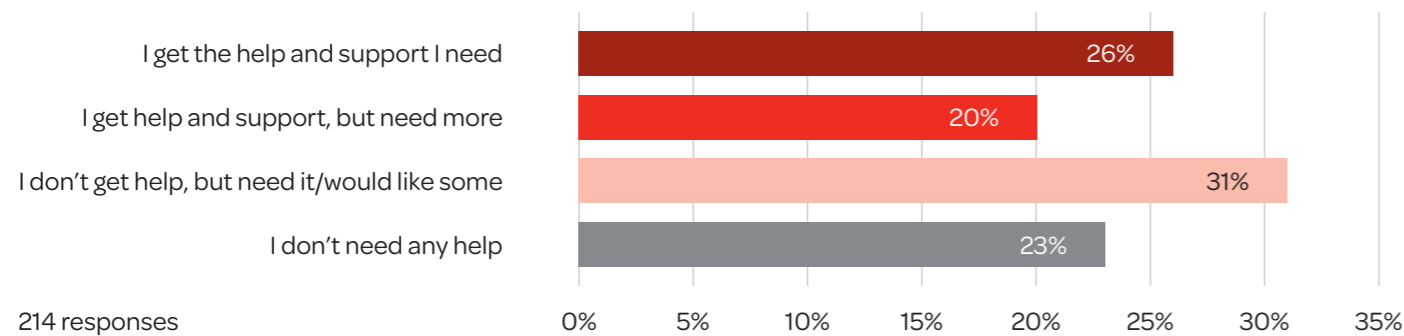
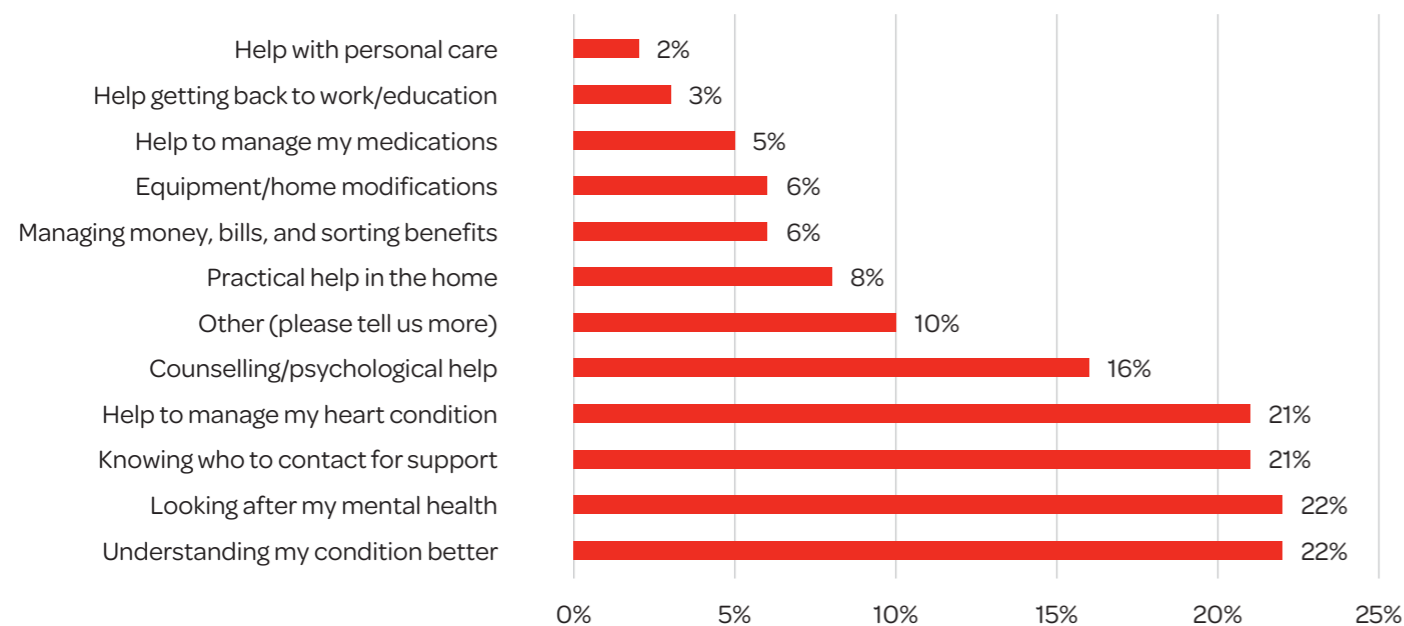


Figure 6

Those who need more support... What additional support do you need?



Of the respondents who answered the question stating that they needed more support with their conditions, over one fifth of them required help to manage their conditions, help with information on the correct people to contact, help with

understanding their conditions, and help with dealing with the psychological/mental health aspect of their conditions. Our survey also found that one third of them had to wait more than 3 months to access this help and support.

What Should We Be Doing in Northern Ireland?

Developing a Northern Ireland Cardiovascular Health Strategy

Northern Ireland has been without a CVD health strategy since 2007. The reality is, that despite its existence, we should accept that none of the targets laid out in the previous Cardiovascular Health Strategy document were ever achieved.

This is completely unacceptable. NICHHS is calling for the development of a Northern Ireland Cardiovascular Disease Strategy to improve, protect and promote cardiovascular health and services in NI.

We need a clear plan and resources to address CVD which continues to affect the lives of thousands of people and is one of the largest causes of death and disability in Northern Ireland. It is very worrying that premature CVD death rates in Northern Ireland are projected to increase for the first time in the last 60 years.

We need to act now.

Investing In and Developing the Cardiac Healthcare Workforce

The recruitment and retention of health and social care staff is a major obstacle in reforming the service and addressing waiting lists. To address the increasing number of patients at risk of or living with cardiovascular disease, substantial investment and development in the workforce is imperative. This encompasses all members of the staff, ranging from doctors and nurses to allied health professionals and supporting HSC staff.

Providing More Support for Heart Failure

We should do more to identify heart failure early on and make it easier for people to get the tests and care they need.

It is estimated that over 1 million people in the UK have heart failure, with 200,000 new diagnoses every year. Estimates suggest there are a further 385,000 people with heart failure who are currently undetected, undiagnosed and, consequently, missing out on life-preserving treatments. These numbers are on the rise due to several factors including our ageing population.³⁵ NICHHS is supporting the British Society for Heart Failure Campaign "25 in 25" initiative that aims to reduce the mortality from heart failure in the first year after diagnosis by 25% in the next 25 years.

Heart failure (HF) has outcomes worse than many cancers, but with early diagnosis and expert care many patients can live full lives. However, in NI there is inequitable access to diagnosis, specialist HF care and HF rehabilitation across the region.

We need to reform services so that a Rapid Access Heart Failure Clinic, which allows for early diagnosis and initiation of life-saving therapies, is available in every Trust area. By giving patients timely access to specialist clinics led by an HF nurse, we can ensure they get on-going rapid up-titration and rehabilitation. This will prevent HF decompensation, reduce hospitalisations, improve patient quality of life, and save lives.



Increasing Access to Community Rehabilitation for Recovery

Evidence shows that those who experience a cardiac event should have access to timely and evidence based rehabilitation starting as soon as they are medically fit. Rehabilitation should be delivered by interdisciplinary teams working together to help the patient. Rehabilitation should be person centred and individualised. Working on realistic achievable goals should enable the patient to reach their optimum functional ability.

In addition to being good for patients and carers rehabilitation is proven to reduce hospital readmissions and improve outcomes. Often it can help save scarce health and social care resources.

NICHS is proud to be part of the Community Rehabilitation Alliance for Northern Ireland (CRANI) – an alliance of health charities, professional bodies and like-minded networks who are all committed to campaigning for a Right to Rehab for everyone in NI. The Community Rehabilitation Alliance strongly believes that equal access to rehab is vital to ensure that patients can live as well – and as independently – as possible. CRANI is campaigning for a Right to Rehab to be a part of the Executive’s Programme for Government.

Detecting, Treating and Monitoring AF, High Blood Pressure and Cholesterol Earlier

The risk factors that increase risk of heart attack, stroke and vascular dementia include high blood pressure, raised cholesterol, type 2 diabetes, and atrial fibrillation (AF).

The healthcare system has a crucial role in identifying and treating individuals who have developed these high-risk factors for CVD. Optimal treatment of AF, high blood pressure and raised cholesterol is highly effective in preventing CVD events. However, a large proportion of those living with these conditions remain undiagnosed, and of those with a diagnosis, a large number are not receiving optimal treatment.

It is estimated up to 120,000 people in NI have undiagnosed high blood pressure. Every 10-mmHg reduction in blood pressure results in a 17% reduction in coronary heart disease and a 28% reduction in heart failure.³⁶ Around 10,000 people in NI may have undetected AF. Undetected and untreated atrial fibrillation can increase your chances of having a stroke fivefold and an AF related stroke is more likely to be severe.

This is why Northern Ireland Chest Heart and Stroke conducts thousands of health checks

for risk factors including atrial fibrillation, blood pressure and cholesterol each year. These checks aim to educate, raise awareness of personal risk factors, and empower individuals to make lifestyle changes for better health outcomes. We deliver our health checks across Northern Ireland, with a specific focus on addressing inequalities and targeting high-risk groups. However, the HSC need to do more to identify and manage CVD risk factors. NI needs effective, integrated and clear identification, referral and management pathways for atrial fibrillation, high blood pressure and high cholesterol.

Preventing Population Heart Problems

We need better plans to prevent heart issues in the whole population. This includes dealing with things like obesity, lack of exercise, smoking, and excessive drinking.

Population-wide reduction of major risk factors is needed if CVD is to be substantially reduced. Focusing on the “high-risk group” alone will be addressing just the tip of the iceberg of need. Further action on primary prevention of CVD and on the social and environmental contributing factors, including tackling poverty, and reduced exposure to air pollution should remain a priority for stroke and heart health.

Northern Ireland Chest Heart and Stroke is well aware, not least through our engagement with service users who use our respiratory services, of the many issues facing patients that are exacerbated by air pollution. We are part of Healthy Air Northern Ireland, a coalition of health and environment charities that supports the development of a Clean Air Strategy for Northern Ireland. We are also calling for a Lung Health Strategy to ensure patients get the services and support they need.

The government consultation on preventing the harm caused by obesity and improving diets and levels of physical activity is very welcome and we hope that the Executive brings forward a strategic framework that is truly comprehensive

and has the active support of a broad range of departments. In addition to action on the composition and advertising of food, it is imperative that we address the level of public exercise amongst primary school pupils and the levels of physical literacy amongst secondary school pupils to promote health and combat the rising levels of obesity.

NI Chest Heart and Stroke is a member of the NI Non-Communicable Disease (NCD) Alliance, which comprises around seven charities campaigning to tackle Northern Ireland’s biggest killers and support people to live healthier lives by reducing health-harming products. Our shared priorities are set out in our collaborative manifesto for NCD Prevention, produced and led by the British Heart Foundation on behalf of the Alliance.³⁷

The Alliance is calling on the Northern Ireland Assembly and Executive to prevent premature deaths and illness from chest, heart and circulatory diseases, cancer, diabetes and other non-communicable diseases by campaigning for population-level action to reduce rates of overweight and obesity, smoking and harmful alcohol consumption.

The NCD Alliance want to reduce major corporations’ promotion, marketing and availability of health-harming products—commonly referred to as the commercial determinants of health.

Finally, in the field of prevention it is essential that a new Tobacco Control Strategy for Northern Ireland is both ambitious and radical given the continuing impact of tobacco on health and health inequalities. NICHS has played a critical role in raising awareness of vaping amongst young people, calling for restrictions on vaping packaging and flavours used in vaping, restricting access to vapes and increasing the age of sale for vapes.

Our health promotion programmes for schools aim to educate children and young people about the importance of making healthy choices to prevent chest, heart and stroke conditions later in life.



Closing the Health Inequality Gap

We want to reduce the big difference in heart disease between richer and poorer areas in Northern Ireland.

In addition to having population health strategies to improve, protect and to promote health to make the most significant impact on health outcomes and quality of life, we also require evidence-based and targeted collaborative public health interventions for communities that need them the most in line with recommendations from the Marmot Review.

Tackling health inequalities can only be achieved with input from all sectors and Government departments with agreed shared outcomes, as set out in the programme for government.

However, it is also vital that we collect and monitor data to ensure that all interventions improve the health of everyone in Northern Ireland and do not exacerbate inequalities in health.

Providing Faster Access to Treatment

It is widely known that waiting lists in Northern Ireland are the longest on these islands and indeed amongst the longest in Western Europe.

Waiting times for many cardiovascular disease tests and interventions are no exception. Since 2016 we have seen a doubling in the waiting list for echocardiograms, a relatively straight forward diagnostic test, from 10,000 to 20,000. This includes an increase from 800 to 6,000 of those waiting over half a year.

The situation for people waiting for their first cardiology outpatient appointment is little better.

The waiting list has increased from 7,500 patients in 2016 to approaching 13,500 today. In 2016 just 147 had waited over a year – today that figure is 4,500.

Thankfully there appears to be little overall change in the numbers on the waiting list for a first inpatient appointment - about 2,500 people. The number waiting over 52 weeks, however, has risen from 6 to 600.

It is sobering to think that we have literally hundreds of patients in NI waiting over a year for an inpatient cardiology appointment.

The figures only tell part of the story as there are massive variations from Trust to Trust.

These differences between Trust areas are in addition to the huge socioeconomic inequalities that are being created by the fact that patients who are better off can access tests and appointments privately.

Summary

Northern Ireland Chest Heart and Stroke have been advocating for and campaigning on behalf of people at risk of and suffering from cardiovascular disease for many years. The information contained in this document highlights the need for these actions to continue. Let us not forget that behind every statistic, there are individuals living with cardiovascular disease and carers helping them to live their lives as normally as possible.

Whilst a lot has been achieved in cardiac health over the years, much more needs to be done. This document is intended to outline the steps we need to take in order to move forward in a coherent and effective fashion. NICHs is dedicated to working with our partners in statutory services and the civil service and the Ministers, Assembly Members and other stakeholders to improve cardiac health in Northern Ireland.

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t. 028 9032 0184

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