

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 among the leading causes of death and disability in Northern Ireland and the number one cause of death worldwide, accounting for 31% of all deaths. It is also the biggest driver of health inequalities, with people living in deprived communities 30% more likely to develop CVD.

On these islands, cardiovascular disease is hugely significant in terms of non-communicable diseases, accounting for 25% of deaths in Northern Ireland, 27% of deaths in Great Britain and 29% of deaths in the Republic of Ireland. It is a global health priority that will only continue to grow with an ageing population.

There are CVD risk factors that we cannot control, but should be aware of. These are family history, age, sex, ethnicity and inherited heart conditions such as cardiomyopathy and familial hypercholesterolaemia (FH) – very high cholesterol levels.

Also, in Northern Ireland over 200 babies are born with congenital heart disease every single year.

However, there is a significant opportunity to positively impact cardiovascular disease outcomes, especially since most cases of CVD are preventable. Risk factors like lack of physical activity, smoking, and excessive alcohol consumption can all be changed to lower the risk of developing CVD. The most significant improvements in life expectancy, however, come from better detecting and managing high-risk conditions, known as ‘the ABCs’ - atrial fibrillation, blood pressure, and cholesterol.

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

Northern Ireland Chest Heart and Stroke (NICHHS) 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.



Our Cardiac Manifesto

Northern Ireland Chest Heart and Stroke is calling for:



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.



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



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.



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.



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.



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.



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



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.

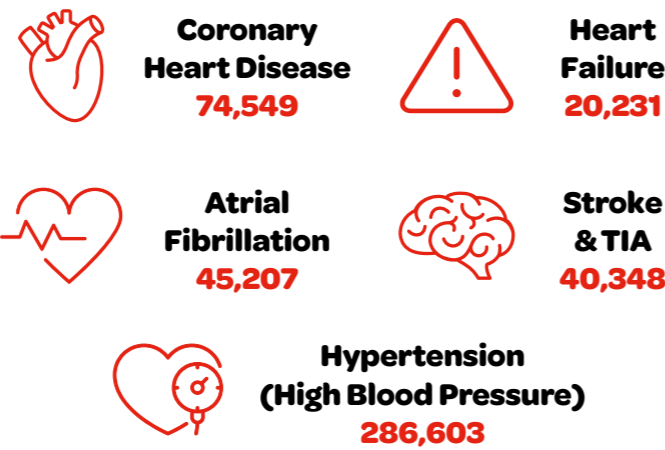
Chest Heart & Stroke

The Burden of Cardiac Conditions

Almost 180,335 people in NI are living with 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.

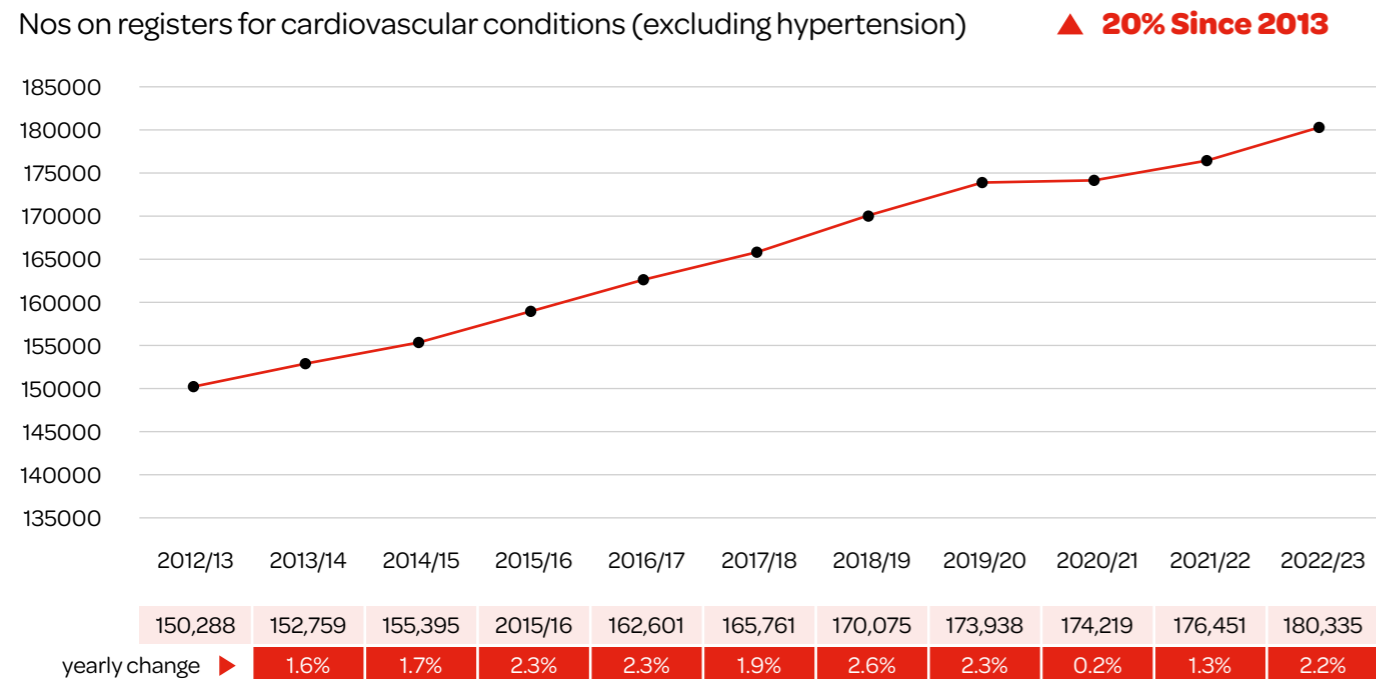


Cardiovascular Disease includes all diseases of the heart and circulation but most commonly it refers to coronary heart disease, angina, heart attack, stroke and other blood vessel diseases.

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.

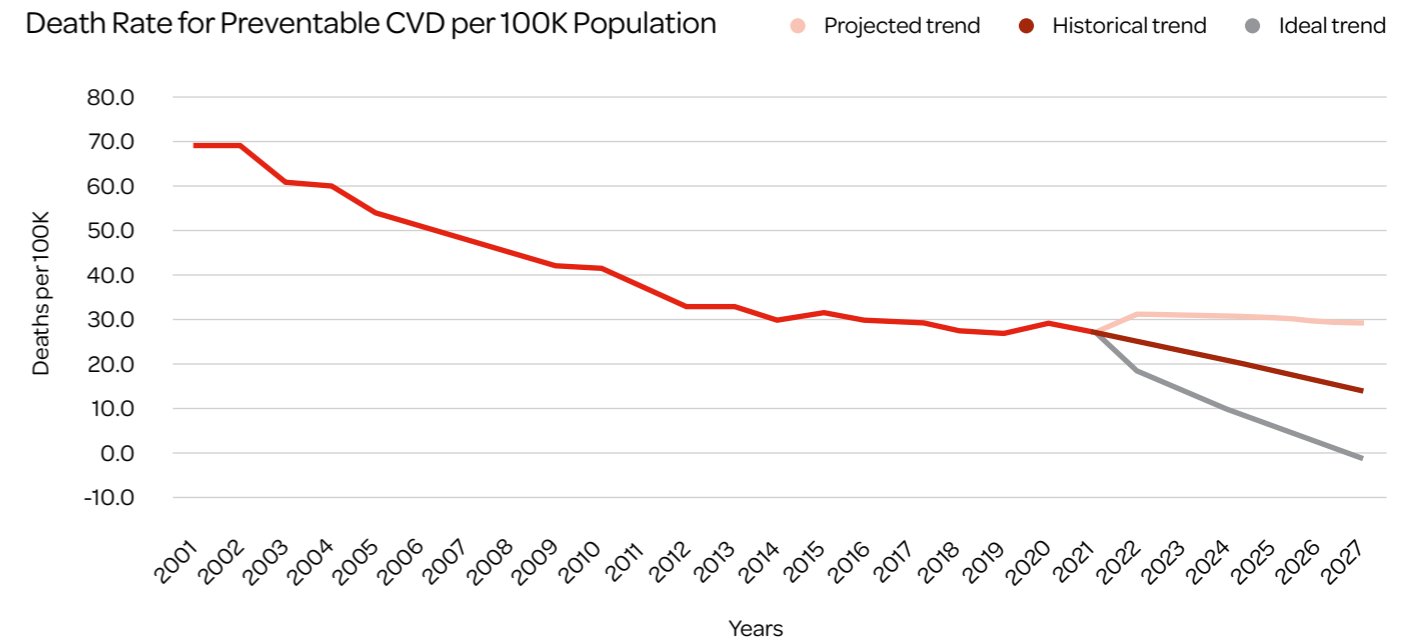
Figure 1



The death rate for preventable CVD per 100K population had been dropping significantly over the last two decades. However, this trend now has the potential to change as premature cardiovascular disease and death rates are now projected to increase.

This would be the first time there has been a clear reversal in the trend for almost 60 years.¹

Figure 2



Why Are These Figures Increasing?

This is a very complicated question. Many factors come into play. Our population is ageing. CVD risk increases with age. Risk factors such as obesity and diabetes, genetic factors, and lifestyle, also play a role. There are also complicated factors like deprivation and social inequalities playing their part. COVID too has played a role – although

evidence about the long-term cardiovascular and respiratory outcomes in COVID survivors is still being collected. Better detection of conditions such as atrial fibrillation (irregular heartbeat) will see more people on the registers.



¹ Trends in the epidemiology of cardiovascular disease in the UK | Heart (bmj.com)

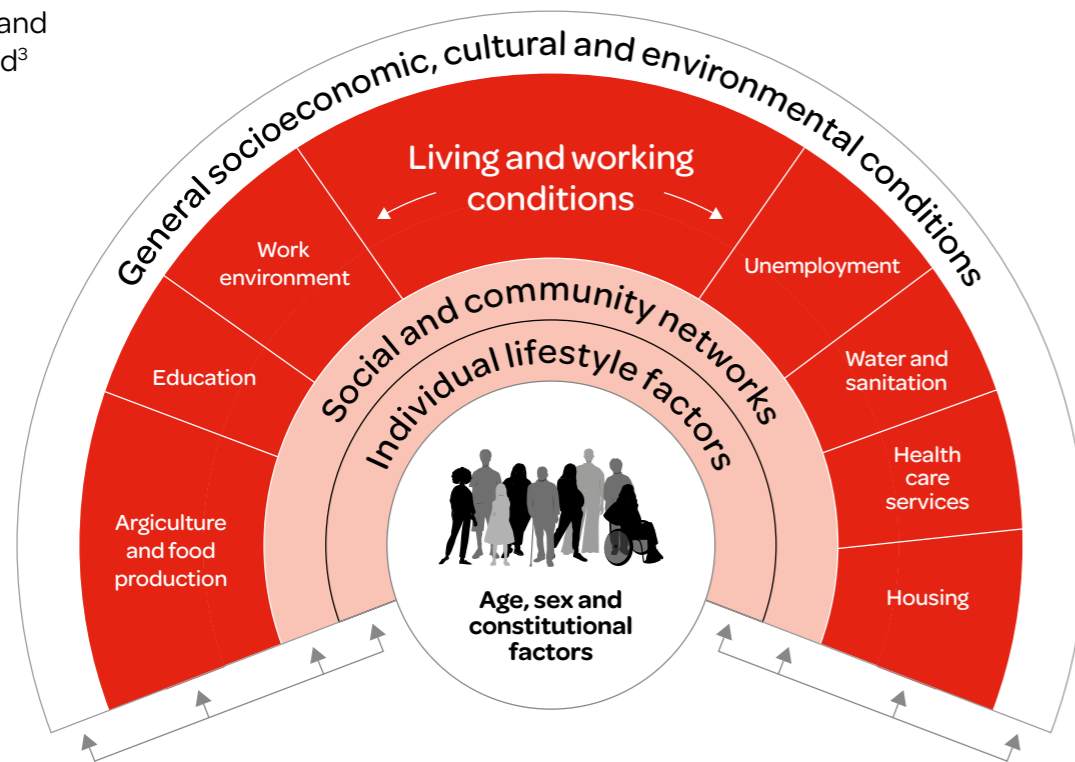
Cardiovascular Health and its Determinants

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.² These factors are collectively described as the wider determinants of health, as described in the well-known diagram outlined in figure 3.

Figure 3

Dahlgren and Whitehead³



In Northern Ireland, stark and significant health inequalities exist. This is evidenced by the alarming gap in healthy life expectancy, with those who live in the least deprived areas expected to remain ‘healthy’ for nearly 15 years longer than those who live in the most deprived areas. In 2015–19, preventable mortality in the most deprived areas was almost three times that

in the least deprived, including huge inequality gaps in mortality from circulatory disease and in respiratory disease.⁴

Northern Ireland Chest Heart and Stroke is a member of the NI Non-Communicable Disease Alliance, who created a Collaborative Manifesto, urging policymakers in Northern Ireland to

address the significant health challenges facing the region. The focus is on developing healthy public policies that support individuals to lead healthier lives by combating the promotion of health-harming products targeted at the population. This includes addressing the marketing of high-fat, sugary, and salty foods, alcohol, cigarettes, and other products by major corporations—commonly referred to as the commercial determinants of health.

The aim is to reduce the prevalence of harmful products and thereby positively impact health statistics. Currently in NI, 17% of adults smoke cigarettes and 65% of adults struggle with being overweight (38%) or obese (27%). Over one in six adults regularly exceed national guidelines for weekly alcohol intake.

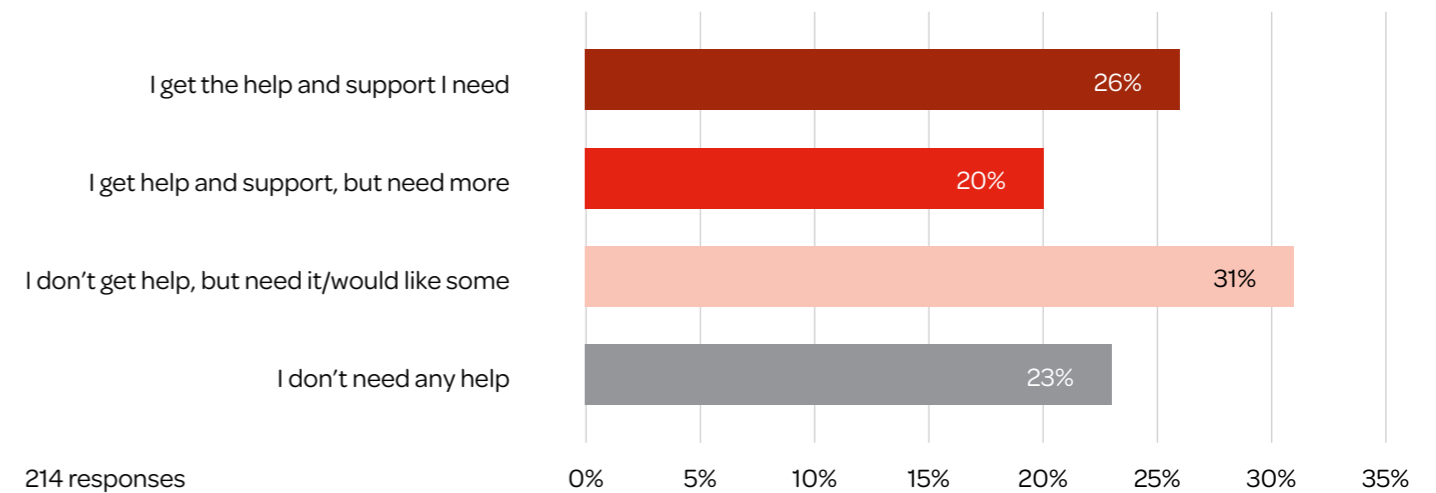
The Impact of Living with Cardiac Illness

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 4

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.



² The King’s Fund (2016) Time to Think Differently. Broader determinants of health: future trends. Accessed 1 August 2016.

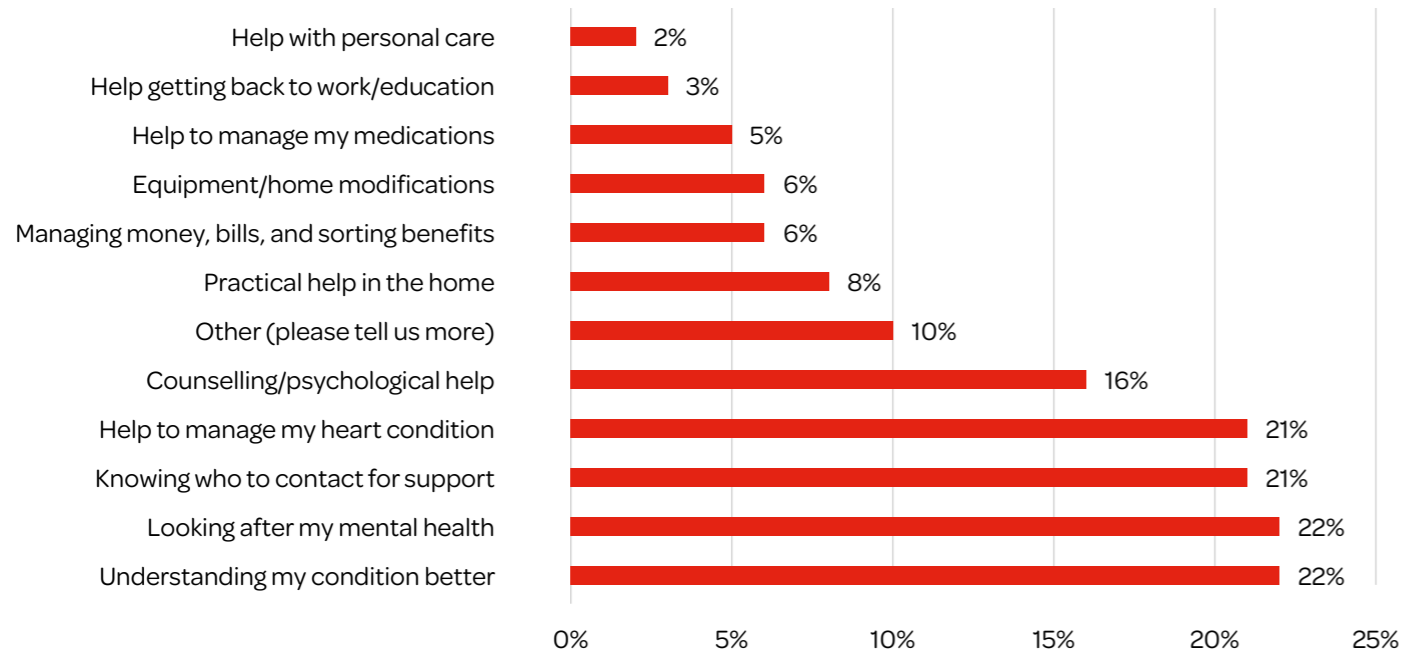
³ Dahlgren G and Whitehead M (1993) Tackling inequalities in health: what can we learn from what has been tried? Working paper prepared for the King’s Fund International Seminar on Tackling Inequalities in Health, September 1993,

⁴ Northern Ireland Department of Health. (2021). Health Inequalities: Annual Report 2021. https://www.health-ni.gov.uk/sites/default/files/publications/health/hscims-report-2021_1.pdf.



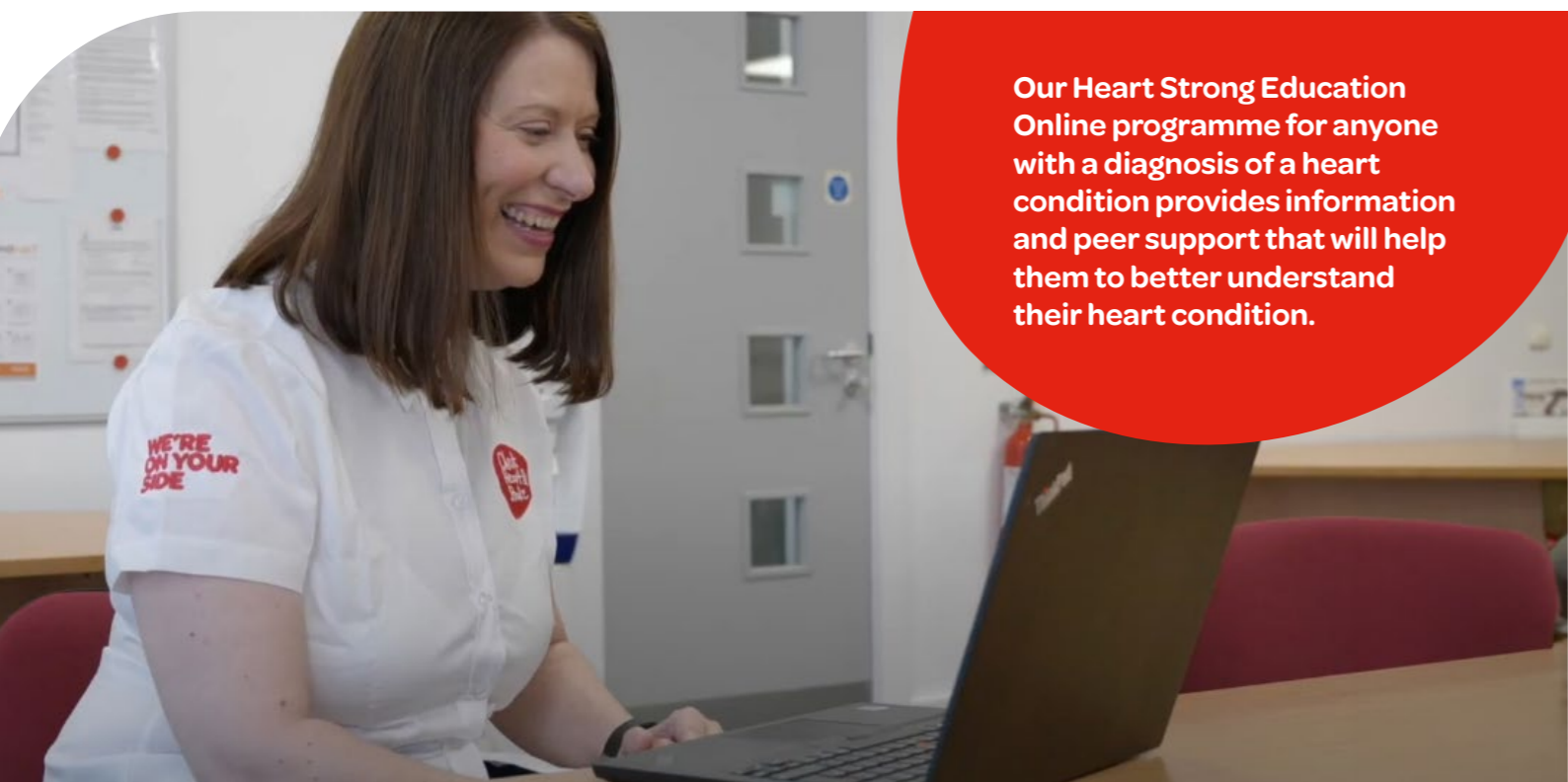
Figure 5

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.



Our Heart Strong Education Online programme for anyone with a diagnosis of a heart condition provides information and peer support that will help them to better understand their heart condition.

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 this past Cardiovascular Health Strategy document were ever achieved.

This is completely unacceptable. NICHs 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.⁵ NICHs 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.

Ensuring each Trust area has a Rapid Access HF clinic allows for early diagnosis and initiation of life-saving therapies. Ensuring patients have timely access to HF nurse led specialist clinics for ongoing rapid up-titration and that rehabilitation is available for all will prevent HF decompensation, reduce hospitalisations, improve patient quality of life, and save lives. Fully implementing these approaches for heart failure patients could prevent up to 230,000 hospital admissions and 30,000 cardiovascular deaths over the next decade. Ensuring timely provision of HF palliative care for those at end of life is essential in sustaining patient dignity and comfort.



⁵ <https://www.bsh.org.uk/25in25>

Increasing Access to Community Rehabilitation for Recovery

People recovering from a heart or circulatory event should be offered the support to help them live healthier, more active lives, protect against further harmful events and improve their quality of life.

Such services are proven to reduce hospital readmissions and deliver better outcomes as well as value for money.

But only just over half of those eligible to take up these services do so. This compares poorly to some other countries in Europe where figures are as high as 90%.

All those eligible for rehabilitation should be encouraged to take it up.

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.⁶ 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.

Air pollution is a growing public health crisis, particularly for heart and circulatory diseases. Smoking and obesity rates remain stubbornly high amongst some population groups and too much salt in diets is also raising the risk of high blood pressure. Northern Ireland will need bold action if it is to halt and reverse the rise in many of the risk factors for heart and circulatory diseases.

A comprehensive plan to tackle obesity and improve physical activity levels amongst the entire population is required immediately. Measures to restrict advertising of junk food to children and banning the promotion of unhealthy food and alcoholic drink by price and location must be implemented.

Government must also work with industry to limit the damage caused by high levels of salt and sugar in products, as well as the overall calorie content of foods to ensure that people are supported to eat more healthily.

If we are to see a marked reduction in the number of people with potentially deadly high blood pressure, we must make a concerted effort to significantly reduce salt content in foods.

To encourage greater physical activity, promising initiatives such as the ‘Daily Mile’ and Couch to 5K in schools should be expanded.

A concerted effort must be made towards achieving a smoke free Northern Ireland.



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.



⁶ <https://cks.nice.org.uk/topics/hypertension/background-information/complications-prognosis>.

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.

Figure 6

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.



Have a lower "healthy" and "disability free" life expectancy.



Are 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.

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. It is imperative that every effort is made to address the ever-lengthening waiting lists here. We want to make access to diagnosis and treatment quicker and more equal, so everyone gets the care they need.

Access to specialist cardiac care improves outcomes for people who have experienced heart attack or cardiac arrest. Evidence based guidelines on the most effective clinical treatment should be adhered to. The extent to which these guidelines are adhered to has a significant impact on readmission, recurrence, and recovery.

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 we have achieved so much over the years, as a charity there is still plenty to be done. Everything we do is done in conjunction with our staff, service users past and present, supporters and our Governance Board. We thank them all for their immensely significant and constructive input. We are incredibly grateful for their help in shaping our plans. We continue to work tirelessly with our partners and stakeholders to achieve our vision of a healthy Northern Ireland free from chest, heart and stroke illnesses.



Our 'Well Checks' can help detect the early warning signs and hidden risk factors associated with avoidable chest, heart and stroke illnesses, such as atrial fibrillation (irregular heartbeat), high blood pressure, cholesterol and more.










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21 Dublin Road, Belfast BT2 7HB

t. 028 9032 0184

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