

## Bradford CCG

### Reducing the rate of stroke and heart attack in Bradford

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**March 2016**

## The setting

Bradford Districts CCG

## The situation or problem

Bradford Districts CCG plans, commissions and monitors local health services for a population of 330,000. The area has one of the highest mortality rates from heart disease in England, with more than 700 deaths each year. One in five people over the age of 65 dies from coronary heart disease and one in two people will die from some form of vascular disease. More than 41,000 of the CCG's population are affected by high blood pressure; over 4,000 people have atrial fibrillation (AF) and more than 5,000 people have experienced a stroke or mini-stroke (TIA). Rates for these conditions have fallen over the past two decades nationally, but locally have not fallen as quickly as in other areas.

Bradford Districts CCG wished to improve the quality and value for money of the services they deliver for their population. The CCG identified cardiovascular disease as a priority work stream, with the aims of raising awareness of heart health and improving the care of patients with heart disease.

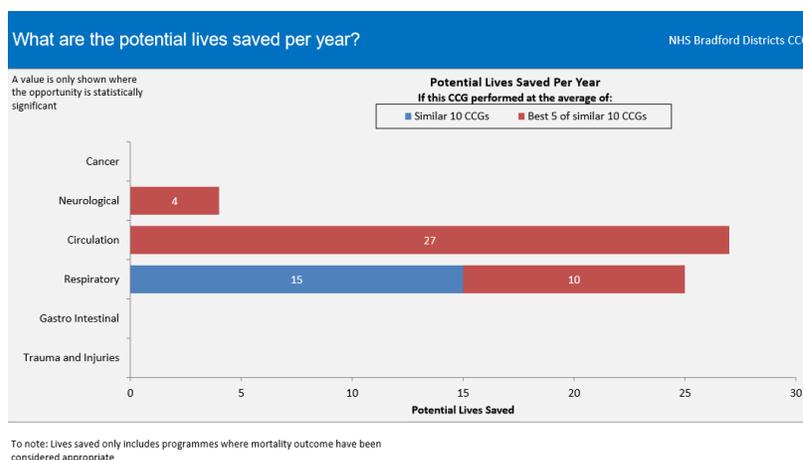
## What action was taken?

Bradford Districts CCG used the three-stage Right Care methodology (Where to look, What to change, How to change) to focus on clinical programmes and identify value opportunities. They employed evidence-based methods with a clear emphasis on outcomes to inform the commissioning and delivery of programmes aimed at improving heart health.

### 1. Where to Look

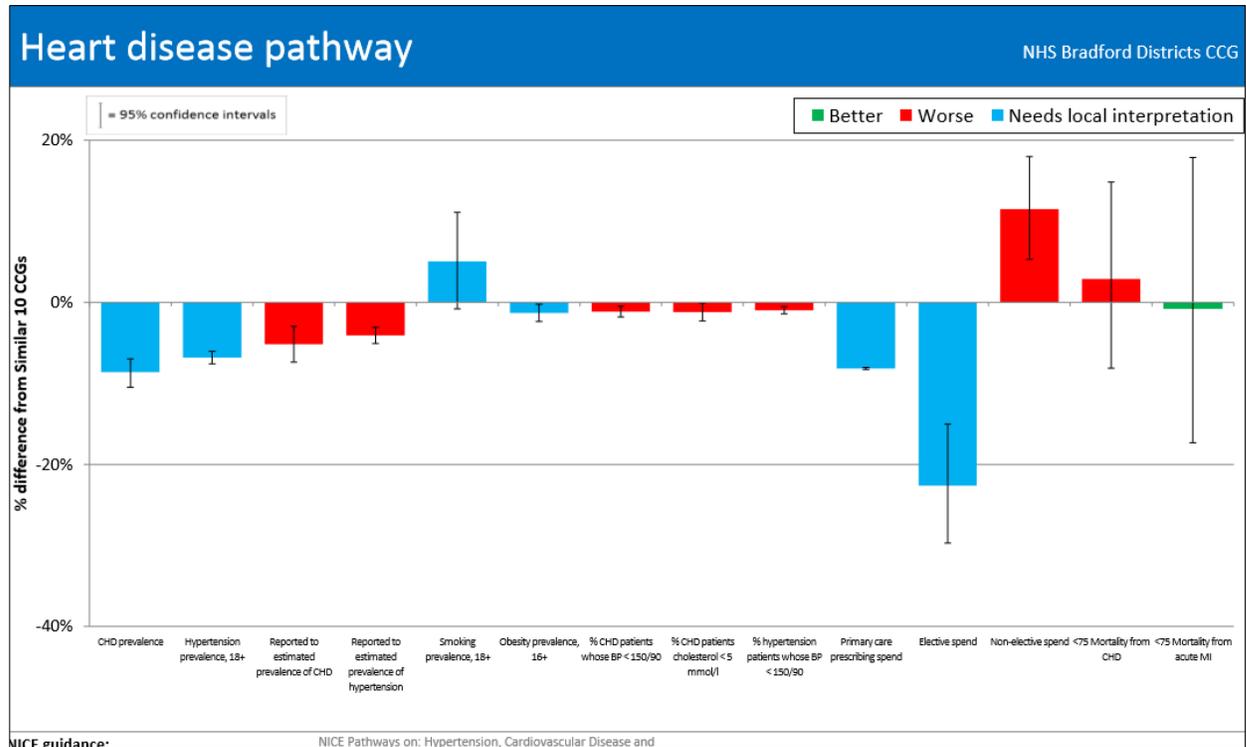
The Commissioning for Value data packs issued for Bradford Districts CCG in late 2014 demonstrated cardiovascular disease as an area of opportunity to improve the quality of services. The data showed that, if the CCG was as effective as the best 5 of the 10 most similar CCGs, there was the potential to save the lives of 27 people under the age of 75 who die as a result of all cardiovascular diseases, including stroke and myocardial infarction each year.

The objectivity of the data resulted in agreement by GPs and Consultants that there was significant potential for improvement.



The data further demonstrated that Bradford Districts' spend on primary care prescribing wasn't high when compared with the best performing comparator CCGs. There was however an opportunity to deliver a financial saving of £86,000 per year by more effective and targeted prescribing.

In the Bradford area NHS expenditure on cardiovascular disease is the second highest, after cancer. Elective and urgent care spends for circulatory problems in local hospitals were significantly higher than other programme budgeting areas and higher than the national average. These data suggest that there was potential to make significant improvements to the prevention of and risk factor management in, cardiovascular disease.



## 2. What to Change

Individuals at high risk of vascular disease include those with high blood pressure, high cholesterol, diabetes and peripheral arterial disease. The Commissioning for Value data pack for Bradford Districts CCG identified that there was room for improvement in the way those conditions were managed within primary care settings

Atrial fibrillation (AF) is a major risk factor for stroke, and it is recognised that almost a third of people with AF are undiagnosed<sup>1</sup>. The Stroke Association in partnership with Public Health England published performance data for all CCGs in 2015. For Bradford Districts CCG, these data showed that there were a significant number of undiagnosed cases of atrial fibrillation and also significant variation between practices in the proportion of their patients with AF who were undiagnosed. There was also evidence that the use of oral anticoagulation was under-prescribed for individuals with AF.

<sup>1</sup> Stroke Association, 2015: <https://www.stroke.org.uk/professionals/af-page/af-page-%E2%80%93ccgs-d>

### 3. How to Change

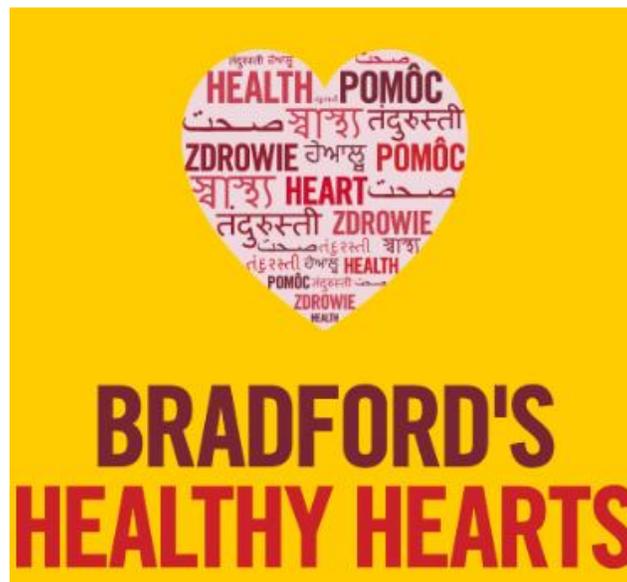
Because heart disease is the major cause of death in Bradford, and the cause of more than 700 deaths each year, the CCG is focusing on improving care for those who have, or who are at risk of developing, cardiovascular disease (CVD) as a key priority. The Bradford Healthy Hearts campaign brings together local GP practices and the wider NHS with one aim: to reduce the risk of stroke and heart attack.

#### The three-year Bradford Healthy Hearts Campaign targets:

- **Vascular disease** – Improved optimisation of blood pressure and cholesterol in those who already have vascular disease i.e. secondary prevention
- Risk factor management- Innovative approaches to the population with annual cardiovascular risk >20% or at 10-20% risk over 10years
- **Managing atrial fibrillation (AF)** (an abnormal heart rhythm that vastly increases the risk of stroke) – through anticoagulation;

#### What was done?

The Bradford Districts CCG “Bradford Health Hearts” (BHH) campaign was launched in October 2014.



The aim of BHH was, by 2020, to reduce the number of people in Bradford dying from cardiovascular disease by a minimum of 10%, including 150 strokes and 350 heart attacks.

- A BHH website<sup>2</sup> was developed which provides information for both patients and professionals. A major section of the website relates to the prevention of CVD through

<sup>2</sup> <http://www.bradfordshealthyhearts.co.uk>

lifestyle choices and a guide to making good choices in the areas that are recognised risk factors for CVD:

1. Smoking
  2. Alcohol
  3. Diet
  4. Weight
  5. Blood pressure
  6. Stress
  7. Diabetes
  8. Exercise
- The benefits of exercise in the reduction of risk of CVD are being widely communicated to the local population with the cooperation of the local authority
  - All 41 local GP practices are engaged and active in the campaign with a CVD practice champion for each practice identified and supported
  - Medication for patients with high total cholesterol has been reviewed and a statin switch programme put in place to optimise cholesterol levels
  - GPs are also working in a targeted way to reduce the number of patients with uncontrolled blood pressure
  - Previously undiagnosed cases of AF are being identified through regular checks and the use of dedicated software that flags up those patients whose results indicate the possibility of AF
  - Everyone who has a diagnosis of AF is being reviewed to ensure that their medications are appropriate and well managed

### What has happened?

In its first year of operation, Bradford's Healthy Hearts helped 14,000 patients in the Bradford area and has already potentially prevented 50 heart attacks and 50 strokes.

More than 963 more people in the Bradford area are now on vital stroke preventive medicine which has reduced the risk of stroke by up to 75% in these patients, avoiding nearly 88 devastating strokes per year. This is an anticoagulation rate of nearly 82%, the highest in the region.

By switching to different statins, over 6,000 patients have reduced their cholesterol level, and over 4,500 patients at moderate to high risk of heart attack and stroke have been prescribed statins to reduce their risk.

The risk of stroke for people with atrial fibrillation (AF) has been reduced by more than two-thirds by anticoagulant medication – such as warfarin – prescribed by a doctor.

### What next?

The next phase of the campaign aims to tackle high blood pressure. It is estimated that more than 50,000 people in Bradford have undiagnosed high blood pressure. Without noticeable symptoms, if left untreated, hypertension can damage arteries and organs, helping to cause narrowing of the arteries.

This, in turn, results in strokes and heart attacks, as well as angina, heart failure, kidney failure and narrowed arteries in the legs.

The project is now being rolled out in Bradford City CCG and includes strong links with local hospital consultants and community pharmacies.

## Lessons Learned

- The use of NHS RightCare methodology has proved effective in identifying clinical priorities, both in terms of quality and value for money, within a CCG population
- The use of objective data regarding clinical outcomes is a compelling method for ensuring the buy-in of clinicians and managers
- The data provide a platform to identify key work streams across primary and secondary care
- Shared decision making across clinical teams ensures ownership
- Identifying and investing in leadership at all levels is key
- Maintaining momentum and enthusiasm needs to be recognised as an important element to success
- Regular communication with those charged with delivering improved services, and the demonstration of their effects on outcomes, has been effective in engaging both primary care and the wider NHS organisations.

### **Right Care Resource Centre**

**Right Care has a resource centre where CCGs can find supporting materials describing the Commissioning for Value approach:**

- Online learning videos
- Atlases, Spend and Outcome Tools
- Commissioning for Value tools
- Casebooks showing learning from early adopters
- Essential reading lists and glossary

**[www.rightcare.nhs.uk/resourcecentre](http://www.rightcare.nhs.uk/resourcecentre)**