POWERING THE PREVENTION SHIFT | THE CVDACTION IMPACT MODEL

This analysis models the health & economic benefits of enabling substantial improvement in secondary prevention of cardiovascular disease (CVD).

Increase in the uptake of 4 high impact but underused treatments is modelled.

3 ambition scenarios are considered: Step Change Improvement, Advanced Improvement and Full Uptake.

The headline table below shows the impact of achieving Step Change – defined as a realistic near-term improvement ambition.

Cluster: Leicester, Leicestershire and Rutland ICB with Northamptonshire ICB Year 3 – Step Change Scenario	
Events prevented: • 330 Heart attacks • 615 Strokes • 1,012 Heart failure admissions • 79 End stage kidney disease	**2,036 events*** **~ 15,572 bed days** (excl ESKD) *Total events may not match due to rounding
Health/social care savings	**£38.1 million**
Productivity gains	**£43.2 million**
Benefit to cost ratio	**15.3** (Over £15 saved for every £1 spent, with break-even for NHS in first year of Step Change)

For full report and detailed results for England and every ICB, visit:

www.into-action.health/impactreport

A realistic step change improvement in secondary prevention will prevent thousands of serious cardiovascular events, deliver huge savings in health and social care, and add £ billions to the national economy in 3 years.

The CVD Prevention Challenge

Secondary prevention – using medication to treat high risk conditions like blood pressure and cholesterol – is very effective at preventing cardiovascular disease. But under use of NICE recommended, high impact treatments that prevent CVD is substantial and longstanding – with little change over many years.

The CVDACTION Health Economic Impact Model

- **4 high risk conditions**: high blood pressure, high cholesterol, chronic kidney disease and diabetes
- **4 high impact treatments** that are NICE recommended but substantially under-used (Blood pressure lowering, cholesterol lowering, renin angiotensin inhibitors, SGLT2 inhibitors)
- **4 major outcomes:** heart attack, stroke, heart failure, end stage kidney disease
- **3 scenarios:**
  1. **Step Change** as the minimum realistic near-term improvement level. For example, step change for blood pressure = 80% patients treated to target.
  2. **Advanced** (representing substantial improvement on the way to Full Uptake)
  3. **Full Uptake** (not fully achievable in practice as medicines will not be appropriate for every patient)
- **Modelled costs include** use of CVDACTION, structured support for primary care transformation and increased medication use (>90% of the total costs).

CVDACTION targets the HOW of optimising prevention in the real world, with 3 essential pillars to enable primary care teams to work differently:

1. Smart data - routinely detect patients who are not on optimal treatment, and prioritise for optimisation

2. Structured support for transformation enabling teams to adapt workforce and pathways to optimise at scale and within capacity

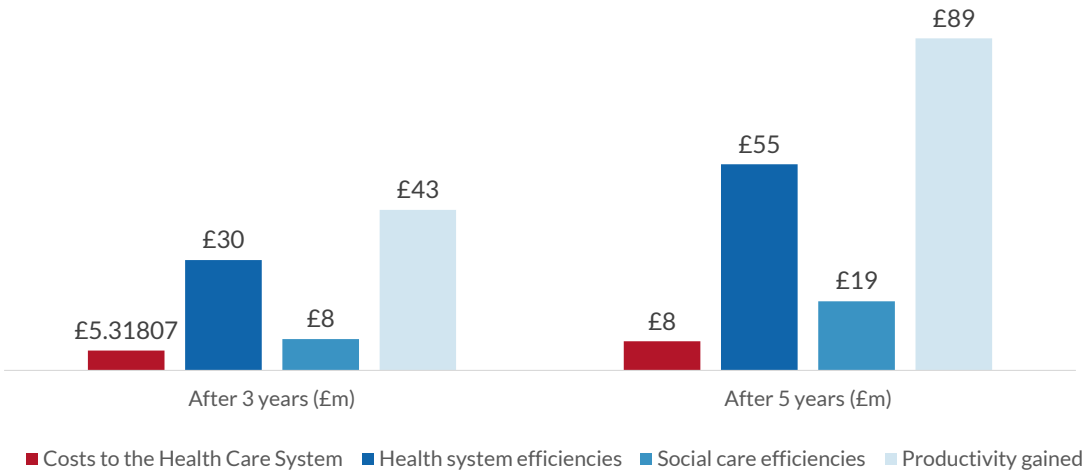
3. **Partnership with primary care for step change** – supporting teams to set and achieve step-change objectives in secondary prevention

For more information on CVDACTION contact Rosa@Into-Action.Health

CVDACTION Modelled Impact (Step Change Scenario)
Headline Costs and Benefits

Location	Cluster - Leicester, Leicestershire and Rutland ICB with Northamptonshire ICB
CVDACTION optimisation cohort	All
Number of patients optimised in year 1	78,159

	After 3 years	After 5 years
Events Prevented		
Myocardial infarctions	330	537
Strokes (ischaemic)	615	993
Heart failure admissions	1,012	1,611
End stage kidney disease	79	126
Total	**2,036**	**3,267**
Costs to the Health Care System	**£5.3m**	**£7.9m**
Benefits		
Health system efficiencies	£29.7m	£55.4m
Social care efficiencies	£8.4m	£18.6m
Productivity gained	£43.2m	£89.3m
Total	**£81.3m**	**£163.3m**
Total Benefits to Costs Ratio (Gross)	**15.3**	**20.8**



All costs and benefits are discounted

CVDACTION: Costs and Benefits by Year

Location: Cluster - Leicester, Leicestershire and Rutland ICB with Northamptonshire ICB

Scenario: Step Change

RESULTS (CUMULATIVE)

	After 1 year	After 2 years	After 3 years	After 4 years	After 5 years	After 10 years	After 15 years
Number avoided with CVDACTION							
Myocardial Infarctions	111	222	330	435	537	1,022	1,438
Strokes	211	415	615	805	993	1,849	2,589
Heart failure admissions	353	692	1,012	1,318	1,611	2,914	3,965
End stage kidney disease	27	54	79	103	126	231	316
Costs of CVDACTION and treatment (discounted)							
CVDACTION	£416,975	£416,975	£416,975	£416,975	£416,975	£416,975	£416,975
Transformation cost	£521,219	£521,219	£521,219	£521,219	£521,219	£521,219	£521,219
Treatment	£1,569,615	£3,010,589	£4,379,872	£5,681,568	£6,919,462	£12,269,291	£16,475,328
Total	**£2,507,810**	**£3,948,784**	**£5,318,066**	**£6,619,763**	**£7,857,657**	**£13,207,485**	**£17,413,522**
Value by economic category (discounted)							
Health costs avoided	£8,161,164	£18,193,195	£29,670,327	£42,146,893	£55,424,896	£126,938,452	£196,043,233
Social care costs avoided	£1,672,386	£4,547,946	£8,440,088	£13,168,528	£18,606,109	£52,309,894	£89,747,610
Informal care costs avoided	£8,999,808	£21,060,064	£35,699,503	£52,355,909	£70,799,682	£178,130,877	£292,006,820
Lost productivity avoided	£880,125	£3,478,457	£7,473,357	£12,564,102	£18,512,997	£55,533,582	£95,489,267
Total	**£19,713,483**	**£47,279,661**	**£81,283,275**	**£120,235,432**	**£163,343,684**	**£412,912,804**	**£673,286,930**
Value by clinical event (discounted)							
Myocardial Infarctions	£1,672,692	£3,777,005	£6,213,421	£8,923,481	£11,819,932	£27,985,515	£44,021,294
Strokes	£15,780,666	£36,422,359	£61,158,588	£89,063,915	£119,803,040	£297,044,476	£483,756,586
Heart failure admissions	£1,090,685	£3,546,575	£7,046,393	£11,322,309	£16,188,190	£44,700,783	£73,679,778
End stage kidney disease	£1,169,440	£3,533,722	£6,864,873	£10,925,727	£15,532,521	£43,182,030	£71,829,271
Total	**£19,713,483**	**£47,279,661**	**£81,283,275**	**£120,235,432**	**£163,343,684**	**£412,912,804**	**£673,286,930**
Benefit to cost ratio (Gross)							
Health costs avoided	3.3	4.6	5.6	6.4	7.1	9.6	11.3
Social care costs avoided	0.7	1.2	1.6	2.0	2.4	4.0	5.2
Informal care costs avoided	3.6	5.3	6.7	7.9	9.0	13.5	16.8
Lost productivity avoided	0.4	0.9	1.4	1.9	2.4	4.2	5.5
Total	**7.9**	**12.0**	**15.3**	**18.2**	**20.8**	**31.3**	**38.7**

*Numbers less than 10 suppressed

CVDACTION Optimisation Cohorts Analysis After 3 Years

Location

Cluster - Leicester, Leicestershire and Rutland ICB with Northamptonshire ICB

Step Change Scenario After 3 Years

Optimisation Cohort	Heath System Costs	CVD Events Prevented[1]	Health System Efficiencies	*Social Care Efficencies*	*Informal Care Avoided*	*Productivity Gained*	*Total Benefits*
Hypertension							
1 .Blood pressure not treated to target	£987,600	777	£11,729,918	*£4,492,910*	*£19,039,116*	*£2,644,738*	*£37,906,682*
Cholesterol							
2. CVD not on Lipid Lowering Therapy (LLT)	£162,792	59	£1,124,527	*£477,727*	*£2,024,385*	*£215,970*	*£3,842,609*
3. CVD on suboptimal dose or intensity of statin	£420,101	93	£1,465,455	*£439,495*	*£1,856,029*	*£313,399*	*£4,074,378*
4. CVD on max statin but not treated to target	£885,066	38	£731,157	*£234,447*	*£1,000,348*	*£138,821*	*£2,104,773*
Chronic Kidney Disease							
5. RAA indicated but not prescribed	£41,665	45	£915,950	*£155,641*	*£669,449*	*£263,810*	*£2,004,850*
6. SGLT2i indicated but not prescribed	£597,296	212	£1,802,016	*£0*	*£0*	*£652,036*	*£2,454,052*
7. CVD and Statin not prescribed	£44,906	29	£597,689	*£258,171*	*£1,104,427*	*£106,990*	*£2,067,276*
8. BP not treated to target	£54,603	81	£1,255,222	*£487,796*	*£2,058,088*	*£284,583*	*£4,085,690*
Diabetes							
9. RAA indicated but not prescribed	£379,128	274	£5,070,686	*£930,597*	*£3,915,180*	*£1,467,234*	*£11,383,697*
10. SGLT2i indicated but not prescribed	£1,569,553	277	£2,454,260	*£0*	*£0*	*£831,323*	*£3,285,583*
11. DM and HTN with BP not treated to target	£144,503	137	£2,238,082	*£846,455*	*£3,542,419*	*£499,878*	*£7,126,833*
12. DM with CVD not on LLT	£30,852	15	£285,366	*£116,848*	*£490,062*	*£54,576*	*£946,851*
Total	**£5,318,066**	**2,036**	**£29,670,327**	*£8,440,088*	*£35,699,503*	*£7,473,357*	*£81,283,275*

All costs and benefits are discounted

1 Events include heart attacks, strokes, heart failure admissions and end stage kidney disease.