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.

Greater Manchester ICB **Year 3 – Step Change Scenario**	
Events prevented: • 486 Heart attacks • 890 Strokes • 1450 Heart failure admissions • 115 End stage kidney disease	**2,941 events*** **~ 22,426 bed days** (excl ESKD) *Total events may not match due to rounding
Health/social care savings	**£55 million**
Productivity gains	**£63 million**
Benefit to cost ratio	**3.8** (Over £3 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

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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. **Structured support for delivery** – supporting teams to set and achieve step-change objectives in secondary prevention

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

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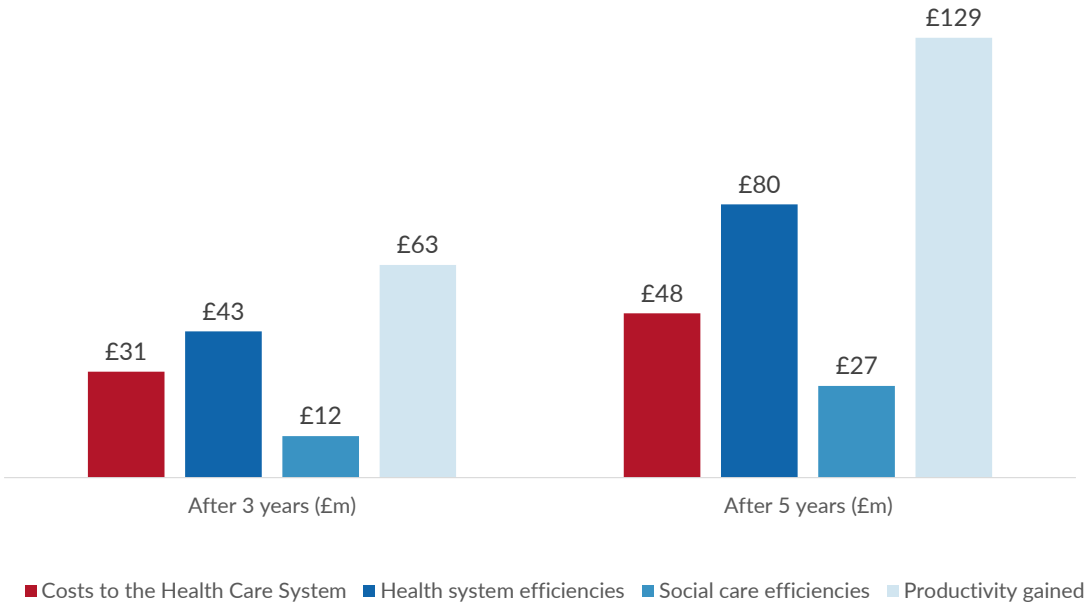
CVDACTION Modelled Impact (Step Change Scenario)

Headline Costs and Benefits

Location	Greater Manchester Integrated Care Board
CVDACTION optimisation cohort	All
Number of patients optimised in year 1	114,090

	After 3 years	After 5 years
Events Prevented		
Myocardial infarctions	486	792
Strokes (ischaemic)	890	1,437
Heart failure admissions	1,450	2,308
End stage kidney disease	115	183
Total	**2,941**	**4,721**
Costs to the Health Care System	**£31m**	**£48m**
Benefits		
Health system efficiencies	£43m	£80m
Social care efficiencies	£12m	£27m
Productivity gained	£63m	£129m
Total	**£118m**	**£237m**
Total Benefits to Costs Ratio (Gross)	**3.8**	**4.9**



All costs and benefits are discounted

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CVDACTION: Costs and Benefits by Year

Location: Greater Manchester Integrated Care Board

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	164	327	486	642	792	1,506	2,119
Strokes	305	601	890	1,166	1,437	2,677	3,749
Heart failure admissions	505	990	1,450	1,887	2,308	4,183	5,696
End stage kidney disease	39	78	115	150	183	335	459
Costs of CVDACTION and treatment (discounted)							
CVDACTION	£660,619	£660,619	£660,619	£660,619	£660,619	£660,619	£660,619
Transformation cost	£825,774	£825,774	£825,774	£825,774	£825,774	£825,774	£825,774
Treatment	£10,668,751	£20,407,399	£29,658,535	£38,451,217	£46,811,488	£82,944,345	£111,398,768
Total	**£12,155,145**	**£21,893,792**	**£31,144,929**	**£39,937,611**	**£48,297,881**	**£84,430,738**	**£112,885,161**
Value by economic category (discounted)							
Health costs avoided	£11,838,978	£26,381,057	£43,014,852	£61,101,530	£80,353,481	£184,096,175	£284,360,606
Social care costs avoided	£2,421,465	£6,585,822	£12,222,977	£19,072,308	£26,949,392	£75,775,108	£129,988,409
Informal care costs avoided	£13,030,917	£30,495,460	£51,694,935	£75,821,572	£102,538,387	£258,021,913	£422,923,447
Lost productivity avoided	£1,276,752	£5,036,781	£10,818,927	£18,189,982	£26,807,076	£80,484,586	£138,437,835
Total	**£28,568,112**	**£68,499,120**	**£117,751,691**	**£174,185,393**	**£236,648,336**	**£598,377,782**	**£975,710,297**
Value by clinical event (discounted)							
Myocardial Infarctions	£2,468,555	£5,571,856	£9,166,089	£13,163,017	£17,435,084	£41,247,652	£64,828,955
Strokes	£22,848,994	£52,740,188	£88,560,167	£128,980,567	£173,507,511	£430,264,298	£700,638,090
Heart failure admissions	£1,560,732	£5,078,472	£10,096,292	£16,231,541	£23,218,433	£64,221,170	£105,913,930
End stage kidney disease	£1,689,831	£5,108,604	£9,929,143	£15,810,268	£22,487,309	£62,644,663	£104,329,322
Total	**£28,568,112**	**£68,499,120**	**£117,751,691**	**£174,185,393**	**£236,648,336**	**£598,377,782**	**£975,710,297**
Benefit to cost ratio (Gross)							
Health costs avoided	1.0	1.2	1.4	1.5	1.7	2.2	2.5
Social care costs avoided	0.2	0.3	0.4	0.5	0.6	0.9	1.2
Informal care costs avoided	1.1	1.4	1.7	1.9	2.1	3.1	3.7
Lost productivity avoided	0.1	0.2	0.3	0.5	0.6	1.0	1.2
Total	**2.4**	**3.1**	**3.8**	**4.4**	**4.9**	**7.1**	**8.6**

*Numbers less than 10 suppressed

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CVDACTION Optimisation Cohorts Analysis After 3 Years

Location Greater Manchester Integrated Care Board

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	£1,413,309	1,076	£16,250,779	*£6,224,535*	*£26,377,037*	*£3,664,054*	*£52,516,405*
Cholesterol							
2. CVD not on Lipid Lowering Therapy (LLT)	£301,729	107	£2,050,484	*£871,096*	*£3,691,303*	*£393,803*	*£7,006,686*
3. CVD on suboptimal dose or intensity of statin	£667,799	143	£2,265,929	*£679,560*	*£2,869,846*	*£484,586*	*£6,299,921*
4. CVD on max statin but not treated to target	£1,372,580	59	£1,130,536	*£362,509*	*£1,546,767*	*£214,649*	*£3,254,461*
Chronic Kidney Disease							
5. RAA indicated but not prescribed	£58,255	62	£1,254,695	*£213,202*	*£917,031*	*£361,375*	*£2,746,303*
6. SGLT2i indicated but not prescribed	£6,804,158	291	£2,468,455	*£0*	*£0*	*£893,178*	*£3,361,633*
7. CVD and Statin not prescribed	£62,592	39	£818,732	*£353,650*	*£1,512,877*	*£146,558*	*£2,831,816*
8. BP not treated to target	£78,308	112	£1,741,497	*£676,769*	*£2,855,394*	*£394,831*	*£5,668,492*
Diabetes							
9. RAA indicated but not prescribed	£577,226	408	£7,564,813	*£1,388,332*	*£5,840,946*	*£2,188,925*	*£16,983,016*
10. SGLT2i indicated but not prescribed	£19,536,616	414	£3,661,442	*£0*	*£0*	*£1,240,227*	*£4,901,669*
11. DM and HTN with BP not treated to target	£225,545	207	£3,381,762	*£1,279,001*	*£5,352,626*	*£755,320*	*£10,768,709*
12. DM with CVD not on LLT	£46,810	22	£425,729	*£174,322*	*£731,109*	*£81,420*	*£1,412,581*
Total	**£31,144,929**	**2,940**	**£43,014,852**	*£12,222,977*	*£51,694,935*	*£10,818,927*	*£117,751,691*

All costs and benefits are discounted

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

Model by GtD SOCIAL IMPACT ANALYTICS

Economic analyiss by EBD.