Vascular checks – a vascular risk assessment and management

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Vascular Programme
Three Questions

(1) What is the starting point?

(2) Where are we now?

(3) What happens next?

Development through wide participation
What is the starting point?

- Vascular disease (Diabetes, CHD, Stroke, CKD):
  - significant public health threat
  - 170,000 deaths annually, 4m ill/disabled
  - leading cause of health inequalities

- Linked modifiable risk factors:
  - Smoking, lipids, physical activity, hypertension

- Growing consensus on individual prevention
  - NICE, National Screening Committee
Vascular Checks

A single, universal, integrated check for all aged 40 - 74

- Measure individual vascular risk based on known factors
- Set out how to reduce modifiable risk (or keep at low level)
- Offer tailored package of specific preventive measures where indicated

Evidence confirms clinical and cost effectiveness
To achieve this the programme should:

- Offer 3m vascular checks a year
- Cost an additional £330m before savings
- Each year, could prevent at least:
  - 1,600 heart attacks and strokes
  - 650 deaths
  - 4,000 people developing diabetes
  - detect at least 20,000 cases of diabetes or kidney earlier
- At a cost/QALY of about £3,500
(2) Where are we now?

- PM announcement Jan 08
- Alan Johnson announcement April 08
- Included in the Next Stage Review as part of the focus on preventing ill health
- NSR also announced *Reduce your risk* campaign
- From 2009/10, all PCTs are being asked to implement vascular checks programme
- Full roll out expected 2012/13
Progress so far

**Economic modelling**
- Technical consultation July – November 2008
- Confirms clinical and cost effectiveness

**Guidance for PCTs**
- Nov 08: ‘Next Steps’ Guidance for PCTs
- Nov 08: Primary Care Service Framework
- Mar 09: Minimum data set and SOPs

**Stakeholder engagement**
- Learning Network - to capture ‘what works’ in delivery
- Stakeholder events and workshops
- Qualitative research project: high risk and hard to reach
- Planning events in each SHA during late Feb/ March
Kidney Disease

- Kidney disease is included in the vascular check
- but won’t test everyone between ages 40 – 74

- Vascular check will include
  - initial filter (blood pressure)
  - Serum creatinine (not sufficient evidence to support ACR)
  - further investigation where eGFR is low

- More details available in SOP
Vascular Checks Programme

Risk assessment
- Age
- Gender
- Smoking status
- Physical activity
- Family history
- Ethnicity
- Body Mass Index
- Cholesterol test
- BP Measure
- Diabetes filter
  - BMI
  - BP measure

Communication of risk
- Risk Assessment
- Raised blood pressure
- IFG/IGT
- IFG/IGT lifestyle management advice

Risk Management
- Behaviour change tool e.g. Mid Life LifeCheck
- NHS stop smoking services referral
- Exercise on prescription or other physical activity intervention
- Weight management on referral
- Statins prescription offered*
- Anti-hypertensives prescription *
- Serum Creatinine^ eGFR Low

Key:
- DM: Diabetes Mellitus
- eGFR: estimated Glomerular Filtration Rate
- IFG: Impaired Fasting Glucose
- IGT: Impaired Glucose Tolerance

All to be undertaken by GP Practice Team
*or professionals with suitable patient information and prescribing rights
^People recalled to separate appointments for diagnosis

Initially, PCTs decide which people to call first and where the checks can be accessed (e.g. General Practice, pharmacy etc) bearing in mind the need to tackle health inequalities.
(3) What happens next?

National programme, locally delivered

PCTs commission services to suit local needs

Checks suitable for a variety of settings

Potential positive impact on health inequalities
Initial Steps

Test bed sites test out some approaches to delivering the checks

- 18 sites across England (incl. Doncaster PCT)
  - near patient testing vs laboratory analysis
  - pharmacy settings
  - information transfer from community settings
  - faith groups

Workforce

- Training and diploma in vascular risk assessment
- Professionals of all types and volunteers, particularly in deprived areas

All PCTs should be planning some implementation in 2009/10

Full rollout to 3m invitations annually by 2012/13
Many PCTs already running similar programmes

But note almost all are cardiovascular checks, excluding diabetes and kidney disease
Additional resources

Learning Network
• events – next event 18 March, London
• e-bulletin
• website

Case studies

PCT Toolkit
• to help PCTs estimate how many additional interventions will need to be commissioned

Standard Operating Procedures

National identity, information leaflet and invitation letter template

www.improvement.nhs.uk/vascularchecks
‘Reduce your Risk’ campaign

Launch later 2009 alongside vascular checks

Aims to:

– strengthen knowledge of risk factors
– identify how people can reduce risk
– set out when to seek help
Challenges

- Call and recall system
- Risk engine
- Quality assurance
- Health inequalities
- Communications
- Implementation and monitoring
- Evaluation
- Research
Further information

www.improvement.nhs.uk/vascularchecks

www.dh.gov.uk/vascularchecks

E-mail: vascular.checks@dh.gsi.gov.uk
Risk assessment

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- Diabetes filter
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Communication of risk

Risk Assessment

- Raised blood pressure

Risk Management

- Sign post or refer to lifestyle interventions
- Behaviour change tool e.g. Mid Life LifeCheck
- NHS stop smoking services referral
- Exercise on prescription or other physical activity intervention
- Weight management on referral
- IFG/IGT lifestyle management advice
- Statins prescription offered*
- Anti-hypertensives prescription *

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Department of Health

High Risk annual reviews

EXIT

Family history

EXIT

Hypertension register

EXIT

Diabetes register

EXIT

CKD register

EXIT

Anti-hypertensives prescription *

If CVD risk assessed as >20%

Assessment for hypertension^