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Healthcare Public Health

Dear valued reader,

Many thanks for your continued support and interest in this newsletter. Last December we carried out a HCPH communications survey which helped us to understand how we can improve the format and content in the newsletter which will be incorporated over the coming months. One area that was highlighted in the survey was to have a more consistent theme to news and updates. This news in this issue is focused on cardiovascular disease. The next issue will focus on falls and fragility fractures.

Please contact Kasia.Wisniewska@phe.gov.uk if you would like to be added to our distribution list or would like to submit an article for the next issue.

Best wishes,

HCPH newsletter coordinating group

Newsletter coordinating group
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Population Based Services for people with cardiovascular problems

The new NHS planning guidance issued at the end of December offer the opportunity of answering the questions which we have been unable to answer since 1948, although we work in a reportedly National Health Service questions such as:

- How many services are there for people with heart failure in England and which is the best?
- Is the number of services for people with heart failure the same as or different from the number of services for people with rhythm disorders?
- Is the care for people with heart failure better in Somerset or Devon?
- Is the care for people suffering from the effects of congenital heart disease better in Liverpool or Manchester?
- Who is responsible for the service of breathlessness in Kent?

These are population based questions which we are at present unable to answer. We have made good progress in addressing issues of quality but quality relates to the number of patients seen by a particular service not to the number of people affected in the whole population because we have not gathered information on a population basis, at least not for a long time. All that changes with the new planning guidance, let us now consider how it applies to people with cardiovascular disease for example:

- Paragraph 16 calls for "specific delivery plans some of which will necessarily be in different geographical footprints." What is the right population size for heart failure prevention and management and is that different for the right population size for people with rhythm disorders?
- Paragraph 17 states the first critical task is to consider…the geographical scope of the sustainable transformation plan.
- Paragraph 15 says a clear challenge of preparing a plan for allocative efficiency, namely deciding what the right balance is between investment for people with cardiovascular problems and investment for people with other problems such as mental illness or cancer. Of course many people with cardiovascular problems have other problems, the term multiple morbidity is increasingly used, but the principle remains the same have we got the balance of resources right. Secondly have the clinicians got the balance of resources right between the major subgroups within the population of people with cardiovascular disease. If we look simply at activity as an indicator of investment then it is obvious that there is significant variation some of which is unwarranted? Where there is unwarranted variation there is the possibility of both overuse and underuse.

Fantastic progress has been made in the last twenty years for people who have cardiovascular disease both in prevention and treatment but at the end of twenty years of progress three major problems can be seen in every health service in the world. The first is unwarranted variation namely variation that cannot be explained by variation in patient preference or need, depicted in the NHS Atlases of Variation. Unwarranted variation reveals two other problems. Firstly there may be overuse of health care which always causes waste and sometimes causes harm.

Secondly there may be underuse of healthcare which leads to preventable morbidity and mortality, for example insufficient identification and treatment of people atrial fibrillation results in avoidable death and disability from stroke and vascular dementia. Underuse is often compounded by inequity with certain subgroups of the population unfairly receiving less care and is justified by the need.

Variation often hides a combination of overuse and underuse. For example, rates of people undergoing catheter ablation as part of the treatment for atrial fibrillation vary more than a ten-fold variation between CCGs. These procedures are also are becoming more common despite uncertainty about the balance of benefits and risks. This combination of growth and wide variation and almost certainly means some are being denied beneficial treatments while others are receiving invasive treatments and being exposed to unnecessary risks.

The new planning guidance needs to be applied through the Sustainability and Transformation Plans to all the major subgroups of the population one of which of course is people at risk of or with cardiovascular problems. Population healthcare is here! **See page 5** for training on population healthcare.

Resources and intelligence

- **'Atrial Fibrillation and Stroke – we can do better' - webpages and editorial**

Following on from the 'AF and Stroke – we can do better' conference on 24 September 2015, British Heart Foundation, Stroke Association, Public Health England, AF Association and Arrhythmia Alliance are delighted to launch the partnership webpages where you will find posters, videos and presentations from the day.

The webpage conveniently brings together all partner agency websites in one place which host a wealth of AF resources and tools for patients, commissioners and providers.

An editorial on 'Stroke prevention in atrial fibrillation: we can do better' was published in the British Journal of General Practice.

- **Hypertension profiles**

The National Cardiovascular Intelligence Network, in partnership with the Public Health England blood pressure team, recently launched a series of Hypertension Profiles for each CCG and lower tier local authority. The Hypertension Profiles show each local authority and CCG how well it is doing in detecting and treating high blood pressure by comparing its performance with that of similar authorities and the rest of England.

- **NHS Health Check: new research published**

BMJ Open have now published the largest and most comprehensive national evaluation of the NHS Health Check programme to date. The study, presents some positive findings while also recognising opportunities for improvement. Researchers from three universities, led by Queen Mary University of London, conducted an observational study over four years (April 2009 to March 2013), analysing QResearch data from 655 general practices across England. The research team reviewed data relating to 214,295 people who attended an NHS Health Check and compared these findings against 1.4 million people who had not yet been offered or taken up their checks. You can find an infographic summarising key findings from the study attached and more information on the study here.

- **Dementia profile**

The Dementia profile provides health intelligence to inform the provision of care for people in England who have dementia which includes data on the recorded prevalence of hypertension, diabetes and coronary heart disease. These profiles are at Clinical Commissioning Group and Local Authority geographies and give local commissioners and providers the information they need to benchmark against other populations and inform improvements in outcomes for people with dementia.

Events, training and updates

- **Arrhythmia Alliance cardiac update meetings**

Cardiac update meetings are for all healthcare professionals involved in the management and treatment of arrhythmias such as atrial fibrillation. These meetings provide a platform for education, as well as sharing best practice and information on topics such as device and drug treatments, atrial fibrillation and syncope. In addition these meetings will be an opportunity to network locally with healthcare professionals in all areas of cardiac service provision, academic institutions and professional bodies. For more information about these meetings please visit here.

- **Population Healthcare Training Workshop - York 29th February**

Public Health England has commissioned Better Value Healthcare to deliver a training programme for PHE, NHS and Local Authority staff working in healthcare public health, to equip them to make a full contribution to the transformation of healthcare envisaged by the Five Year Forward View.

By the end of the programme you will be able:

- To understand the concepts of value-based healthcare and population healthcare
- To understand the Triple Value approach, i.e. person, technical and allocative value
- To take action to increase triple value and, if required, release cash
- To engage patients and clinicians in the development of value-based healthcare
- To undertake a Value Improvement Project in your organisation
- To write up your Value Improvement Project for publication in a BMJ journal

The training will be held at the Post Graduate Medical Centre, York Hospital, Wigginton Road, York YO31 8HE. To register for this workshop please email ruth.brice@bvhc.co.uk

- **The British Heart Foundation pilots the House of Care**

The British Heart Foundation has funded a 2 year programme to implement the House of Care across 5 UK healthcare communities of practice, each encompassing a population of 50,000 or more. An investment of £1million has been made into the programme including evaluation and training. The model underpins the principles of person centred care whereby healthcare professionals and people living with cardiovascular disease and other long-term conditions can come together as equal partners for a care and support planning discussion that addresses the needs of the individual. For more information about this pilot can be found here.

- **NICE Familial Hypocholesteremia guidance update**

The anticipated publication of the updated guidance on Familial hypercholesterolaemia: identification and management (CG71) is January 2017. Draft guidance consultation will take place from 18 October 2016 to 15 November 2016. More information can be found here

- **Making Every Contact Count (MECC) tools and conference**

The end of January saw 200 delegates come together for the Making Every Contact Count conference hosted by Health Education England and Public Health England at the University of Salford. The day included an innovative and varied programme of evidence updates, discussion and debate and the sharing of local practice and resources. Participants included leads from the NHS, local authority, wider workforce, allied health and the voluntary sector. The #MECC was widely used by participants, and a social media activity report from the conference can be accessed here

During the conference PHE, HEE, NHS England and the national MECC advisory group launched the publication of a suite of tools to support local activity

These practical resources aim to support those considering or reviewing MECC activity and to aid local implementation. The tools include an Implementation guide, and a Training quality marker checklist. They are for use by organisations that are:

- considering or reviewing MECC activity
- developing or commissioning new MECC training
- undertaking a review of existing MECC training resources
- developing and providing MECC training resources

Making Every Contact Count (MECC) is an approach to behaviour change that utilises day to day interactions to support people in making positive changes to their physical and mental health and wellbeing. MECC enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations.

If you are interested in joining a MECC community of practice, please send your contact details to: hee.mecc@nhs.net.

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