

Prevention pays

Introduction

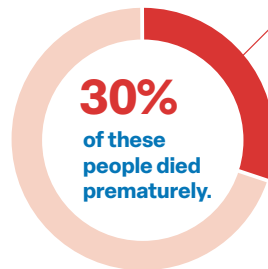
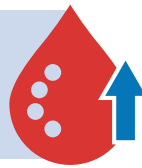
CVD has a significant impact on the economy and labour markets, as well as a significant cost to the NHS. There is a huge opportunity to be seized for both the NHS and wider economy through the optimal management of high cholesterol, triglycerides and other lipids to reduce the number of avoidable CVD events.



There are an estimated **6.4m** people with CVD conditions.

In 2021, **125,445** people died from CVD.

High cholesterol, triglycerides and other lipids are leading causes of CVD.



Methodology

To develop this infographic, HEART UK undertook analysis of publicly available data to understand the potential savings that could be achieved through the optimal management of high cholesterol. A full methodology, and breakdown of the figures, can be found in the accompanying document.

Cost of avoidable CVD events

Annual Cost to the NHS

Avoidable heart attacks, strokes, angina, and heart surgery are all linked to high cholesterol. Each year, these CVD events and conditions cost the NHS an estimated total of **£1,137,819,050**.

Annual Cost to the Economy of Avoidable CVD Events

As well as costs to the NHS, avoidable CVD events have a wider economic impact through workdays lost and premature deaths. The estimated cost of lost workdays is **£673,200,000** and the estimated cost of premature deaths is **£670,857,000**. The estimated total economic cost is **£1,344,057,000**.

Cost to the NHS of increasing prevention

The NHS already spends money each year trying to treat and prevent avoidable CVD events, including through NHS Health Checks and use of lipid lowering therapies. The estimated annual cost to the NHS of these is **£235,663,426.28**.

Increasing spending on preventative measures would actually generate significant savings for Government and the NHS over the longer term by reducing the number of avoidable CVD events per year. For the purpose of the final calculations and analysis, HEART UK has assumed a doubling of the number of NHS Health Checks performed per year and a doubling of patients on lipid lowering therapies, costing the NHS **£471,326,852.56**.

Prevention savings

$$\begin{array}{r} \text{£1,137,819,050} \\ + \\ \text{£1,344,057,000} \\ \hline = \text{£2,481,876,050} \\ - \\ \text{£471,326,852.56} \end{array}$$

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These results show that prevention pays. Improving the management of cholesterol, triglycerides and other lipids, even counting the additional costs to the NHS of further prevention and treatment, could lead to a combined boost to the economy and NHS of

£2,010,549,197.44



This is equivalent to:

7,000 new band 5 nurses

Conclusion

This final number is also likely an underestimation as CVD is a significant cause of disability. It is likely that the actual opportunity for better managing cholesterol and triglycerides would be much larger than **£2,010,549,197.44** per year when considering the social impacts and associated cost.

HEART UK recognises that the rewards from increasing prevention of CVD will not appear immediately. However, this investment is a big opportunity for a new government to meet NHS Long Term Plan ambitions in CVD within two terms.

Calls to action

In order to reduce the number of avoidable CVD events, and claim this opportunity, HEART UK recommends the following actions are taken:

1 Ensure NHS Health Checks are offered to all those eligible to support primary prevention and incentivise providers of NHS Health Checks to improve the uptake with clear targets.

2 The eligible age for NHS Health Checks should be reduced to 30 for those with a high risk of CVD. Ensure those not eligible for the NHS Health Check - including those already on treatment and those diagnosed with a long-term condition - are also receiving the monitoring and support needed.

3 All patients over the age of 30 should have their CVD risk assessed, and be given support to reduce risk factors.

4 Funding for CVDPREVENT should continue beyond 31st January 2026.

5 In the upcoming updates to the Quality Outcomes Framework (QOF), cholesterol indications should be expanded to include primary prevention.

6 All Integrated Care Systems (ICSs) should include the prioritisation of CVD and cholesterol in their plans.

7 Expand access to familial hypercholesteremia (FH) testing and ensure equity of access to FH services across the country.

8 The new Pharmacy Contract should include a nationwide rollout of cholesterol testing in community pharmacies to reduce inequity of access to diagnosis.

9 Ensure patients who have had heart attacks or strokes are being optimally managed, treated and monitored.

10 Empower patients to take a more active role in driving their own care and treatment, including through improving education on the importance of being aware of their cholesterol levels and subsequent actions to take.

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