

JSNA Review - Prioritisation Tool

Priority Topic: Cardiovascular Disease (CVD)

	Score	High	Medium	Low	Zero	Score	Weighting	What's the evidence?
	Criteria	10 points	5 points	1 point	0 points			
Estimated Level of Need	Level of need – Volume	Topic covers an estimated <u>large 'in need' population</u> (>25,000 people).	Topic covers an estimated <u>medium sized 'in need' population</u> (10,000 – 24,999).	Topic covers an estimated <u>small 'in need' population</u> (<10,000).	-	High - 10 points	1.5	There is an estimated 5.7% (25,400) of the population living with CHD and 2.5% with Stroke (11,100) alone. There are currently over 27,000 patients on GP registers for stroke and CVD. CVD is the leading cause of death in Warwickshire accounting for approx. 1400 deaths (28%) a year.
	Level of need – Severity	The population concerned have <u>'severe' needs.</u>	The population concerned have <u>'considerable' needs.</u>	The population concerned have <u>'moderate' needs.</u>	-	Medium – 5 points	1.5	The level of need will vary depending on the diagnosis. CVD is a chronic condition.
	Level of need – Trend	Available evidence suggests <u>rapidly worsening</u> situation over time.	Available evidence suggests <u>worsening</u> situation over time.	Available evidence suggests situation has remained <u>stable</u> over time.	Available evidence suggests <u>improving</u> situation over time.	Zero - 0 points	1	In line with national trends, there continues to be an overall decline in the number and rate of deaths from CVD across Warwickshire
	Level of need – Benchmarks	Available evidence suggests <u>very high</u> prevalence relative to comparator areas (the County is a clear statistical outlier).	Available evidence suggests <u>above average</u> prevalence relative to comparator areas.	Available evidence suggests prevalence <u>in-line</u> with comparator areas.	Available evidence suggests <u>relatively low</u> prevalence relative to comparator areas.	Low - 1 point	1	Overall mortality rates for CVD in Warwickshire are significantly lower than the England average. However, prevalence is higher in parts of the County than nationally and regionally for CVD (the South) and higher for stroke.
	What is the magnitude of potential health benefit from dealing with the issue? What is the ability to benefit?	<u>Large</u> potential health benefits to be gained.	<u>Medium</u> potential health benefits to be gained.	<u>Small</u> potential health benefits to be gained.	-	High - 10 points	1	Most deaths caused by cardiovascular disease are premature and could easily be prevented by making lifestyle changes, such as eating a healthy diet and stopping smoking. It is estimated that CVD is responsible for around 1 in 3 premature deaths in men and 1 in 5 premature deaths in women.

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Early Intervention	Does the topic have early intervention implications? Is it any emerging issue which is likely to cause further problems in the future?	<u>Clear, demonstrable evidence</u> that there is a <u>strong case</u> for early intervention.	<u>Some evidence</u> which highlights areas suitable early intervention.	<u>Weak evidence</u> that the topic has areas suitable early intervention.	<u>No evidence</u> to suggest that the topic contains areas suitable early intervention.	High - 10 points	1	Most deaths caused by cardiovascular disease are premature and could easily be prevented by making lifestyle changes, such as eating a healthy diet and stopping smoking.
Consultation & Engagement	What level of qualitative information do we have on the issue?	<u>Consistent evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Some evidence of strong views</u> from stakeholders, patients, residents and/or service users.	<u>Weak evidence of views</u> from stakeholders, patients, residents and/or service users.	<u>No evidence of views</u> from stakeholders, patients, residents and/or service users.	Medium - 5 points	1	Limited local evidence but national evidence from patient experience surveys suggests this is an issue.
Inequalities	What is the scale of inequality?	<u>Persistent, wide scale geographic and population-based</u> inequalities are clearly apparent.	<u>Some notable geographic or population-based</u> inequalities are apparent.	<u>Some minor inequalities</u> exist.	<u>Little or no evidence</u> of inequalities.	High - 10 points	1	Considerable variation across Warwickshire and by age and gender. The rate of premature CVD deaths ranges from 38 in Stratford to 68 in Nuneaton, this remains significantly higher than the national rate. There is also variation in diagnosis and treatment by practice.
Wider Impact	What broader impact does the topic have on the local population?	A number of <u>significant, clear and obvious direct impacts</u> .	A <u>moderate direct and/or indirect impact</u> .	A <u>minor indirect impact</u> .	<u>Unclear, little or no impact</u> .	Medium - 5 points	1	Reduced income through reduced work and loss of earnings, the impact on carers and the family.
Cost Implications	Estimated economic cost associated with tackling the topic in Warwickshire	<u>High levels (multi-millions of £s) of both direct and indirect estimated economic costs</u> both now and in the future.	<u>Medium levels (c. £5 million) of direct and/or indirect estimated economic costs</u> both now and in the future.	<u>Low levels (<£1 million) of estimated economic costs</u> either now/and or in the future.	-	High - 10 points	1.5	The combined cost of cardiovascular disease (CVD) to the NHS and the UK economy is £30 billion annually. The cost of CVD to the UK healthcare system in 2006 was £14.4 billion (around 48%), productivity losses accounts for £8 billion annually (26%) and the cost of informal care of people with CVD is also £8 billion annually.

Total Score = 78.5

Maximum points available: 115