NICE Public Health Guidance on the Prevention of Cardiovascular Disease at a Population Level
United Kingdom

Which ‘life stage’ for CVDs prevention targets the intervention?

All life stages.

Short description of the intervention:

The United Kingdom’s Department of Health asked the National Institute for Health and Care Excellence (NICE) to produce public health guidance on the prevention of cardiovascular disease (CVD) at population level. The resulting guidance was published in 2010 and is for the government, the NHS, local authorities, industry and all those whose actions influence the population’s cardiovascular health, including health commissioners, managers and practitioners working in local authorities, the wider public and voluntary and community sectors. The guidance complements NICE guidance on smoking cessation and prevention and tobacco control, physical activity, obesity, hypertension, maternal and child nutrition and alcohol misuse. The aim of the guidance is to encourage patients, policy makers and managers in all sectors and healthcare practitioners to be aware of the risk factors for CVD and to minimise them to prevent the condition from arising.

The target groups are: Ministers, the relevant government officials and policy makers at all levels in the Departments of Health, Business, Culture, Media and Sport, Education, Environment, Food and Rural Affairs, Transport, the Advertising and Food Standards Agencies, the Medical Research Council, Caterers, Food and Drink Producers and Retailers, Farmers, Marketing and Media Industry and Non-governmental agencies such as the British Heart Foundation, Diabetes UK and the Stroke Association.

The guidance has 21 recommendations, each with actions. The topics are:
- Salt content of food
- Saturated Fats
- Trans fats
- Marketing and Promotion aimed at children and young people
- Commercial interests
- Product labelling
- Health impact assessment
- Common agricultural policy
- Physically active travel
- Public sector catering
- Take-aways and other food outlets
- Monitoring
- Regional CVD prevention programmes - good practice principles
- Regional CVD prevention programmes - preparation
- Regional CVD prevention programmes - programme development
- Regional CVD prevention programmes - resources
- Regional CVD prevention programmes - leadership
- Regional CVD prevention programmes - evaluation
- Children and young people
- Public sector food provision
- Physical activity
Health impact assessments of regional and local plans and policies
They have heightened the awareness of all groups involved to the risk factors for CVD and the actions to be taken to avoid them.

Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?
Yes, the guidance was developed by an invited expert committee, who reviewed all the relevant literature and drafted the guidance in the light of the best available evidence.

Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods?
As guidance, recommendations for good practice are set out and the groups who should follow them are specified. However, although the guidance has influenced food producers to reduce the salt, saturated fat and trans fat content of processed food and advertisers to modify marketing and promotion aimed at children and young people, no specific timeframe was set.

To which type of interventions does your example of good practice belong to?
Individual intervention and policy/strategy because the guidance is aimed at the whole population, policy makers and food producers and advertisers.

How is this example of good practice funded?
The production of the guidance was funded by national government. Its implementation is funded by all the groups listed above.

What are the main aim and the main objectives of your example of good practice?
To prevent CVD, by raising the awareness of the groups listed earlier in this description, to the risk factors and offering guidance on how to avoid or limit them.

Please give a description of the problem the good practice example wants to tackle:
In England in 2007, CVD led to the deaths of nearly 159,000 people (34% of all deaths in England). Premature deaths in people under 75 years of age are preventable. CVD accounted for 40,000 premature deaths in England in 2007. The British Heart Foundation (BHF) has estimated that about 111,000 people, in the UK, have a stroke for the first time each year. In 2009, the BHF also estimated that in 2008, in the UK, there were 96,000 new cases of angina, 113,000 heart attacks and 68,000 new cases of heart failure. Premature death rates from CVD appear to be up to six times higher among lower socioeconomic groups (O’Flaherty et al. 2009). The consequences are unnecessary premature deaths, poor quality of life for those who survive and a high financial cost, which nine years ago in the UK was estimated to be about £30 billion annually (Luengo-Fernandez et al. 2006).

Is your example of good practice embedded in a broader national/regional/local policy or action plan?
Yes, within the Health Department (Ministry) overall plan to prevent disease

Implementation of your example of good practice is/was:
Continuous in that the guidance has been in place since 2010

Target group(s) :

www.chrodis.eu
In general, the entire population but more specifically:
Ministers and officials in the following government departments (ministries):
Health
Business, Innovations and Skills
Culture, Media and Sport
Education
Environment, Food and Rural Affairs
Transport
The Treasury
Food Standards Agency
NICE
National Research Bodies such as the Medical Research Council

Other bodies including:
Caterers
Food and Drink producers
Food and drink retailers
The Marketing and Media Industry
Farmers
The whole population

During implementation, did specific actions were taken to address the equity dimensions?
Yes, the far higher prevalence of CVD in the lower socio-economic groups and the need to improve equity with regard to CVD was highlighted.

Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants?
Yes, there were and are recommendations on 21 topics related to the prevention of CVD such as salt content of food, lack of exercise, etc. The actions for each recommendation used different strategies, tailored to the recommendation.

Was an effective partnership in place?
Yes, all the government departments have to work in partnership and the Department for the Environment, Food and Rural Affairs and the Food Standards Agency have been and are in regular contact with representatives of food producers, retailers and advertisers.

Was the intervention aligned with a policy plan at the local, national, institutional and international level?
Yes within government policy nationally and locally.

Who implemented the intervention?
The guidance was developed by a committee of experts convened by NICE. The committee consisted of individuals with specialist knowledge of risk factors for CVD

What core activities are/have been implemented?
The guidance was promoted widely and can be accessed freely from the NICE website www.nice.org.uk/guidance

**Is the potential impact on the population targeted assessed (if scaled up)?**

Yes, by considering the annual mortality rates for CVD, the number of premature deaths for CVD and any changes in the proportion of those from lower socio-economic groups suffering from CVD.

**What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?**

Wide publicity so that all members of the population were and are aware of the risk factors for CVD

**What were in your opinion, the main lessons to be learned?**

The need to include all parties with an interest in the development of the recommendations and of continuous publicity for them

**Web page related to the intervention**

www.nice.org.uk/guidance

**References**


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