



# Heart Health:

## *Views and Experiences of Hertfordshire Residents*

**Engagement:** March – May 2023

**Published:** October 2023

**Authors:** Miriam Blom-Smith and Chloe Gunstone

# Contents

About Healthwatch Hertfordshire.....	4
About the Hertfordshire and West Essex Integrated Care System.....	4
Hearing Patient Views about Primary Care in Hertfordshire and West Essex.....	5
Background.....	5
Aims.....	8
Methodology.....	8
Key Findings.....	9
Demographics.....	9
Identification and Diagnosis.....	10
Understanding of their Condition.....	13
Management of their Condition.....	15
Awareness.....	17
Prevention.....	19
Measurements.....	22
Barriers.....	25
Summary.....	28
Recommendations.....	29

## Glossary

**Angina:** *chest pain caused by reduced blood flow to the heart muscles*

**Atrial fibrillation:** *a heart condition that causes an irregular and often abnormally fast heart rate*

**Cardiovascular disease:** *a general term for conditions affecting the heart or blood vessels.*

**Congenital heart disease:** *a general term for a range of birth defects that affect the normal way the heart works*

**Coronary heart disease:** *the term that describes what happens when your heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries.*

**Heart attack:** *a lack of blood supply to the heart that is usually caused by a blood clot in the coronary artery*

**Hypertension:** *the medical term for high blood pressure, which means your heart is working harder when pumping blood around your body.*

**High cholesterol:** *when you have too much of a fatty substance called cholesterol in your blood*

**Stroke:** *a sudden loss of brain function due to decreased blood flow to an area of the brain*

**Vascular dementia:** *a common type of dementia caused by reduced blood flow to the brain that results in changes to memory, thinking, and behaviour*

## About Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire on health and social care services. We provide an independent consumer voice evidencing patient and public experiences and gathering local intelligence to influence service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

## About the Hertfordshire and West Essex Integrated Care System

The Hertfordshire and West Essex Integrated Care System (ICS) was established as a statutory body on 1<sup>st</sup> July 2022. Integrated Care Systems are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, coordinate and commission health and care services<sup>1</sup>. The Hertfordshire and West Essex ICS is made up of two key bodies – an Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

### **Integrated Care Board (ICB)**

The Integrated Care Board (ICB) is an NHS organisation responsible for planning and overseeing how NHS money is spent across Hertfordshire and West Essex, with the aim of joining up health and care services, improving health and wellbeing, and reducing health inequalities. The board of the ICB includes representation from NHS trusts, primary care and from Hertfordshire County Council and Essex County Council<sup>2</sup>.

This report will be sent to the Hertfordshire and West Essex ICB Primary Care Board to inform how it can further support people to look after their heart health.

### **Integrated Care Partnership (ICP)**

The Integrated Care Partnership (ICP) is made up of representatives from different organisations involved in health and care. This includes NHS organisations, local authorities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. The partnership is responsible for developing an Integrated Care Strategy which will set out the priorities for Hertfordshire and West Essex for the next 10–20 years<sup>3</sup>.

---

<sup>1</sup> [Integrated care systems: how will they work under the Health and Care Act? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insights-and-analysis/healthcare-reform/integrated-care-systems)

<sup>2</sup> [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://www.hertsandwestessexics.org.uk/)

<sup>3</sup> [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://www.hertsandwestessexics.org.uk/)

# Hearing Patient Views about Primary Care in Hertfordshire and West Essex

Healthwatch Hertfordshire and Healthwatch Essex have been commissioned by the Hertfordshire and West Essex Integrated Care Board (ICB) Primary Care Workstream to undertake a series of engagement projects. The aims of the engagement projects include:

- Gathering lived experiences to feed directly into the Hertfordshire and West Essex ICS Primary Care Workstream
- Supporting and enabling the Hertfordshire and West Essex ICS to achieve wider participant engagement
- Engaging patients and the public on programmes covering key priorities and areas of importance at a regional and local level
- Making recommendations to the Hertfordshire and West Essex ICS Primary Care Workstream so improvements can be implemented

Using patient and public feedback, this engagement project will focus on improving the relevant services within different areas of primary care by making recommendations to the Hertfordshire and West Essex ICB Primary Care Board.

From February to May 2023, the Director of Primary Care Transformation at the ICB has requested that Healthwatch Hertfordshire explore public understanding and experiences of cardiovascular disease diagnoses, with a specific focus on:

- What do respondents know about the risks and symptoms of heart disease?
- For those who already have a heart disease-related condition, what was their experience of diagnosis like, and how do they manage their condition?
- How can local healthcare providers and services best support people with managing their risks and symptoms of cardiovascular disease?

## Background

### Overview

Cardiovascular disease, other known as heart disease, is an umbrella term for conditions affecting the heart or blood vessels, including coronary heart disease, angina, heart attack, hypertension, stroke, vascular dementia and congenital heart disease. Heart disease affects around seven million people in the UK and is one of the leading causes of death and disability<sup>4</sup>. However, it is often preventable. Around eight in every ten cases of heart disease are related to risk factors that can be controlled<sup>5</sup>. This research focuses on the types of heart disease which

---

<sup>4</sup> [NHS England » Cardiovascular disease \(CVD\)](#)

<sup>5</sup> [Government to consider radical new approach to prevent life-threatening cardiovascular disease - GOV.UK \(www.gov.uk\)](#)

primarily develop as a result of risk factors, rather than genetics alone. Someone with more risk factors is more likely to develop heart disease. These include<sup>6</sup>:

- Older age
- Male sex
- Black and South Asian ethnic backgrounds
- Family history
- Unhealthy diet
- Excessive alcohol consumption
- Inactivity
- Smoking
- Being overweight
- Type 2 Diabetes
- Level of deprivation
- Severe mental illness

There are three high-risk conditions that indicate poor cardiovascular health – having high blood pressure, high cholesterol levels in the blood, and atrial fibrillation (an abnormal heart rhythm). Many of the risk factors and high-risk conditions also relate to conditions such as cancer, Type 2 Diabetes, and dementia, suggesting that taking actions to prevent heart disease will also provide benefits for sustaining a healthier population overall. People with cardiovascular disease are also at a higher risk of severe disease and death from COVID-19 which further increases the importance of preventing and reducing heart disease<sup>7</sup>.

## **Promotion and Prevention**

Health promotion and disease prevention are essential to reducing the number of deaths from cardiovascular disease.

### Primary Prevention

Primary prevention refers to reducing the risk of developing cardiovascular disease before it occurs through promoting healthy lifestyle measures. The NHS Long Term Plan<sup>8</sup> sets out preventative initiatives as part of its wider priorities that are designed to help people tackle obesity, and tobacco and alcohol dependency. Reducing tobacco use and levels of inactivity has been suggested to prevent around 81% of cardiovascular disease<sup>9</sup>. Eating healthy food and exercising regularly are also key ways in which the population can play an active role in their own health and healthcare.

### Secondary Prevention

Secondary prevention is the early identification of risk factors and high-risk conditions. It is proven to help patients to live longer, healthier lives, and is therefore a key priority for primary care services in the NHS<sup>10</sup>. Currently, around 80% of heart failure is diagnosed in hospital, even though 40% of those patients had symptoms that could have prompted an earlier assessment<sup>11</sup>.

---

<sup>6</sup> [Cardiovascular Disease \(CVD\) - types, causes & symptoms - BHF](#)

<sup>7</sup> [Cardiovascular disease in England | The King's Fund \(kingsfund.org.uk\)](#)

<sup>8</sup> [NHS Long Term Plan » Cardiovascular disease](#)

<sup>9</sup> [Self-care interventions for health \(who.int\)](#)

<sup>10</sup> [Cardiovascular disease in England | The King's Fund \(kingsfund.org.uk\)](#)

<sup>11</sup> [NHS Long Term Plan » Cardiovascular disease](#)

The NHS Long Term Plan<sup>12</sup> aims to improve and increase early detection and treatment of cardiovascular disease, and rapidly treat and manage those with the high-risk conditions. To support this, those aged 40–74 are invited for an NHS Health Check<sup>13</sup> every five years, which is designed to identify early signs of conditions such as heart disease. The NHS is also running a national audit called CVDPrevent which will make it easier for GP practices to identify those who are at high-risk, or how an individual's treatment could be improved.

## Self-management

When a person has been identified as having high blood pressure, high cholesterol, or atrial fibrillation, they can manage their condition(s) at home in order to reduce their risk of developing heart disease. Patients are often advised to modify aspects of their lifestyle such as eating healthier, increasing daily activity and cutting down on smoking and drinking alcohol. There are also initiatives such as home blood pressure monitoring which support the patient to take control of their health<sup>14</sup>. The NHS Long Term Plan also aims to normalise people routinely knowing their “ABC” numbers (atrial fibrillation, blood pressure and cholesterol)<sup>15</sup>.

## Health Inequalities

Since 1961 the death rate from cardiovascular diseases in England has fallen by over three quarters<sup>16</sup>. Although it continues to decline, progress has stalled since around 2010<sup>17</sup>. Due to the nature of its risk factors, it also remains a leading cause of health inequalities in the UK. The most deprived 10% of the population are almost twice as likely to die from cardiovascular disease than the least deprived 10%<sup>18</sup>. The development of cardiovascular disease is primarily dictated by lifestyle factors such as obesity and smoking, which are also known to be linked to socio-economic status<sup>19</sup>. As such, promotion and prevention methods must be accessible and achievable for the whole population, no matter their socio-economic position.

## Local Picture

According to the British Heart Foundation (2022) around 24,000 people in Hertfordshire are living with coronary heart disease, and someone dies from a heart or circulatory disease every three hours, killing one in four residents overall<sup>20</sup>. These figures are reflective of the national statistics, but are still very concerning given the disease is largely preventable.

---

<sup>12</sup> [NHS Long Term Plan » Cardiovascular disease](#)

<sup>13</sup> [NHS Health Check - NHS \(www.nhs.uk\)](#)

<sup>14</sup> [NHS England » Home blood pressure monitoring](#)

<sup>15</sup> [NHS England » Cardiovascular disease \(CVD\)](#)

<sup>16</sup> [BHF England CVD Factsheet](#)

<sup>17</sup> [Cardiovascular disease in England | The King's Fund \(kingsfund.org.uk\)](#)

<sup>18</sup> [NHS England » Cardiovascular disease \(CVD\)](#)

<sup>19</sup> [Overview | Cardiovascular disease: identifying and supporting people most at risk of dying early | Guidance | NICE](#)

<sup>20</sup> [Data Set 376 \(bhf.org.uk\)](#)

In Hertfordshire, 50% of patients eligible for the NHS Health Check take up the offer. This is better than the average 40% across England, but increasing this percentage would improve early identification and treatment of cardiovascular disease-related high-risk conditions<sup>21</sup>.

Reducing the premature death rate of cardiovascular disease has been made a clinical priority of the Hertfordshire and West Essex ICB. A series of initiatives have also been implemented, including targeted work on raising awareness of the signs and symptoms of atrial fibrillation amongst ethnically diverse communities.

This engagement will therefore support this ongoing work by exploring public understanding of the risk factors and symptoms of heart disease, as well as the experiences of those with a heart disease related diagnosis in self-managing their condition(s).

## Aims

The aim of this engagement was to hear from Hertfordshire residents about their understandings and experiences of heart disease and related high-risk conditions.

This included:

- To explore public understanding of the risks and symptoms of heart disease
- To understand how, and to what extent, those with a heart disease related diagnosis self-manage their condition(s)
- To consider patients' experiences of being diagnosed with a heart disease related condition
- To explore how the general public can be better supported to self-manage their cardiovascular health risk and existing conditions and/or symptoms.

## Methodology

The aims of this research were explored by creating an online survey open to all Hertfordshire residents, whether or not they have an existing cardiovascular disease-related diagnosis.

Using a survey to collect data was considered the most effective method in order to reach and engage the population within the timescales of this research. However, participants were offered the opportunity to share their views using an alternative method to accommodate their needs and/or preferences.

The engagement period for the online survey ran from March – May 2023. The survey was promoted via social media and shared with the NHS, other statutory services, and the Voluntary, Community, Faith and Social Enterprise sector across Hertfordshire to distribute via their networks, contacts and social media channels. These stakeholders also received a digital flyer to support with promotion.

---

<sup>21</sup> [NHS Health Check - OHID \(phe.org.uk\)](https://www.phe.org.uk)



# Key Findings

## Demographics

229 Hertfordshire residents completed the online survey<sup>22</sup>.



**7%** were aged 18-34 years old  
**30%** were aged 35-54 years old  
**53%** were aged 55-74 years old  
**10%** were aged over 75 years old



**81%** were female  
**1%** were transgender female  
**18%** were male



**80%** were of a White British background  
**20%** were from an ethnically diverse background<sup>23</sup>



**17%** identified as a carer  
**12%** had a disability  
**29%** had a long-term condition



**56%** stated that they had a little or a lot of disposable income  
**19%** had either just enough, or not enough money for basic necessities

<sup>22</sup> Please note that percentages do not always add up to 100% due to some respondents choosing not to answer, or preferring not to say.

<sup>23</sup> Ethnicities engaged with included: Chinese, Indian, other Asian/Asian British backgrounds, Black Caribbean, Black African, other Black/Black British backgrounds, Asian and White, Black Caribbean and White, White Irish, White Italian, White Polish, other White backgrounds and other ethnic backgrounds not listed as options.

## 107 (47%) respondents had a medical diagnosis of high blood pressure, atrial fibrillation and/or high cholesterol.

- **62%** were aged between 55–74 years old. A further **22%** were aged between 35–54 and **15%** were over 75.
- **68%** were female, in comparison to **30%** male and **1%** transgender.
- **84%** were of a White British background, and **15%** were from an ethnically diverse background.
- **15%** identified as a carer, **13%** had a disability and **37%** had a long-term condition.

## The remaining 122 (53%) respondents did not have any of the above diagnoses.

- **12%** were aged between 18–34 years old, **37%** were aged between 35–54 years old, **45%** were aged between 55–74 years old and **6%** were aged over 75 years old.
- **92%** were female, and **8%** were male.
- **76%** were of a White British background, and **24%** were from an ethnically diverse background.
- **19%** identified as a carer, **11%** had a disability and **22%** had a long-term condition.

## Identification and Diagnosis

(when respondents had a medical diagnosis of high blood pressure, atrial fibrillation and/or high cholesterol)



### 62% had high blood pressure

*30% also had high cholesterol, and 12% also had atrial fibrillation*

- 45% were aged between 35–64
- 53% were aged over 65
- 64% were male
- 82% were White British, 6% were of an Asian background
- 16% had less disposable income



### 27% had high cholesterol

*41% also had high blood pressure and 6% also had atrial fibrillation*

- 54% were aged over 65
- 43% were aged between 35–64
- 75% were female
- 86% were White British
- 16% had less disposable income



## 20% had atrial fibrillation

38% also had high blood pressure, and 14% also had high cholesterol

- 50% were aged over 65
- 44% were aged between 35-64
- 56% were female
- 87% were White British, 13% were White Other
- No respondents were from an Asian or Black background
- 13% had less disposable income – fewer than other conditions

## Identification

25% of all respondents who had a diagnosis recognised their own symptoms, after which 60% visited their GP, and 20% contacted emergency services due to the severity of their symptoms.

*“I measured my BP at home and then at the GP surgery who sent me to A&E.”*

*“Asked for an NHS Health Check at my GP.”*

*“Rang 999 with chest pain.”*

People aged 18-44 were the most likely to recognise their own symptoms at 80%, followed by people from an Asian background at 40%. Women were also slightly more likely than men to identify their symptoms, as were those under 65 years old compared to people over 65.

72% of respondents said their symptoms were recognised by a healthcare professional – most often by their GP or GP practice nurse. This figure fell to 60% for people from an Asian background, and just 20% for people aged 18-44. It is perhaps the case that those who feel they are at less risk of developing heart disease might be less likely to visit primary care with concerns, and consequently experience more severe symptoms before ending up in emergency care.

Seven participants specifically mentioned that their symptoms were recognised at a routine health check.

*“My over-40s health check identified very high blood pressure and I was given an ECG and put immediately onto medication.”*

*“I was impressed with the early diagnosis as I had no health issues or early signs of any problems to do with [my] heart.”*

*“Condition discovered following blood tests for my annual review.”*

Atrial fibrillation was the condition where respondents were most likely to have recognised the symptoms themselves, with **30%** having done so.

### Diagnosis

**57%** of respondents overall were diagnosed by their GP, **7%** by a nurse and **28%** by a hospital doctor. Other routes to diagnoses included seeing a private healthcare professional or health checks provided through work.

***“My blood pressure measurements were requested by text from the GP. They were recognized as high and I was contacted and given a face to face appointment within a few days.”***

***“I went to my GP surgery regarding ringing in my ears. They did routine blood tests and checked my blood pressure which was high.”***

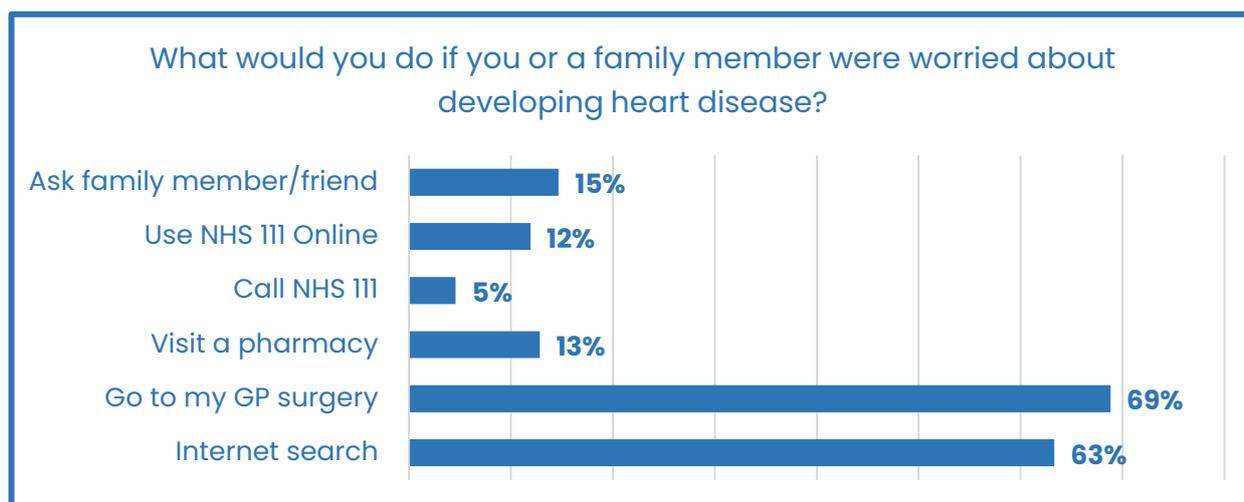
**0%** of respondents aged 18-44 were diagnosed by their GP, with **60%** being diagnosed by a hospital doctor. Men were also **more likely** than women (**35%** in comparison to **20%**) to be diagnosed by a hospital doctor. Those under 65 years old were also more likely to be diagnosed by a hospital doctor, at **28%**. This could indicate a reluctance or barriers for these groups in visiting their GP, or a misconception that they are not at risk due to their age, resulting in an emergency hospital admission.

Positively, at **80%**, those from an Asian background were more likely to be diagnosed by the GP, and the remaining **20%** by a nurse, rather than in hospital.

Atrial fibrillation was more than twice as likely to be diagnosed in hospital than high blood pressure or high cholesterol (**53%** in comparison to **22%** and **21%** respectively).

### Pre-/no Diagnosis

The chart below shows the responses to what people without any diagnosis would do if they, or a family member, were worried about developing heart disease. Other answers included visiting a healthy hub or attending A&E.



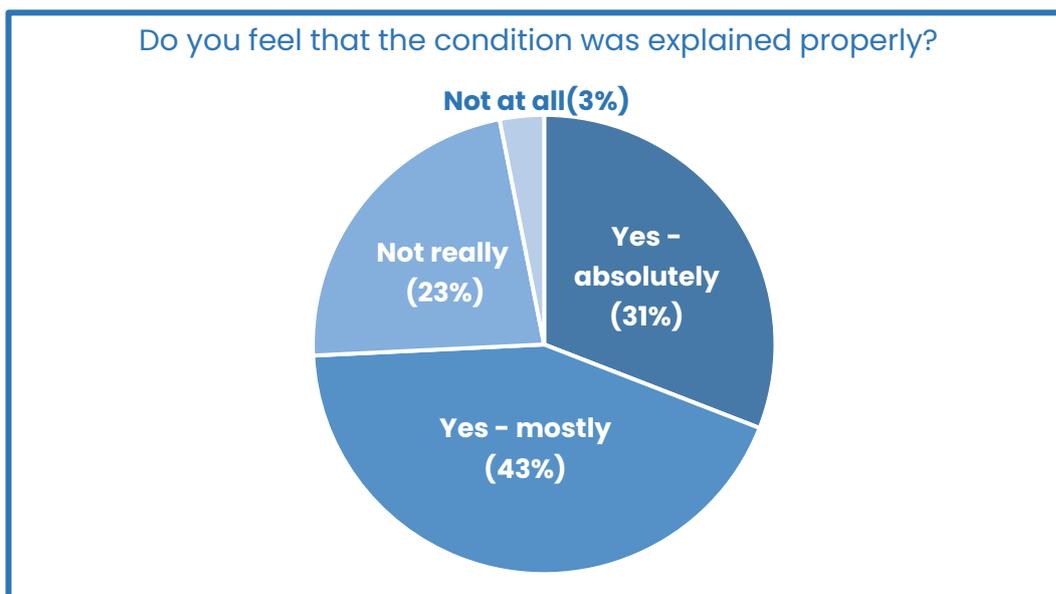
Interestingly, men were far **less likely** to look online at just **22%**, but were more likely to ask friends or family at **33%**. Those from a White Other background were even more likely to ask family or friends at **38%**. People with less disposable income, Asian and Black respondents, and those aged 65–74 were all **more likely** to look online.

People from a Black or Asian background were more likely to visit their GP at **80%** and **86%** respectively. Those from a White Other background were less likely to visit their GP if they had concerns at **54%**. Concerningly, only **50%** of 65–74 year olds stated that they would visit their GP, despite falling in an at-risk category.

At **13%**, not many respondents would visit a pharmacy, and no male respondents, or respondents from a Black background said they would visit a pharmacy if they had concerns about developing heart disease. However, respondents from a Black background were more likely to use NHS 111 at **40%**, in addition to those with less disposable income at **29%**.

## Understanding of their Condition

For respondents who had a diagnosis, **74%** felt that their condition was explained to them properly, the extent to which is shown in the diagram below.



Many respondents had a positive experience, emphasising that they felt the healthcare professional was supportive and provided enough information.

***“Positive experience despite being diagnosed, plenty of time to ask questions and explore medications.”***

***“Great GP, always explains things in simple terms.”***

***“In-depth and comprehensive. Continuing monitoring.”***

However, **28%** felt that their condition was either was not well explained, or not explained at all. These respondents said that they were not given enough information or support by their healthcare professional, and some did not feel adequately listened to. Of the diagnoses, high blood pressure was the condition that respondents were most likely to report was not explained properly.

***“Just told I had raised cholesterol and recommended to go on statins.”***

***“I was aware of the condition prior to meeting the GP. Initial doctor was reluctant to initiate treatment as I was deemed young even though there was a strong family history.”***

***“Not much discussed apart from the need for medication although a brief mention to risk factors and management was given.”***

In addition, women were much more likely than men to indicate that their condition wasn't really explained properly – **32%** versus just **12%** of men. However, despite feeling like it wasn't explained well, **83%** of women still either absolutely or mostly understood the information given to them, which is not far from the **89%** of men who felt they understood the information.

***“Unsure of severity – I would like advice on non-medical ways to lower blood pressure and would like an understanding of the various pills I have been prescribed.”***

***“I was told it was on the high side and changed my diet but could have had more support/reassurance other than “we will repeat bloods in 12 months.”***

Overall, **84%** of respondents understood either absolutely (**41%**) or mostly (**43%**) the information that was given to them. However, **15%** indicated that they did not understand the information given and would have liked more support from their healthcare professional. Atrial fibrillation was the most common condition where the respondent stated that they either did not really, or did not at all, understand the information they were given.

***“I felt it was explained well.”***

***“Very clear and explicit.”***

*"I did get to speak to a specialist over the phone but not sure that my level of risk requires the aspirin prescribed. Specialist did not require any follow-up so how bad is my heart?"*

*"Told that further checks regarding high cholesterol were not going to happen. Not at all reassuring. I continue with the medication prescribed several years ago."*

Furthermore, **18%** of respondents they were not given a chance to ask their healthcare professional questions about their condition, although **74%** felt they were. Again, women were more likely to report that they were not given the opportunity to ask any questions, at **18%** in comparison to **12%** of men.

*"Here are the facts; take the medicine!"*

*"Would like advice on non-medical ways to lower blood pressure and would like an understanding of the various pills I have been prescribed."*

*"The GP was clear in her explanation of the condition and treatment options."*

Although only one Black/Black British person with a diagnosis responded, their experience was poor. The respondent felt that their condition was not explained properly, and they did not feel adequately supported by their healthcare professional.

*"Doctors of recent operate on a fan belt and are often anxious about the number of patients to see, so, I did not feel properly supported."*

## Management of their Condition

Most respondents (**60%**) manage their condition by taking medication, with some noting that healthcare professionals have been supportive in helping them find the correct medication and dosage.

*"I opted for medication because the GP did not feel there were many lifestyle improvements I could make. I was very nervous at the thought of managing without medication."*

***"My GP practice pharmacist worked with me until I had the correct doses and combination of medicines. I have been having annual reviews."***

**41%** of respondents manage their condition through changing their diet and eating more healthily.

***"Healthy diet and try to maintain healthy weight."***

***"Cut back on over processed/fatty/sugary foods."***

**27%** manage their condition by exercising more regularly.

***"Go to the gym regularly and exercise."***

**14%** regularly monitor their blood pressure and have routine blood tests.

***"I have regular blood tests every 6 months followed by GP discussion."***

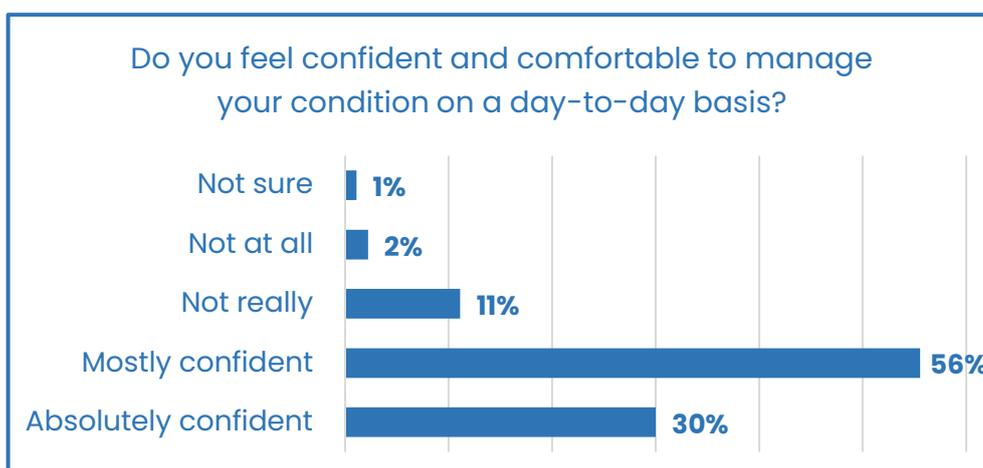
***"Monitor blood pressure at home and give readings to GP."***

**11%** have been making lifestyle changes to help manage their condition, including reducing stress and sleeping well.

***"Manage sleep and stress levels to best of my ability."***

***"Relaxing but also keeping as fit as I can."***

Overall, **86%** of respondents with a diagnosis felt either absolutely (**30%**) or mostly (**56%**) confident in self-managing their condition on a day-to-day basis, with just **13%** feeling not really (**11%**) or not at all (**2%**) confident, as demonstrated in the chart below.



The percentage of people where were “not really” or “not at all” confidence was significantly higher amongst those who identified as White Other, with **49%** of them feeling unconfident about managing their condition. People aged over 65, people of an Asian background, and those with less disposable income were also slightly less confident in managing their condition when compared to the average. Respondents who felt less confident managing their condition typically stated that they had difficulty keeping healthy or that there was a lack of information and support available.

***“I am not disciplined with exercising and eating more vegetables.”***

***“Don’t know what my blood pressure should be. Don’t understand the multiple medications prescribed.”***

***“I get pains in my chest and get out of breath and don’t know if I should worry.”***

***“I am unable to exercise to the level I was before COVID shut us down. This has resulted in increased weight, which I have always struggled with.”***

In addition, some respondents lacked confidence due to problems using technology, while others felt that their condition needed to be monitored more by healthcare professionals.

***“I think I should be monitored more often.”***

***“I’m using at home blood pressure monitoring but I find it so stressful to do.”***

***“Take medication but no follow-up blood tests to see how I am doing.”***

## Awareness

### Risk factors

When asking respondents without any existing diagnosis what the risk factors for heart disease were, we found that:

- **96%** recognised that *high cholesterol*, being *overweight* and having a *family history* of heart disease were risk factors.
- **90–95%** recognised that *high blood pressure*, *smoking* and *inactivity* were risk factors.

- **80–90%** recognised that *diet, Type 2 Diabetes* and *alcohol consumption* were also risk factors.
  - Male respondents had poorer awareness of these three risk factors, at **78%**, **67%** and **67%** respectively. Those aged 65–74 had a low awareness of Type 2 Diabetes at **67%** in comparison to the **85%** average.

### ETHNIC BACKGROUND

Overall, only **54%** of respondents were aware that ethnic background was a risk factor. Positively, as highlighted above, people from Black and Asian ethnic backgrounds were far more likely to be aware of their own risk.

People from other White ethnic backgrounds and those with less disposable income were less likely to recognise ethnic background as a risk factor, at **46%** and **43%** respectively.

65–74 year olds and those aged over 75 were the least aware, at **33%** and **14%** respectively.

### GENDER

Gender as a risk factor had the lowest awareness at **42%**. Despite their gender being more likely to be at risk, only **44%** of men knew this was a risk factor.

Furthermore, only **29%** of over 75-year olds, **17%** of 65–74 year olds and **29%** of those with less disposable income were aware of gender as a risk factor.

### AGE

The average awareness of age as a risk factor was **69%**. Concerningly though, only **62%** of over 65-year olds were aware of age as a risk factor, despite being in an at-risk category.

Furthermore, only **67%** of over 75-year olds were aware.

There were differences between different ethnic backgrounds' awareness of the risk factors associated with heart disease and the related high-risk conditions:

Respondents from **Black and Asian** ethnic backgrounds had a much higher awareness of the risk factors associated with heart disease:

- **100%** recognised high blood pressure, high cholesterol, atrial fibrillation, smoking, Type 2 Diabetes, inactivity, being overweight, family history, diet and alcohol consumption.
- **80%** of Black respondents recognised age (average was **69%**).
- **60%** of Black respondents recognised gender (average was **49%**).
- **100%** of Black respondents, and **71%** of Asian respondents recognised ethnic background (average was **54%**).

Respondents who identified as **White Other** had poorer overall awareness of risk factors:

- **54%** recognised Atrial Fibrillation (average was **74%**)
- **69%** recognised Type 2 Diabetes (average was **85%**)
- **62%** recognised inactivity (average was **90%**)
- **67%** recognised alcohol consumption (average was **85%**)

## Symptoms

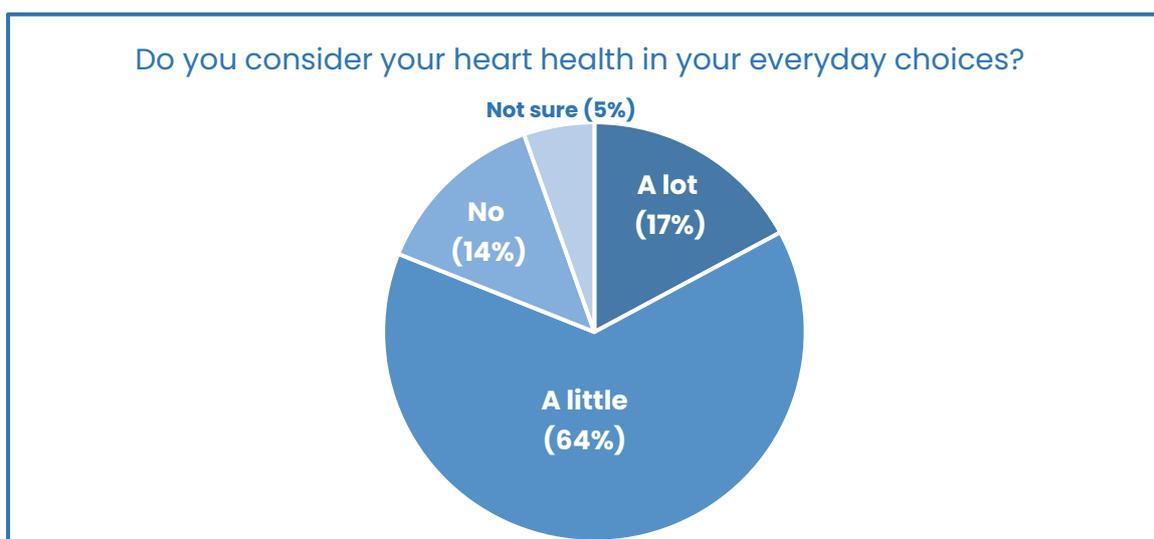
Respondents without any existing diagnosis most commonly identified breathlessness (**46%**) and chest pain (**27%**) as symptoms of heart disease. Other answers included fatigue, dizziness and swelling.

**11%** of respondents stated that they didn't know, and a further **35%** skipped question, which could indicate that they were either unsure or not aware of the symptoms.

Worryingly, **40%** of Black and Mixed Black/White respondents did not state any symptoms, nor did **40%** of men responding.

## Prevention

Positively, most respondents without a diagnosis did still consider their heart health in their everyday choices, the extent to which is demonstrated in this chart:



The majority (**61%**) of respondents try to consider their heart health by living a healthy lifestyle, including eating healthily, regularly exercising, not smoking and limiting their alcohol intake.

***"I watch my diet, take regular exercise, don't smoke, limit my alcohol intake, try to keep my stress levels down, am not overweight."***

***"I eat healthily, don't smoke, drink little and exercise everyday – even if just walking 10,000 steps."***

***"I am conscious of what I eat and drink and try to walk after often as possible for exercise."***

***"I try to maintain a good level of fitness or activity throughout the day as well as being considerate of the food I am eating."***

Some respondents said that they consider their heart health in their everyday choices because they have a family history of heart disease.

***"Family history of heart disease, so try to keep healthy in food and exercise."***

***"With a family history of heart disease I need to be careful."***

While **10%** of respondents said that they take care of their health and wellbeing to support with their general health, rather than specifically their heart health.

***"I try to eat healthy, trying to lose weight, and exercising regularly. Not just for my heart, but general health."***

***"I consider my health overall as a factor in my choices, so heart comes within that but not as a specific consideration."***

***"I think I make "healthy choices" in terms of lifestyle and diet not just in terms of heart health."***

There was a significant gender divide, with **83%** of women considering their heart health in their everyday choices either "a lot" or "a little", compared to **56%** of men, despite their increased risk.

***"I try to eat as healthily as possible, I walk for half an hour everyday to work and back. I am planning on getting more exercise by joining a gym and cut back on my alcohol consumption. As I am getting older and have gone through the menopause I am highly aware of the need to look after myself and my heart health."***

Consideration of heart health also increases with age. **92%** of over 65s consider their heart health, and this decreased to **87%** for 45-64 year olds, and to a further **64%** for 35-44 year olds. Only **54%** for 18-34 year olds considered their heart health "a lot" or "a little" compared to the 81% average.

**14%** of all respondents did not consider their heart health at all. For some, reasons for this included constraints such as time, childcare, work, and physical and mental health issues.



Positively, **100%** of Black and Asian respondents said they considered their heart health in their everyday choices.

***"I have an issue with binge eating and wish to overcome this to make healthier choices for my heart, body and overall wellbeing but struggle due to emotional factors."***

***"As a busy mum I think about my health but don't necessarily have the time to dedicate the ideals."***

***"I used to exercise and eat better but with other health issues I have stopped both in favour of just managing to get through the week at work."***

***"I was always fit as a youngster and could eat anything – it's hard to change."***

For other respondents, they simply did not think about their health in their everyday choices, and/or do not always act on making healthier decisions, particularly if they do not see themselves at risk of developing heart disease.

***"I consider it but don't really do as much as I should about it."***

***"I think about it but don't always do the wisest things to help it."***

*“I’m aware of risk factors for heart disease but it’s not at the forefront of my mind when making choices as I don’t have high blood pressure, high cholesterol, don’t smoke and I’m not overweight.”*

Those aged 18–44 were the most likely to not consider their heart health at **30%**. People with less disposable were also more likely to not think about their heart health at **25%**, followed by respondents from a White Other ethnic background at **23%**.

Some respondents felt there could be more support and information around how to prevent heart disease.

*“As heart disease is still a big killer in the UK, I would feel better knowing of ways to prevent it and remind me to prevent it.”*

## Measurements

Respondents with or without a diagnosis of heart disease were all asked whether they know their blood pressure and cholesterol levels.

### Respondents with a diagnosis

#### *Blood pressure*

Overall, **64%** of respondents knew their own blood pressure, and **22%** roughly knew, whilst **13%** did not know.

Positively, of those with a diagnosis of high blood pressure, only **9%** did not know their readings. In contrast, **16%** of respondents with a diagnosis of high cholesterol and **13%** with atrial fibrillation did not know their blood pressure levels.



Concerningly, some groups were significantly more likely to not know their blood pressure, in comparison to the **13%** average.

- **40%** of those from an Asian ethnic background
- **33%** of those with less disposable income
- **29%** of respondents from White Other ethnic background
- **27%** of men

Older people were more likely to know, with only **7%** of over 65s stating they do not know their blood pressure level.

## Cholesterol

Overall, **38%** knew their cholesterol level, **31%** roughly knew, whilst **31%** did not know.



Of those with a diagnosis of high cholesterol, **23%** did not know what their cholesterol level was. **35%** of people with high blood pressure and **44%** of people with atrial fibrillation were not aware of their cholesterol level.

Again, some groups were far more likely to not know had their own cholesterol levels, in comparison to the **31%** average.

- **100%** of people from a Black ethnic background (n=1)
- **47%** of those with less disposable income (69% of those with more disposable income knew their cholesterol level)
- **47%** of those under 65 years old.
- **43%** of those from another White ethnic background.
- **40%** for people of an Asian ethnic background.

### Respondents without a diagnosis:

#### *Blood pressure*

**40%** knew their own blood pressure, **32%** roughly knew it, and **29%** did not.

Some groups had a higher percentage of respondents stating that they did not know their blood pressure.



- **48%** of 18-44 year olds.
- **38%** of people from White Other ethnic background.
- **39%** of those with less disposable income.

Particularly concerning is that **71%** of people from an Asian ethnic background did not know their blood pressure level.

Positively, awareness increased with age. **100%** of over 75 year olds did know their blood pressure, as did **84%** of 65-74 year olds.

Respondents were asked what they would do if they wanted to check their blood pressure. **58%** said they would check on their home blood pressure monitor, and **14%** said they would buy a home blood pressure monitor. Some respondents had other means of access to a monitor, such as in the workplace or family. Men (**67%**) and those aged 65-74 (**100%**) were more likely to check using a blood pressure monitor, whilst people aged between 18-44 were less likely at **37%**.

**37%** of respondents said they would go to their GP surgery to check their blood pressure. People from a Black ethnic background and those from a White Other ethnic background were more likely to visit their GP, at **60%** and **54%** respectively. People with less disposable income and those aged 18-44 were also more likely to see a GP, at **50%** and **48%** respectively.

Men (**11%**) and respondents from an Asian ethnic background (**14%**) were far less likely to visit the GP to check their blood pressure.

**18%** of all respondents said they would visit a pharmacy to check their blood pressure, a figure which rose to **29%** for respondents from an Asian ethnic background.

### *Cholesterol*

**19%** knew their own cholesterol level, **26%** roughly knew it, and **55%** did not know.



Respondents from a White Other ethnic background, and people from an Asian ethnic background were more likely to not know their cholesterol level, at **77%** and **71%** respectively.

In comparison, awareness of their cholesterol level was slightly higher amongst people from a Black ethnic background, with **40%** stating they did not know their cholesterol level compared to the **55%** average.

45-54 year olds were more likely to know their cholesterol, followed by 55-64 year olds.

Respondents were asked what they would do if they wanted to check their cholesterol levels, of which **79%** said would go to their GP. This figure was higher for respondents from an Asian ethnic background at **100%** and men at **89%**. However, concerningly, only **33%** of those aged 65-74 years old would visit their GP to check their cholesterol.

**21%** of respondents said they would visit a pharmacy to check their cholesterol level. This number was slightly higher amongst those aged between 65-74 years at **33%**. Those aged between 18-44 were most likely to check their cholesterol at a pharmacy, at **70%**.

A few respondents were not sure or did not know where to go if they wanted to have their cholesterol level checked, and a couple mentioned visiting a healthy hub.

***“Visit a healthy hub session and speak to a nurse.”***

## Barriers

*Of those **with** a diagnosis*

**68%** of respondents said they did not face any barriers in the process of identifying and diagnosing their condition, with **16%** saying they unsure. However, **14%** did face barriers. For some respondents, these included not feeling listened to, and a reluctance from healthcare professionals to refer them and/or carry out further examinations.

***“Delay in getting first indication that something was wrong and finally getting medication to help. I had to visit the GP a number of times before being sent for a simple blood test to identify heart failure.”***

***“Had to explain to GP reception what an NHS Health Check was.”***

***“Reluctance of GP to refer to cardiologist.”***

A few respondents faced barriers in accessing the NHS more generally, and said that issues in accessing an appointment with a GP led them to seeking private care and treatment.

***“Initially I could not get a GP appointment at our surgery, I could not even get them to answer the phone so I went privately.”***

***“Difficulty in getting an appointment with the GP, then needed to get a private consultation as the NHS appointment was such a long wait.”***

The likelihood of facing barriers was higher than the average **14%** for some categories:

- **19%** for people with a diagnosis of atrial fibrillation
- **20%** for people from an Asian ethnic background
- **20%** for those on with less disposable income
- **29%** for people from White Other ethnic backgrounds
- **33%** for those aged 18-44

Those aged 18-44 in particular felt that they experienced problems in receiving a diagnosis because of their age, and healthcare professionals not listening to and/or acting on the symptoms were they experiencing.

***“I was diagnosed in my 30s – there was reluctance to commence medication initially which led to my blood pressure being uncontrolled and me being unwell.”***

Of those **without** a diagnosis

**35%** of respondents had interacted with a healthcare professional about their heart health, and **61%** had not. Respondents from an Asian ethnic background were slightly more likely to have spoken to a healthcare professional at **43%**.

However, people from a Black ethnic background and those aged 18–44 were far more likely to have not interacted with a healthcare professional about their heart health, at **80%** and **78%** respectively. Men were also slightly less likely, with only **22%** having spoken to a healthcare professional, compared to the **35%** average.

Positively, **91%** of all respondents would not have any concerns around doing so.

***“I feel I am fairly well informed and have a good service from my GP.”***

***“Always happy to speak to healthcare professionals.”***

For the **6%** who did have concerns, many of these related to health anxieties and/or difficulties in accessing an appointment with their GP.

***“I am nervous of medical tests/procedures.”***

***“There is no one to talk to. Unable to get a GP appointment “just for a chat!”***

***“Had several tests regarding heart problems – never received any results despite several calls.”***

***“I have anxiety so my blood pressure tends to spike when I get it measured at the doctors. My concern is that this isn’t take into account as they are only focusing on the reading not my overall health.”***

Respondents from a White Other ethnic background and those aged 18–44 showed greater concern around interacting with a healthcare professional about their heart health, at **23%** and

**15%** respectively. Concerns commonly centred around difficulties getting an appointment, or their symptoms not being taken seriously by clinicians.

***“I have now reached an age where two immediate family members have needed heart surgery, so feel it is very important to talk to healthcare professionals about myself. But I am finding this difficult due to not being able to get a non-urgent GP appointment.”***

***“It’s difficult to get an appointment about something you have, getting an appointment to discuss something as a preventative method would feel impossible because GP receptionists gatekeep. I am not aware of what is appropriate to talk to your local pharmacist about.”***

***“As a young person I don’t feel I’d be taken seriously by a doctor if I wanted to get my heart health checked. They’d make me feel that I was wasting their time because I don’t have symptoms.”***

### NHS Health Check

Despite anyone over 40 being eligible for the NHS Health Check, still only **41%** of those aged over 45 had ever seen a healthcare professional about their heart health, with some emphasising concerns around getting an appointment. Even amongst people aged over 75, only **57%** recall speaking about their heart health with a healthcare professional, even though they are at greater risk of developing heart disease. This respondent shared their experience of a late NHS Health Check.

***“I had my health check some years after I became eligible as I had been too busy to book one beforehand. I was not encouraged by my practice to book one during that period and could have had a diagnosis some time earlier.”***

## Summary

Overall, these findings show some fairly positive results around awareness, prevention and management of heart disease and the three related high risk conditions.

However, careful consideration needs to be given to trends across particular demographic groups. For example, people from an Asian ethnic background had much better awareness of the risk factors associated with heart disease and were more likely to know that ethnicity was a risk factor. 100% of respondents from an Asian ethnic background without a diagnosis also said that they consider their heart health in their everyday choices.

Despite this, people from an Asian ethnic background were significantly less likely to know their blood pressure and cholesterol readings, and those with diagnoses showed lower levels of confidence in managing and measuring their condition, and were more likely to face barriers in receiving their diagnosis.

People from White Other ethnic backgrounds were also in a worse position. They were less likely to know their blood pressure and cholesterol levels and felt less confident in self-managing their condition. They also faced more barriers to diagnosis and were less likely to think about their heart health in everyday life. Lastly, they were more likely to ask their friends and family than visit their GP or a pharmacist if they had concerns.

Those aged between 18-44 were also a concern, as they were more likely to experience symptoms and be diagnosed in hospital rather than by a GP or practice nurse. They were also more likely to face barriers to diagnosis and have concerns about speaking to a healthcare professional about their heart health, and less likely to prioritise their heart health in their everyday activities.

Finally, men were another group in which greater consideration is needed. Men with a diagnosis were more likely to be diagnosed by a hospital doctor, and were less likely to know their blood pressure levels. Men without a diagnosis were significantly less likely to consider their heart health in their everyday choices, and were less likely to have interacted with a healthcare professional, despite being at a greater risk of developing heart disease.

Whilst these findings indicate good knowledge and understanding around heart health across Hertfordshire, they also highlight key areas for continued improvements. There are particular demographic groups which need targeted attention to ensure that they are receiving the appropriate information, support and care from primary care services.

# Recommendations

Based on the findings outlined in this report, it is recommended that the Hertfordshire and West Essex Primary Care Board takes forward the following recommendations.

## **Signs and Symptoms**

1. Increase awareness of the signs and symptoms of heart disease and its high-risk conditions.
2. Encourage residents to consider their heart health in their everyday choices, with a particular focus on supporting men, those aged 18-44, people with less disposable income, and people from White Other ethnic backgrounds.

## **Risk Factors**

3. Highlight the importance of age, gender and ethnic background as key risk factors, particularly to those they impact.
4. Increase understanding of the risk factors associated with heart disease, particularly amongst men and people from White Other ethnic backgrounds.

## **Monitoring and Management**

5. Promote opportunities for people to monitor their heart health outside of their GP practice, particularly emphasising the role of pharmacists.
6. Ensure residents feel confident in using at-home monitoring equipment.
7. Ensure residents are aware of their "ABC" numbers (atrial fibrillation, blood pressure and cholesterol).

## **Support**

8. Ensure people with a diagnosis feel confident in self-managing their condition, with a particular focus on improving confidence amongst those aged over 65, people who identify as White Other, people from an Asian ethnic background, and those with less disposable income.
9. Ensure people with a diagnosis are routinely monitored and given sufficient information and support to self-manage their condition.
10. Consider increasing emphasis on, and support with lifestyle changes in addition to medication, for example exercise and dietary advice or referrals.

11. Strongly encourage residents to take up their NHS Health Checks as soon as they are eligible, and ensure practice staff are aware of this entitlement.

### **Health Inequalities**

12. Further investigate the inequalities in diagnosis and management amongst different demographic groups.
13. Consider targeted interventions and engagement with particular demographic groups, including men, people of an Asian ethnic background, people of White Other ethnic backgrounds, those with less disposable income and those aged 18-44.