

Programme: CertHE Skills for the Workplace Health and Social Care

Student Name: Sandra Maria De Sousa Castro Monteiro

Student ID number: 2430136

Module: Introduction to Public Health

Module Code: LCHS4008

Lecturer: Dr Patronella Ganza

Assignment Title: Assessment 2 – Report on a Health Issue

Heart disease, also known as cardiovascular disease (CVD), refers to a group of disorders that affect the heart and blood vessels, including coronary artery disease, stroke, and heart failure (British Heart Foundation, 2023a). It is a leading cause of illness and death in the UK, placing significant strain on individuals and public healthcare services. Symptoms may include chest pain, breathlessness, and fatigue; however, some individuals experience no warning signs before a serious event occurs (NHS, 2023). The British Heart Foundation (2023a) estimates that 7.6 million people in the UK live with CVD, contributing to one in four deaths. This report will examine the consequences of heart disease for individuals, the community, and the NHS; review current methods of control and prevention; and explore the social and health-related factors influencing outcomes.

CVD encompasses coronary heart disease, heart failure, stroke, and arrhythmias such as atrial fibrillation (British Heart Foundation, 2023a). Many cases are caused by atherosclerosis, where fatty deposits build up in the arteries, restricting blood flow (NHS, 2023). The disease can develop gradually, with some individuals remaining asymptomatic until a major event occurs (British Heart Foundation, 2023b). Coronary heart disease may cause chest pain, shortness of breath, fatigue, or pain radiating to the arms or jaw (NHS, 2023). Heart failure may result in breathlessness at rest, swollen ankles, and fatigue (British Heart Foundation, 2023b). Arrhythmias may present as palpitations or dizziness, and some conditions are only detected during routine screenings or in response to a serious cardiac event.

In the UK, CVD affects over 7.6 million people (British Heart Foundation, 2023a). Coronary heart disease causes around 66,000 deaths annually and 100,000 hospital admissions for heart attacks (British Heart Foundation, 2023b). It is the second leading cause of death overall in England and Wales and the leading cause among men (Office for National Statistics, 2023). In 2023/24, there were 218,606 admissions for coronary heart disease and 111,137 for stroke in England (House of Lords Library, 2025). Globally, CVD was responsible for 19.8 million deaths in 2022 (World Health Organization, 2023). While UK mortality rates declined until 2019, progress has since stalled (British Heart Foundation, 2023a), and premature deaths under age 75 remain a major concern. These figures reflect a serious public health issue that demands coordinated action at both policy and community levels.

The consequences of heart disease extend beyond physical symptoms. It affects personal health, family life, communities, and healthcare systems. Many people with heart disease experience reduced mobility, fatigue, and chest pain, limiting daily activities and overall wellbeing (NHS, 2023). The condition is also associated with higher rates of anxiety and depression, especially after cardiac events (British Heart Foundation, 2023b). Individuals often require lifelong treatment and support, including medications and regular monitoring, which can create financial pressure and reliance on carers. For some, these changes result in early retirement or an inability to return to full-time employment.

Families may be affected through emotional strain and caregiving responsibilities. Loved ones may need to change their routines or work hours to assist with appointments or daily tasks. Caregivers can experience stress, lifestyle changes, and burnout, especially when supporting individuals with severe limitations such as stroke-related disabilities (British Heart Foundation, 2023b). Children or spouses may feel the emotional impact of seeing a loved one unwell, while older carers may struggle with their own health needs.

At a community level, CVD contributes to economic inactivity and reinforces social inequalities, with higher rates observed in deprived areas (British Heart Foundation, 2023a). For instance, people in the most deprived parts of England are nearly twice as likely to die prematurely from CVD compared to those in the least deprived (House of Lords Library, 2025). These disparities can be observed across regions, with higher incidence and mortality rates reported in parts of the North of England and in some urban centres. Reduced workforce participation, increased social care needs, and higher emergency service use all add to the broader social burden.

The NHS bears a significant burden from heart disease. In England alone, over 218,000 hospital admissions for coronary heart disease and 111,000 stroke-related admissions were recorded in 2023/24 (House of Lords Library, 2025). CVD accounts for a large portion of emergency and outpatient services. Clinics manage long-term conditions, adjust medication, and monitor patients with high cardiovascular risk. The NHS spends approximately £10 billion annually on CVD treatment, and the wider economic cost, including lost productivity and informal care, is estimated at £29 billion (Shih et al., 2025). This includes indirect costs like early retirement, unemployment due to illness, and loss of earnings for carers. Long waiting times and increasing demand for cardiac care have led to calls for increased investment and better integration of services (British Heart Foundation, 2023b).

Controlling heart disease relies on early detection, medical treatment, public health efforts, and policy initiatives. The NHS Long Term Plan (2019) identified CVD as a priority, aiming to prevent 150,000 heart attacks, strokes, and dementia cases through improved management of atrial fibrillation, blood pressure, and cholesterol (NHS England, 2019; House of Lords Library, 2025). Community-level awareness and screening are crucial in helping patients understand and manage their risk factors before symptoms develop.

The NHS Health Check programme offers screenings every five years for adults aged 40–74 without pre-existing CVD, assessing blood pressure, cholesterol, weight, smoking, and alcohol use (Public Health England, 2019). Despite its potential, uptake varies, prompting reforms such as digital health checks and community-based services (House of Lords Library, 2025). Public trust, health literacy, and local access all influence how effective such programmes can be.

Medical management includes statins, antihypertensives, and anticoagulants. Emergency treatments like angioplasty have improved survival after heart attacks (British Heart Foundation, 2023a). Cardiac rehabilitation programmes combining exercise, education, and psychological support are recommended, though participation remains low (British Heart Foundation, 2023b). These programmes have been shown to improve both clinical outcomes and quality of life, helping reduce hospital readmissions and encouraging healthier lifestyles. More advanced options like pacemakers, defibrillators, and bypass surgery help manage severe cases, particularly in individuals with complex conditions or co-morbidities.

Public health strategies have targeted risk behaviours and environmental contributors. Tobacco control policies, including smoking bans and taxes, have reduced smoking rates (Public Health

England, 2019). Nutritional policies address salt and trans fat reduction, alongside advertising restrictions on unhealthy foods (House of Lords Library, 2025). Alcohol reduction campaigns and physical activity initiatives are supported at national and local levels. Government campaigns promote walking, cycling, and reducing sedentary behaviour. Environmental policies have aimed to reduce air pollution, which is linked to higher CVD admissions (World Health Organization, 2023). The British Heart Foundation (2023b) advocates for a coordinated national heart disease strategy, citing gaps in prevention, research, and staffing. Broader structural interventions—such as urban planning, workplace health promotion, and school-based education—also contribute to long-term prevention.

Multiple factors shape cardiovascular health. Modifiable behaviours such as smoking, poor diet, inactivity, and excessive alcohol use are key contributors (Public Health England, 2019). These increase the risk of hypertension, high cholesterol, obesity, and type 2 diabetes, which are closely linked to heart disease (World Health Organization, 2023). An estimated 70% of CVD cases in England could be prevented through healthier lifestyles (British Heart Foundation, 2023a). Educating the public about symptoms, prevention, and the benefits of early intervention is vital.

Social and economic inequalities significantly influence outcomes. People in deprived areas face greater barriers to healthcare, live in poorer housing, and often have limited access to healthy food or green spaces. These conditions contribute to higher stress, smoking rates, and poorer cardiovascular health (British Heart Foundation, 2023b; House of Lords Library, 2025). Ethnic disparities also exist. South Asian and Black African or Caribbean populations in the UK have higher rates of hypertension, diabetes, and early-onset CVD (Public Health England, 2019). These patterns reflect both genetic predispositions and socioeconomic inequalities. Individuals with chronic conditions like diabetes or kidney disease are especially vulnerable (NHS, 2023). Addressing both clinical risk factors and social determinants is essential for improving outcomes. Multidisciplinary approaches, community outreach, and culturally appropriate interventions are needed to ensure equity in cardiovascular care.

Heart disease continues to be a leading cause of death and disability in the UK. Though largely preventable, it places a heavy burden on individuals, communities, and the NHS. This report has emphasised the need for early detection, effective treatment, and strong public health efforts targeting modifiable risk factors. Programmes like NHS Health Checks and cardiac rehabilitation are vital, but their coverage and accessibility must improve. Prevention strategies

must address social inequalities and increase engagement in high-risk groups. To reduce the overall impact of CVD, the UK must invest in prevention, address persistent health inequalities, and deliver coordinated, population-level strategies that support long-term cardiovascular health. Future success will depend on sustained funding, integrated care pathways, and continued public awareness campaigns that empower individuals to take control of their heart health.

Reference List

British Heart Foundation (2023a) *Heart and Circulatory Disease Statistics 2023*. Available at: <https://www.bhf.org.uk/what-we-do/our-research/heart-statistics>.

British Heart Foundation (2023b) *A Nation of Heart Patients: Why the UK Needs a National Heart Strategy*. Available at: <https://www.bhf.org.uk/what-we-do/news-from-the-bhf/news-archive/2023/national-heart-strategy-call>.

House of Lords Library (2025) *Cardiovascular Disease: What is the Government Doing About England's Leading Cause of Premature Death?* Available at: <https://lordslibrary.parliament.uk/cardiovascular-disease-and-health-inequalities>.

NHS (2023) *Heart Conditions*. Available at: <https://www.nhs.uk/conditions/heart-disease>.

NHS England (2019) *The NHS Long Term Plan*. Available at: <https://www.longtermplan.nhs.uk>.

Office for National Statistics (2023) *Deaths Registered in England and Wales: 2022*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity>.

Public Health England (2019) *Health Matters: Preventing Cardiovascular Disease*. Available at: <https://www.gov.uk/government/publications/health-matters-preventing-cvd>.

Shih, K., Patel, R., Osman, M., and Zaman, A. (2025) 'The economic burden of cardiovascular disease in the United Kingdom: a national analysis', *European Heart Journal – Quality of Care and Clinical Outcomes*, 11(5), pp. 678–690. Available at: <https://academic.oup.com/ehjqcco/article/11/5/678/7394562>.

World Health Organization (2023) *Cardiovascular Diseases (CVDs): Key Facts*. Available at:
<https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases>.