



SBRI Healthcare

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Innovation Agency











Academic Health Science Network
for the North West Coast

*The***AHSN***Network*



League Tables (1): Premier League 2018-19 Season

Premier League

More	Position	Club	Played	Won	Drawn	Lost	GF	GA	GD	Points
▼	1 •	 Manchester City	38	32	2	4	95	23	72	98
▼	2 •	 Liverpool	38	30	7	1	89	22	67	97
▼	3 •	 Chelsea	38	21	9	8	63	39	24	72
▼	4 •	 Tottenham Hotspur	38	23	2	13	67	39	28	71
▼	5 •	 Arsenal	38	21	7	10	73	51	22	70
▼	6 •	 Manchester United	38	19	9	10	65	54	11	66
▼	7 •	 Wolverhampton Wanderers	38	16	9	13	47	46	1	57
▼	8 •	 Everton	38	15	9	14	54	46	8	54

League Tables (1): Premier League 2018-19 Season

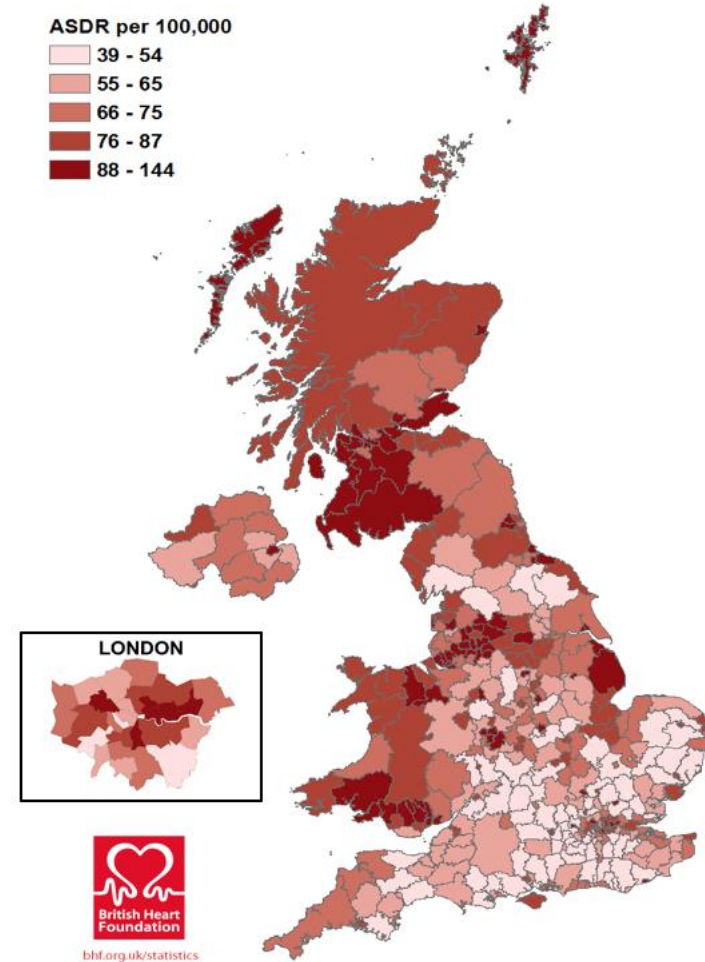
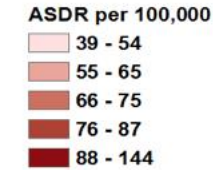
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League Tables (2): CVD Deaths

Place	Region	Men	Women	Total	ASDR Rank
Manchester	North West	175.8	91.3	132.8	389
Blackpool	North West	164.8	75.0	120.7	388
Blackburn with Darwen	North West	155.2	71.7	115.7	382
Middlesbrough	North East	154.1	67.3	113.4	381
Lincoln	East Midlands	147.7	61.3	112.8	380
Rochdale	North West	148.3	68.9	109.9	378
Slough	South East	143.8	79.0	108.9	377
Leicester	East Midlands	151.9	66.2	107.6	375
Nottingham	East Midlands	142.1	68.7	107.3	373
Hackney	London	156.0	62.1	107.1	372
Kingston upon Hull, City of	Yorkshire & The Humber	146.9	64.3	105.2	369
Wolverhampton	West Midlands	150.1	60.6	105.0	368
Oldham	North West	151.8	60.5	104.7	367
Hastings	South East	146.9	58.0	103.1	365
Salford	North West	144.8	60.3	102.9	364
Tameside	North West	141.9	63.7	102.6	363
Liverpool	North West	146.5	59.7	102.0	361
Bradford	Yorkshire & The Humber	135.9	67.1	101.6	359
Burnley	North West	134.5	68.3	101.0	358
Newham	London	126.1	73.7	99.7	357

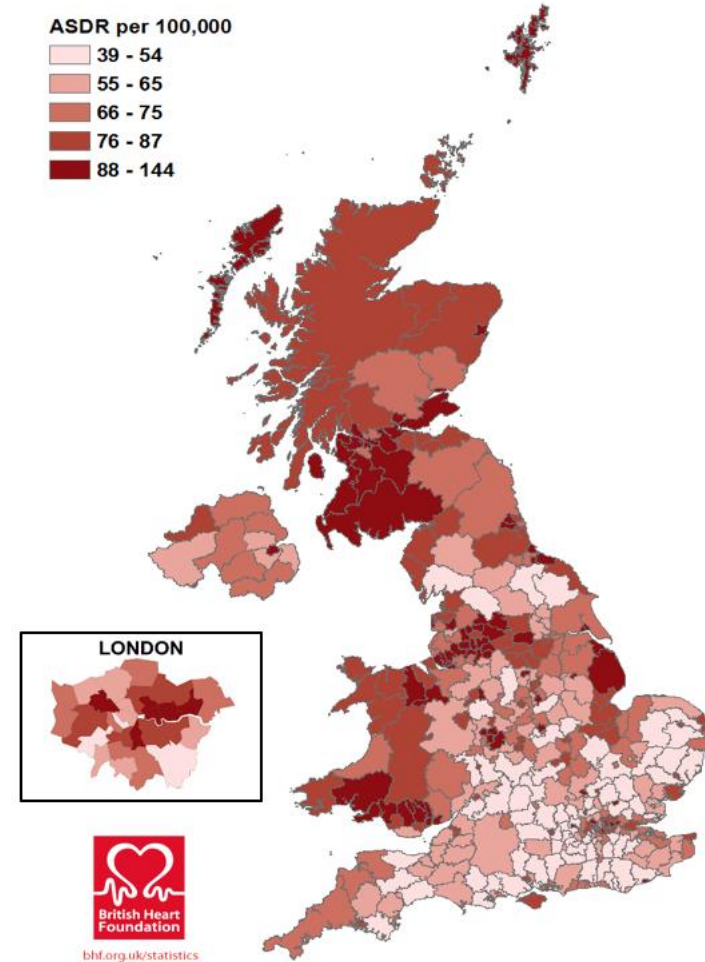
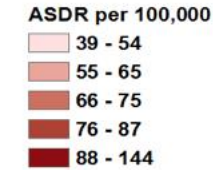
Age-standardised premature death rates from CVD, by local authority, United Kingdom 2015/17



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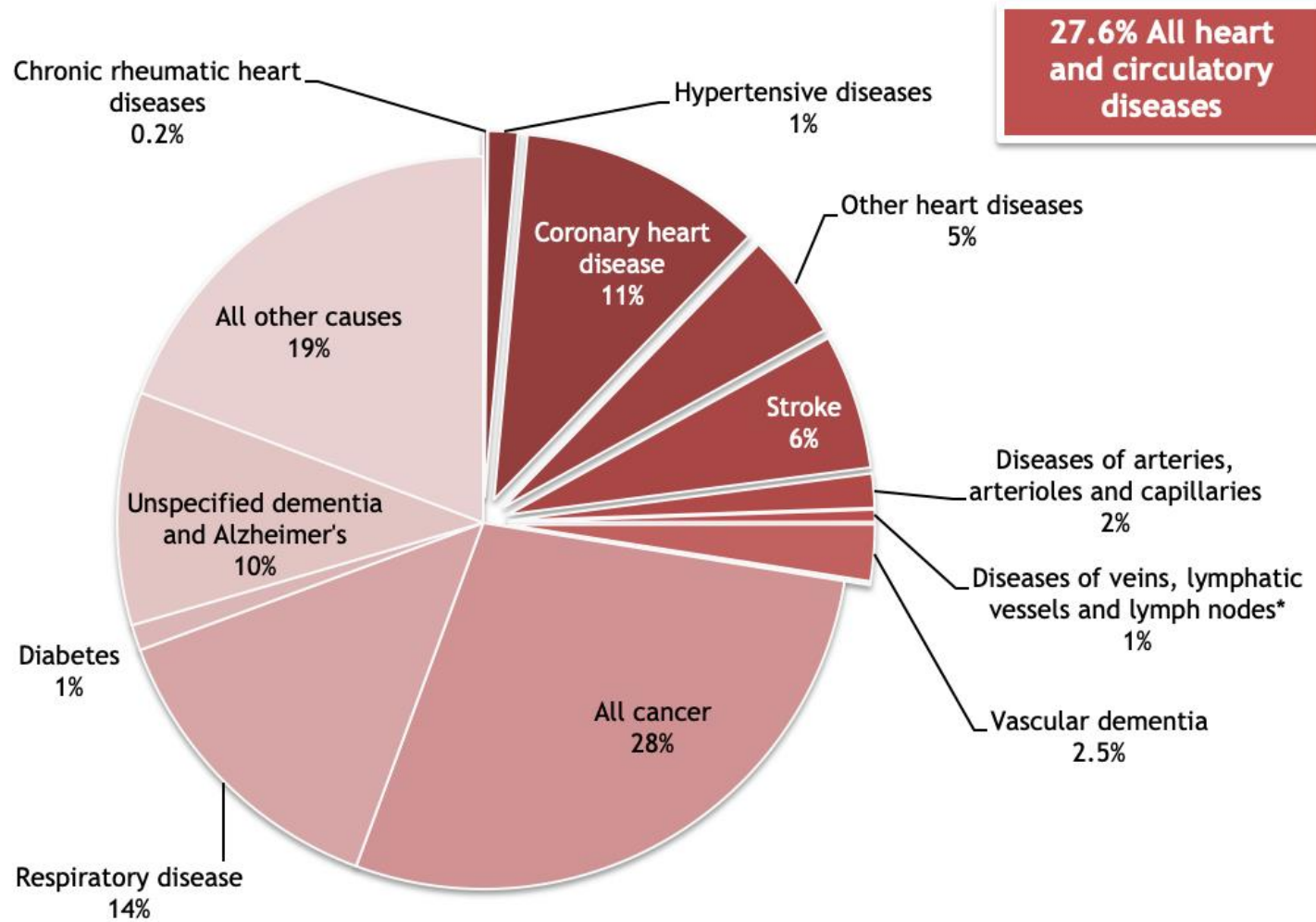
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League Tables (3): Causes of Death

Fig 1.2a Deaths by cause in all, England 2017



bhf.org.uk/statistics



Category 1

Detection and Prevention

Category 2

Intervention and invasive investigations

Category 3

Efficiency of CVD pathway

Category 1: Detection & Prevention

CATEGORY 1 - DETECTION

What if we could detect cardio-vascular disease in a more efficient and less invasive way?

What if we could detect CVD earlier through patient generated data that is available to clinicians?

What if we could detect CVD / hypertension at a lower cost to the health system? Using technology and citizens to find more people with undiagnosed hypertension in the general population

What if we could detect more accurately CVD with better interpretation of the data?

What if we could improve the accuracy of imaging for heart failure patients without increasing invasive procedures?

Category 2: Intervention and invasive investigations

CATEGORY 2 - INTERVENTIONS

What if cardio-vascular interventions were more accurate, predictable, non-invasive and provide better patient outcomes?

What if there were fewer interventions eg. better success rates for ablation procedures through improving accuracy of navigation?

What if the cardiac implantable devices were improved to reduce the infection rates, discomfort for the patient and the size of devices?

What if there were alternatives for using invasive diagnostic interventions?

What if we could provide accessible and accurate home monitoring for paediatric CVD patients?

What if there were non-invasive tools to address cardiac arrhythmias?

What if technology improved the success rate of surgical interventions leading to quicker recovery times?

What if there was technology to predict higher success rates of bioprosthetic heart valves to better match the anatomy of the patient's aortic valve and to optimize the outcome for patients?

Category 3: Efficiency of CVD pathway

CATEGORY 3 - OPERATIONAL / CLINICAL EFFECIENCY

What if cardio-vascular detection, diagnostics and interventions were more efficient?

What if cath (catheter) labs were more efficient and increase turnaround times?

What if remote monitoring of CVD patients (paediatric and adult) reduced number of outpatient appointments?

What if all endovascular aortic devices could be reliably monitored remotely or alert the patient that there may be a problem with the device reducing the need for regular CT or ultrasound scans?

Using data from wearables to measure patient outcomes after surgery (eg. bypass/aneurysm surgery/CABG etc) to show that patients were fitter and 'more functional' post invention?



Around

6.1 million

people are living with heart and circulatory diseases in England



Nearly **500,000** people in England have been diagnosed with heart failure by their GP



Every 6 minutes

someone in England is admitted to hospital due to a heart attack

Around **50%**



of heart attacks and strokes are associated with high blood pressure