

Published on 7 July 2026, the CVD Modern Service Framework sets out the strategic vision and delivery model to **cut premature deaths from heart disease and stroke by 25% within a decade**, from 66 to 49 per 100,000 by 2034



33,000
early deaths a year,
in the under-75s

≥70% of CVD
associated with preventable or
modifiable risk factors

#2
case of premature death,
after cancer

The shift: a joined-up CVKM approach

The central shift is a holistic CVKM approach, pulling kidney, metabolic and mental health into the cardiovascular frame to tackle shared risk factors together

Reactive, hospital-based care

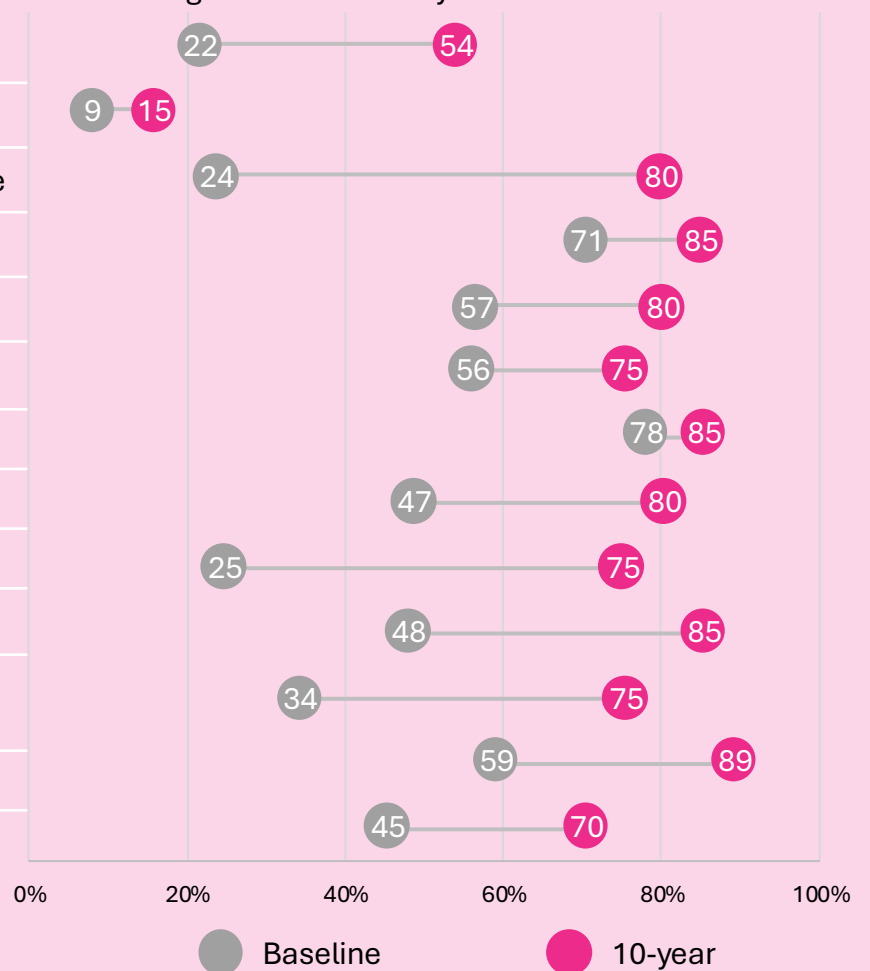
Proactive, neighbourhood prevention

- **Tackles shared risk factors together:** high blood pressure, cholesterol, blood sugar, obesity, chronic kidney disease, atrial fibrillation and smoking
- Moves care **from reactive hospital treatment to proactive prevention** in communities and neighbourhoods, in line with the 10 Year Health Plan
- Treats **mental health as central**, reflecting its link to physical health and people's capacity to manage it
- Poor cardiovascular health drives economic inactivity, with **over 770,000 working-age adults** with CV conditions out of work, **costing £1.2bn** in lost productivity a year

Twelve immediate priorities

Twelve evidence-based priorities form the core of the framework, spanning the whole pathway from prevention to long-term management, underpinned by 7 principles of equitable implementation to guide local delivery

| | | |
|----|---------------------------|--------------------------|
| 1 | Smoking cessation | Dependence treatment |
| 2 | CVKM case-finding | Yearly health check |
| 3 | SGLT2 inhibitors | CKD/HF/T2DM SGLT2 uptake |
| 4 | Hypertension (no CVD) | BP to target |
| 5 | Lipid optimisation | Lipid therapy uptake |
| 6 | Diabetes | Diabetes care checks |
| 7 | Cholesterol and BP | Cholesterol to target |
| | | BP to target |
| 8 | Heart failure | 4-pillar therapy |
| 9 | Stroke care | Stroke unit access |
| 10 | Intracerebral haemorrhage | Fast ICH treatment |
| 11 | STEMI | Fast primary PCI |
| 12 | Rehabilitation | Cardiac rehab uptake |



The pay-off: close the gap

Success is judged on closing the gap, not just the average, and failure to reduce variation can count as failure of delivery

Fast returns, within 3 years

60,000+

Cardiovascular events avoided

£1.3bn

Productivity gains

£1.2bn

Health and social care savings

The bigger prize, over 10 to 25 years

3850 – 4900

Fewer early deaths a year

£68bn

Saved over 25 years

3.4m

CVD cases prevented over 25 years

What this signals for the industry

4.9m QALYs

Gained over 25 years

1m+ CVD on GLP-1

Eligible for semaglutide from 2026

Incentives

2026/27 QoF, CPCF