GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Cardiovascular Disease Prevention Plan: An ABCD Plus Approach

Recommendations for Wales

July 2026

‘ABCD Plus’ refers to Cardiovascular Disease risk factors: Atrial Fibrillation (heart rhythm problems), high Blood pressure (hypertension), high Cholesterol (hyperlipidaemia), and Diabetes; and health behaviours such smoking and diet.

Introduction

The Cardiovascular Disease (CVD) Prevention Plan for Wales: An 'ABCD Plus' Approach sets out a shared vision for preventing CVD across Wales. Since the publication of the plan, Public Health Wales has worked closely with key stakeholders to identify recommendations for actions that will prevent CVD-related deaths and disability and reduce health inequalities.

Prevention matters at every stage of life and interventions need to span the whole CVD prevention pathway.

This involves:

- A Health in All Policies approach that creates the conditions for good health and reduces exposure to risk factors
- Early identification and management of ABCD Plus risk factors
- Improving ongoing care and treatment for people living with CVD or who have experienced a CVD event

The major risk factors for CVD include:

Atrial fibrillation (heart rhythm problems), high
Blood pressure (hypertension), high
Cholesterol (hyperlipidaemia), and
Diabetes.

Plus Key behaviours such as smoking, diet, physical inactivity, and alcohol consumption, (alongside other factors which affect health, such as financial wellbeing), which also increase CVD risk.

Delivering ABCD Plus through the 3 Cs: Citizens, Communities and Care

Reducing CVD deaths and health inequalities in Wales requires a shared effort.

The approaches taken in countries such as Scotland and Singapore show that progress comes when citizens, communities and health and care services work together – the **3 Cs: Citizens, Communities and Care**.

The recommendations for implementing the CVD Prevention Plan for Wales have therefore been developed to reflect the 3 Cs approach.

Summary: CVD Prevention Recommendations

Citizens and Communities: "Know your risk and take action"

1. Create the conditions to help people live in good health

2. Develop a communications programme to raise awareness of CVD risk

3. Improve equitable access to equipment and tools so people can record their risk factors

4. Improve equitable access to support for health behaviours for people with ABCD risk factors

Health & Care System: "Identify, treat and support"

5. Support proactive identification of ABCD Plus risk factors

6. Deliver targeted approaches to reduce inequalities

7. Integrate ABCD Plus into related programmes

8. Enable the workforce to deliver ABCD Plus

9. Support data driven and Population Health Management approaches

10. Develop an ABCD Plus dashboard and tools

11. Support CVD Prevention leadership across Wales

12. Strengthen the CVD Prevention evidence base

Citizens and Communities:
“Know your Risk and Take Action”

Citizens | Communities | Care

1 Embed health in all policies so that people can lead healthier lives and thus reduce their risk of developing CVD risk factors.

Policies and planning decisions should consider the factors that shape physical, social and mental wellbeing, and put population health and reducing inequalities at the forefront of decision making.

Impact

A decrease in the prevalence of ABCD plus risk factors through sustained improvements in the wider determinants of health such as economic stability, access to good employment, safe communities and warm homes, education and the food environment leading to improved health outcomes and reduced inequalities.

Create the conditions to help people live in good health

Citizens | Communities | Care

2 Develop a once for Wales communications programme that provides consistent, evidence-based and behaviourally informed messages that raise awareness of CVD risk and the behaviours to mitigate them.

Collaborate with partners and stakeholders across Wales to coproduce a long-term, multi-agency approach communications plan that aims to:

- Raise awareness of ABCD Plus risk factors in a way that matters to people in Wales
- Support informed choice by raising awareness of the actions people in Wales need to take to reduce or manage their ABCD Plus risk
- Promote and improve access to services that can identify and treat risk factors and support behaviour change
- Ensure communications are accessible and meaningful to all communities in Wales, including people with lower health literacy, vulnerable and marginalised groups and using targeted approaches where necessary, to support understanding and increase equity.

Develop a communications programme to raise awareness of CVD risk

Impact

People understand ABCD Plus risk factors, the actions they can take to manage their risk, and know how to access the health and care services that can support them.

Citizens | Communities | Care

3 Improve equitable access to equipment, outside of primary care consultations, so that people can identify and monitor their risk factors; and further develop tools such as the NHS App so people can record their risk factors and access appropriate support.

Develop local solutions e.g. through libraries and community pharmacies, to give people easy and equitable access to:

- Validated blood pressure monitors
- Calibrated scales to measure BMI

Further develop technology, such as the NHS App to:

- enable people to receive test results e.g. cholesterol and HbA1c and advice from healthcare professionals
- enable people to upload health information, e.g. blood pressure measurements
- provide links to health behaviour support services e.g. weight management services or smoking cessation support

Impact

The ability for people to identify and monitor their own ABCD Plus risk conveniently, and share data securely, enables people to take action to improve their health in a timely manner and reduces routine monitoring visits.

Improve equitable access to equipment and tools so people can record their risk factors

Citizens | Communities | Care

4 Enable people to access local support for key behaviours such as smoking cessation, diet and physical activity, and reducing alcohol consumption, as well as mental and social wellbeing support e.g. financial wellbeing.

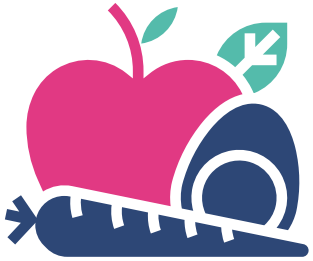
Develop solutions so everyone identified with ABCD risk factors can access support for 'PLUS' factors (smoking, weight, physical activity, alcohol and wider determinants).

For example:

- Smoking cessation support (e.g., Help Me Quit)
- NHS and commissioned weight management programmes
- Physical activity support (e.g., National Exercise Referral Scheme)
- Alcohol support services (e.g., DAN 24/7)
- Financial support and advice

Impact

People identified with ABCD risk factors can access timely support for key behaviours to reduce their risk of a CVD event such as a heart attack or stroke, with improved equity of uptake and less avoidable pressure on health and care services.



Improve equitable access to support for health behaviours for people with ABCD risk factors

Health and Care System:
“Identify, treat, and support”

5 Deliver a universal, systematic and data-driven approach for identifying ABCD Plus risk factors.

Through systematic application of NICE Guidance[1234] related to ABCD Plus risk factors, develop systems that support proactive identification of ABCD Plus risk factors as part of routine care.

- Enhance CVD prevention within primary care through a continual quality improvement (QI) approach and application of the **Size of the Prize** methodology, that embeds previous QI Projects in core practice
- Use system prompts (such as EMIS) to enable proactive identification of CVD risk
- Ensure consistent use of health pathways and NICE guidance, considering equitable access to services such as phlebotomy

Impact

Systematic application of NICE Guidance combined with practical delivery tools enable consistent, equitable identification of ABCD Plus risk factors.

Support proactive identification of ABCD Plus risk factors

[1] Recommendations | Hypertension in adults: diagnosis and management | Guidance | NICE
[2] Overview | Cardiovascular disease: risk assessment and reduction, including lipid modification | Guidance | NICE
[3] Overview | Type 2 diabetes: prevention in people at high risk | Guidance | NICE
[4] Overview | Atrial fibrillation: diagnosis and management | Guidance | NICE

6 Deliver targeted approaches to reduce inequalities in CVD outcomes through taking proportionately greater action for population groups that may have higher and unmet CVD risk.

Examples of population groups that may need targeted approaches to support identification and treatment of ABCD Plus risk factors are:

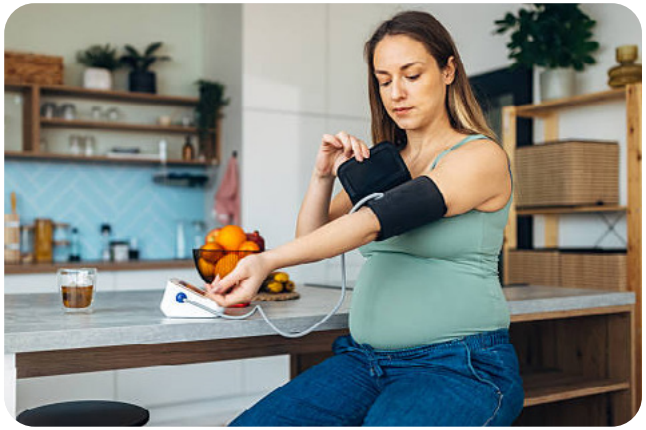
- Women
- People from the most deprived communities
- People from health inclusion groups
- People with a family history of CVD
- People from South Asian, African and Afro-Caribbean ethnicities

Women

Consider lifetime CVD risk in planning and delivering CVD prevention programmes for women. Recognise opportunities for prevention for those who have experienced hypertension during pregnancy, gestational diabetes and/or obesity in pregnancy. Raise awareness of the **significant increase in CVD risk after menopause**. Train health and care teams to be aware of the **differing heart attack symptoms women are likely to experience** which can sometimes delay diagnosis and treatment.

People from the most deprived communities

Proactively identify people at high risk of CVD and living in Wales's most deprived communities, ensuring equitable access to services and support (e.g., further support for Deep End Practices) and evaluate the impact of existing targeted health check programmes.



People from health inclusion groups

Work with key partners to understand how to prevent CVD and deliver services for people within health inclusion groups, including, but not limited to, people in contact with the justice system, people who experience homelessness, gypsy and traveller communities.

People with a family history of CVD

Develop a systematic approach to the identification of people with a genetic predisposition to CVD, including people with a family history of heart disease and people with familial hypercholesterolaemia.

People from South Asian, African and Afro-Caribbean ethnicities

People from South Asian, African and Afro-Caribbean ethnicities: South Asian and African and Afro-Caribbean communities receive opportunistic testing to ensure early identification of ABCD Plus risks, combined with culturally sensitive communications to enable them to make informed decisions about their care.

Impact

People who are at high risk and/or have unmet need, have their ABCD Plus risk factors identified, supporting earlier treatment and referral, and thereby reducing new and recurrent CVD events, and inequalities.

Deliver targeted approaches to reduce inequalities

7 Enable programmes* which have a specific focus on an individual ABCD Plus risk factor, to integrate a wider ABCD Plus, person-centred approach, to recognise the likelihood of multiple risk factors and/or comorbidities.

Programmes consider how they enable people to receive tests for wider ABCD risks and subsequent treatment and support across all ABCD Plus risk factors as appropriate.

Impact

NHS programmes integrate ABCD Plus with appropriate pathways for onward signposting and referral, increasing identification and opportunity for effective and timely intervention.

Integrate ABCD Plus into related programmes

*Examples of programmes could include but are not limited to: All Wales Diabetes Prevention Programme, Diabetic Eye Screening Wales, Abdominal Aortic Aneurysm Screening Wales, Lung Cancer Screening Wales and GMS Quality Improvement Projects related to ABCD Plus risk factors.

8 Equip health and care teams to deliver ABCD Plus, by optimising key workforce roles and delivering training to build understanding, confidence and skills.

Examples of how teams can optimise workforce roles and adapt team structures include:

- Patient annual reviews that consider multimorbidity
- Reception staff prompting use of waiting room BP self-check monitors
- Supporting healthy conversations through e.g. Making Every Contact Count (MECC)
- Social prescribing, focusing on what matters to the person.

Training could include:

- Behaviour-change conversations (e.g. motivational interviewing)
- Training designed to reduce health inequalities
- Use of current and emerging tools and pathways to identify, treat and support ABCD Plus risk factors.

Impact

Accessible, co-designed training combined with clear roles, responsibilities, and effective team structures enable health and care teams to deliver ABCD plus at scale in everyday practice.

Enable the workforce to deliver ABCD Plus

9 Develop shared data systems that allow interoperability, and allow different organisations to work together to support a person-centred approach

Advocate for, and support, the development of data driven and population health management (PHM) approaches that allow primary care systems to interact and link (enabling efficient data flows as appropriate) with each other e.g. GMS and community pharmacy, as well as with other data systems e.g. NHS Wales App, Welsh Ambulance Services, Diabetic Eye Screening Wales, Secondary Care systems and other population health data systems.

Impact

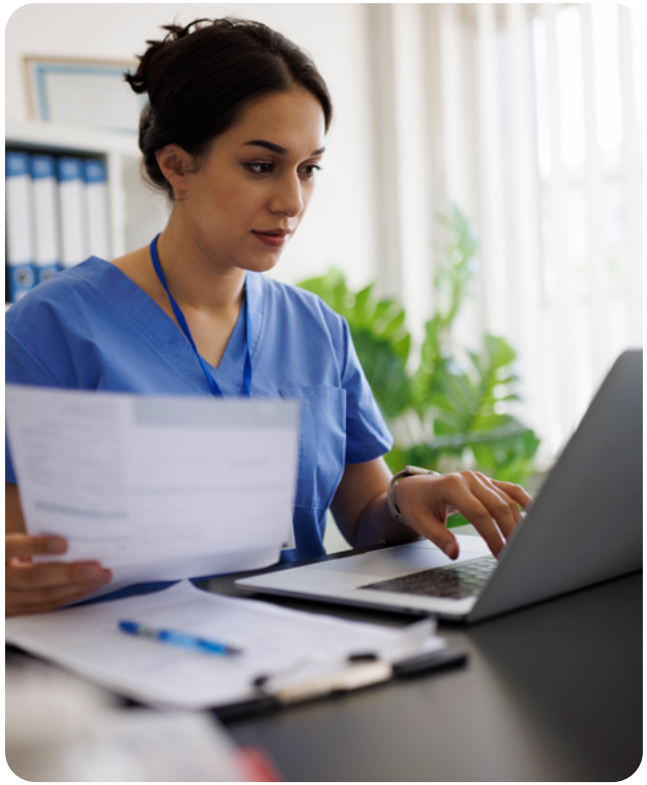
Shared, interoperable data systems enable timely action on identified risk factors across care providers, improving care, while reducing duplication and siloed working.

Support data driven and PHM approaches

10 Develop an ABCD Plus Dashboard and tools to enable teams across Wales to monitor progress, take action and reduce unwarranted variation

Develop an ABCD Plus dashboard to report prevalence and management of CVD prevention risk factors, identify data gaps and actions to address them, and highlight variation by GP practice, clusters, and health boards.

Identify learning from the implementation of quality improvement programmes using **CVDPREVENT** and **CVDACTION** tools used in England to understand how these can be applied in Wales to support national monitoring of progress against key indicators.



Impact

A shared, easy to use ABCD Plus dashboard, helps policy makers and frontline teams identify gaps and unwarranted variation, focus on the highest-risk populations, and target resources and action to reduce inequalities and improve outcomes.

Develop an ABCD Plus Dashboard and Tools

11 Create and sustain an all-Wales approach to CVD prevention leadership, working with leaders across Wales to co-deliver a systematic approach, considering local need and service capacity.

Collectively determine an appropriate and systematic approach to further building a collaborative and motivated network of CVD Prevention leaders in Wales. Enable all leaders to have a clear understanding of their role, take action to embed ABCD Plus within their areas of responsibility and influence others within the wider system.

Impact

Clear national and local leadership structures, help to define roles, and accountability for both policy and delivery, accelerating ABCD Plus implementation across Wales, reducing unwarranted variation and improving outcomes.

Support CVD Prevention leadership across Wales

12 Build and strengthen the CVD Prevention evidence base for Wales through formal research and service evaluation of existing programmes and novel approaches to drive system learning and improvement.

Support community insights and engagement being embedded into both formal research and service evaluation. Actively engage with research initiatives to strengthen understanding of effective approaches to embedding ABCD Plus, e.g. evaluation of existing health check programmes in Wales.

Share learning and advocate for the scale up of effective interventions across Wales. Ensure robust service evaluation methodologies are embedded within the design of projects and services across health boards to assess effectiveness and support wider adoption.

Impact

Wales builds and uses strong evidence to determine the most effective approaches for CVD prevention, so resources focus on interventions proven to improve outcomes.

Strengthen the CVD Prevention evidence base

Next steps

These recommendations, alongside the CVD Prevention Plan for Wales: An ABCD Plus Approach, showcase the ambition for CVD prevention in Wales.

Addressing CVD prevention is complex and therefore requires activity across national, regional and local footprints and at both strategic and operational levels. This needs the involvement and engagement of the public as well as people working across health and social care, national and local government, academia and the voluntary sector.

The 12 recommendations provide a structured approach for partners to identify the key actions needed, and to advocate for those actions to be prioritised and embedded in planning and delivery. This will set the path towards our shared goals of reducing CVD incidence and prevalence and CVD related inequalities.