

# SHAREHOLDER INSIGHT

WHF Member and Network survey findings from clinicians and patients highlight widespread fragmentation of care for people living with CVD and multiple long-term conditions. Respondents consistently reported challenges related to coordination across specialties, treatment burden, and limited continuity of care, reinforcing the need for integrated, person-centred models.

## HEALTHCARE PROFESSIONALS (N=78):

MAJORITY WERE CARDIOLOGISTS, WITH BROAD GEOGRAPHIC REPRESENTATION.

### MOST COMMON COMORBIDITIES SEEN:



Diabetes



Obesity



Chronic Kidney Disease (CKD)

### BARRIERS:



Insufficient Funding



Fragmented Systems



Lack of political prioritisation

### SOLUTIONS:

Patient awareness, training for healthcare professionals, national policies, accessible and affordable medicines, digital monitoring.

## PATIENTS WITH CVD AND CARERS (N=58):

**98%** were patients living with CVD, often with multiple conditions.

50%



Hypertension

48%



Diabetes

28%



Mental Health

76%



Took five or more medications

57%



Reported poor coordination of care

55%



Long waits or distance to services

9%



Had access to integrated risk assessment tools

### PRIORITIES:

Better communication, financial support, access to multidisciplinary teams.

### KEY TAKEAWAY:

Both groups strongly support integrated care, but systemic, financial, and organisational barriers continue to limit implementation. Their voices highlight the urgency of building sustainable models of care that bridge these gaps.