FROM DETECTION TO ACTION:

advancing cardiovascular health checks in Europe

A CALL TO ACTION

May 2026

The Heart Failure Policy Network

Health checks: an opportunity to tackle an endemic condition

The European Union's (EU's) planned cardiovascular health checks represent a major opportunity to reduce the toll of cardiovascular disease (CVD). The burden of CVD is largely driven by long-term exposure to known risks, poor management of those risks, and the often avoidable progression from early disease to severe illness.[1,2]

If implemented effectively, these checks can shift health systems from late-stage crisis management towards more sustainable care. This would reverse a historical failure to 'predict, prevent and protect' that ultimately results in avoidable admissions, reduced quality of life, disability and death.[1,2]

However, health checks will only deliver meaningful value to Member States if they are designed to improve outcomes rather than simply increase testing. Successful programmes should target those at greatest risk, use evidence-based assessments, be delivered through accessible community and primary care settings, and link directly to timely follow-on interventions.

Reducing avoidable cardiovascular hospital admissions must be a central measure of success. Recent economic modelling suggests that it could save €45 billion per year – approximately 16% of CVD spending in the EU in 2021.[1,3]

Reducing hospital admissions could save

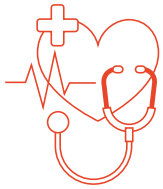
€45 billion

Heart failure must be prioritised in CVD prevention and detection. Heart failure is an endemic condition affecting millions in Europe.[4,5] It is a leading cause of avoidable hospitalisation and a driver of substantial disability and healthcare expenditure.[1,3,6] Many people with heart failure are undiagnosed,[7] and data show that 80% of diagnoses are made too late and in emergency settings, after significant and often preventable deterioration has already occurred.[8,9]

Cardiovascular health checks should follow the EU *Safe Hearts Plan* by explicitly including heart failure symptom identification. Basic checks should look for red-flag symptoms such as breathlessness, ankle swelling, fatigue and chest pain. They should also identify people at higher risk, including older adults and people with diabetes, kidney disease, hypertension, atrial fibrillation or previous heart attack.[10 11]

80% of people

with heart failure are diagnosed in emergency departments



People with diabetes, kidney disease, hypertension, atrial fibrillation or previous heart attack are at

higher risk of heart failure

Where high risk of heart failure is identified, clear pathways should enable rapid access to enhanced testing, especially NT-proBNP. This blood-based biomarker – increasingly available in the community setting[12] – offers a practical and cost-effective tool to: support earlier diagnosis; guide referral for echocardiography or specialist review; protect scarce diagnostic capacity via rule-out; and, in some cases, accelerate the initiation of evidence-based treatment.[8 10 13-19]

With health checks on the horizon in Europe, now is the time to act. By embedding heart failure within cardiovascular health checks and by ensuring clear referral pathways, workforce readiness and robust data systems, Member States can save lives, reduce pressure on hospitals and build more resilient health systems for the future.

WHAT IS A CARDIOVASCULAR HEALTH CHECK?

A cardiovascular health check is a proactive and individualised risk assessment – typically delivered in primary or community care, in the general population – that identifies CVD risk and early disease. It should give people the knowledge they need to help manage their health, and should link them to evidence-based prevention or management.[1 20 21]

What an effective health check looks like

To achieve the goal of saving lives, costs and resources, countries must implement health checks in a careful and targeted way. Evidence on the effectiveness of general and cardiovascular health checks remains mixed, partly due to challenges such as overdiagnosis and overtreatment.[20 22] However, general health checks are linked to greater recognition and treatment of chronic diseases, improved control of risk factors, higher uptake of preventive services, healthier behaviours and better patient-reported outcomes.[20]

A good cardiovascular health check is one that reliably improves health outcomes. In practical terms, it must:

target the right people: cardiovascular health checks should prioritise populations at highest risk to achieve the greatest impact.[23] The European Society of Cardiology (ESC) also recommends age-based screening, with systematic health checks for people over 35, and increased frequency for people over 65 or those at a higher risk of CVD.[11] This pragmatic approach is necessary to ensure health checks provide the most benefit in the context of strained financial resources.[20 22]

include the right tests: they should be evidence based to maximise meaningful and comprehensive data collection.[23] Recognising how interconnected cardiorenal metabolic conditions are, health checks should assess factors such as blood pressure, weight, lipids and glucose (including kidney function where relevant), lifestyle (including smoking), family history and red-flag symptoms of heart failure (i.e. breathlessness, fatigue and ankle swelling).[10 23]

be delivered in the right setting: health checks should be delivered in settings that enable equitable access, and where they can be implemented at scale.[1] State-of-the art testing is only impactful if people can reach it.

link to ongoing care: detection alone is insufficient; the data collected must inform active prevention and disease management.[23 24] A check that identifies risk without rapid escalation and follow-through will not reduce levels of illness or death, or bring down costs. People at an increased risk of CVD must be referred to high-quality care.

Where health checks have been effective

CASE STUDY 1.

Poland's CVD prevention programme is available to eligible adults (typically aged 35–65) through primary care. It combines risk assessment and core measurements (basic CVD health check) with follow-up recommendations or referral where needed, showing targeted reach and integration into routine care.[25]

CASE STUDY 2.

Germany's statutory health check-up entitlement shows how routine, insurance covered health checks support prevention and risk assessment at scale. They are conducted once between the ages of 18 and 34, and every three years from age 35. Primary care delivery and scheduled follow-up ensure accessibility and consistent coverage.[26]

CASE STUDY 3.

Croatia's national lung cancer screening model highlights the impact of primary care-led and digitally supported programmes. By bringing screening directly to high-risk people in the community and using a paperless national IT system, the programme demonstrates how accessible delivery and robust infrastructure can increase uptake and early detection.[27]

How Member States can deliver effective health checks

The EU SAFE HEARTS PLAN is an opportunity to implement and standardise cardiovascular health checks in a way that improves lives and saves costs.

There are resources available to support learning and enable implementation in Member States – and more are likely to follow. We therefore call on ministries of health to engage in these initiatives and collaborate with national stakeholders – including healthcare professionals, patient organisations and local authorities – to design and deliver targeted, evidence-based programmes. By leveraging these opportunities, countries can efficiently tailor implementation to local needs and deliver equitable health checks, securing a healthy future for their populations.

Advancing the implementation of effective health checks

Develop a national cardiovascular strategy with clear targets and metrics

Safe Hearts Plan *and supporting initiatives provide initial guidance, which can be localised with input from national stakeholders.*

Co-design evidence-based health check programmes

For example, delivery initiatives that ensure access to diagnostics and clear referral pathways. EU resources and learning from other countries can support efficiency.

Strengthen health system capacity

Build workforce capacity and ensure policies support nimble care delivery.

Monitor progress, adapt and scale activities

Ensure outcomes are effectively measured, reported, and used to inform improvements in care.

Putting the principles in practice: enhanced screening for heart failure

Heart failure is an endemic condition, and its rates are expected to increase. A 2024 Portuguese study found that over 16% of people aged 50+ have heart failure, but 90% were unaware of their condition.[7] Across Europe, more than 15 million people are living with heart failure, without accounting for the fact that the condition is under-recognised and frequently diagnosed late.[4 5 23] This number is expected to grow.[5]

A cardiovascular health check that meets the needs of the EU population must account for heart failure. The *Safe Hearts Plan* explicitly includes early detection of heart failure risk in health checks.[24]

A pragmatic and cost-effective approach to heart failure screening will need to be multi-step. The Heart Failure Association of the ESC emphasises that clear diagnostic pathways are critical

Target the right people

Offering enhanced screening and ongoing monitoring for people at higher risk of heart failure is cost-effective, and can reduce their chance of developing heart failure or it progressing to more advanced stages.[28] This higher-risk group includes people over 65[11] and people with:

- hypertension, obesity, kidney disease, atrial fibrillation, high cholesterol or type 2 diabetes (which doubles the risk)[14 29 30]
- past heart attack: in the decade following a heart attack, 3 in 10 people will develop heart failure[31]
- a history of smoking or harmful alcohol use[30]
- red-flag signs and symptoms: breathlessness, swollen ankles and extreme fatigue, which may be signs of heart failure having progressed to more advanced stages.[10]

Such populations may also be identified via a review of electronic health records and individualised risk stratification.[18]

Include the right tests

European guidelines state that testing for natriuretic peptide hormones in the blood (NT-proBNP) is a mainstay of heart failure screening.[10] NT-proBNP indicates stress in heart muscle tissues, and its high levels suggest worsening heart function. When combined with other health data (including age, sex and biomarker scores such as creatinine levels), vital decisions can be made quickly. For example:

- People with normal NT-proBNP may have heart failure swiftly ruled out without needing to leave the primary and community care setting.[10] This helps redirect medical investigation to alternative causes, and protects valuable resources such as echocardiography for people with higher need – reducing costs and wait times.[8 32 33]
- In people at elevated risk (e.g. those with diabetes or chronic kidney disease), NT-proBNP testing can also detect whether heart failure is developing.[13 14] For example, it can identify early heart failure in people with diabetes even before symptoms appear.[34]
- If NT-proBNP is very high, people should be referred to rapid access schemes for specialist diagnosis and imaging (i.e. echocardiogram).[10 15 16]
- In some cases, elevated NT-proBNP alongside typical symptoms (e.g. breathlessness, fatigue, ankle swelling) may justify the immediate initiation of core medications.[16 17] Effective care for heart failure should also include protective approaches, such as cardiac rehabilitation and psychosocial support.[35 36]

to reduce emergency-based diagnosis and enable earlier initiation of treatment.[13 23] Screening can start with an accessible first-line risk screen for a wider population, which can be escalated to a second-stage or enhanced check (using biomarker testing and targeted diagnostic tools) for people at higher risk.

Creating a strong system to deliver change

Delivering effective health checks will require pragmatic system changes. While processes may vary locally, robust data systems, clear referral pathways and an appropriate workforce are essential for successful implementation.[23] For example, we know that clinical nurse specialists and pharmacists play a valuable role in heart failure detection in primary care settings;[40 41] we must continue to enable this. Moreover, access to and delivery of testing to the right populations must be supported in policy and regulation.[12] With strong systems in place, we have the opportunity to tackle CVD and support the EU population of the future.

Deliver tests in the right setting

Health checks in accessible settings have a greater chance of reaching the right people. Testing delivered in mobile clinics, primary care and community settings has been shown to accelerate early detection, reduce hospitalisations and improve outcomes.[7 37] The *Safe Hearts Plan* champions expanding such approaches to reach more people and standardise access to timely cardiovascular assessment.[24] The location and structure of the health check will vary between countries, and community engagement should be sought to ensure the location of delivery is accessible.

Testing should be convenient and efficient. Evidence from other conditions suggests that delivering multiple tests during a single consultation can reduce delays to diagnosis and treatment.[38] Where clinically indicated, enhanced testing (e.g. NT-proBNP) should be offered during the same appointment as the basic health check. Where this is not possible, follow-up testing should be arranged promptly to minimise delays in diagnosis.

Link to ongoing care

Every person identified as being at risk of heart failure should benefit from rapid referral to further testing and evidence-based quality care. For people who meet diagnostic criteria, ESC guidelines support early initiation of evidence-based therapies and delivery of coordinated high-quality multidisciplinary care.[10] Effective management of risk factors has a strong influence on health outcomes,[39] but this depends on prompt follow-up and ongoing monitoring.

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This call to action is part of the European Heart Failure Mission, an initiative by the Heart Failure Policy Network. If you would like to get involved in the Mission, please get in touch with us at: info@hfpolicynetwork.org
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