

# South West London Lipids Transformation Programme: Its Impact and Our Learning

P. Bandeira<sup>1</sup>, M. Sharifi<sup>1</sup>, R. Watson<sup>2</sup>, R. Andrews<sup>3</sup>, T. Herweijer<sup>3</sup>, N. Jones<sup>3</sup>

<sup>1</sup>Cardiovascular Risk & Lipid Services, St George's Hospitals NHS Trust, London, UK; <sup>2</sup>Health Innovation Network, London, UK; <sup>3</sup>South West London Integrated Care Board, London, UK

## Introduction

In the NHS long-term plan, cholesterol management is one of three top priorities for prevention of cardiovascular events [1]. A lipid optimisation programme was piloted in South West London (SWL) to improve dyslipidaemia management in primary and secondary care. The aims were to increase lipid lowering therapy (LLT) uptake, provide community-based point of care testing (POCT), and upskill primary care staff.

## Methods

A Cardiovascular Disease (CVD) Specialist Pharmacist was recruited to work across organisational boundaries to support SWL primary and secondary care. The lipid optimisation project consisted of three workstreams: 1) CVD risk assessment and lipid optimisation using UCL Partners search criteria for primary and secondary prevention, and Familial Hypercholesterolaemia (FH) in primary care; 2) CVD specialist pharmacist clinics at St George's Hospital (SGH); 3) cholesterol POCT at events in community settings including places of worship and shopping centres.

## Results

In secondary care, 135 patients were reviewed and 111 PCSK9i prescriptions were issued from September 22 to May 23. Across 7 community-based POCT events, 41 people were reviewed. Their feedback was extremely positive. Participants were very satisfied with the ease of access, and they wanted family members to get the test as well and make lifestyle changes where required. PCNs involved in this project were amongst the top performers in SWL against national lipid targets for secondary prevention of CVD at baseline and follow up. Staff reported increased collaboration between professional groups and across PCNs as a result of the project. The achievements are highlighted in Figures 1, 2 and 3.

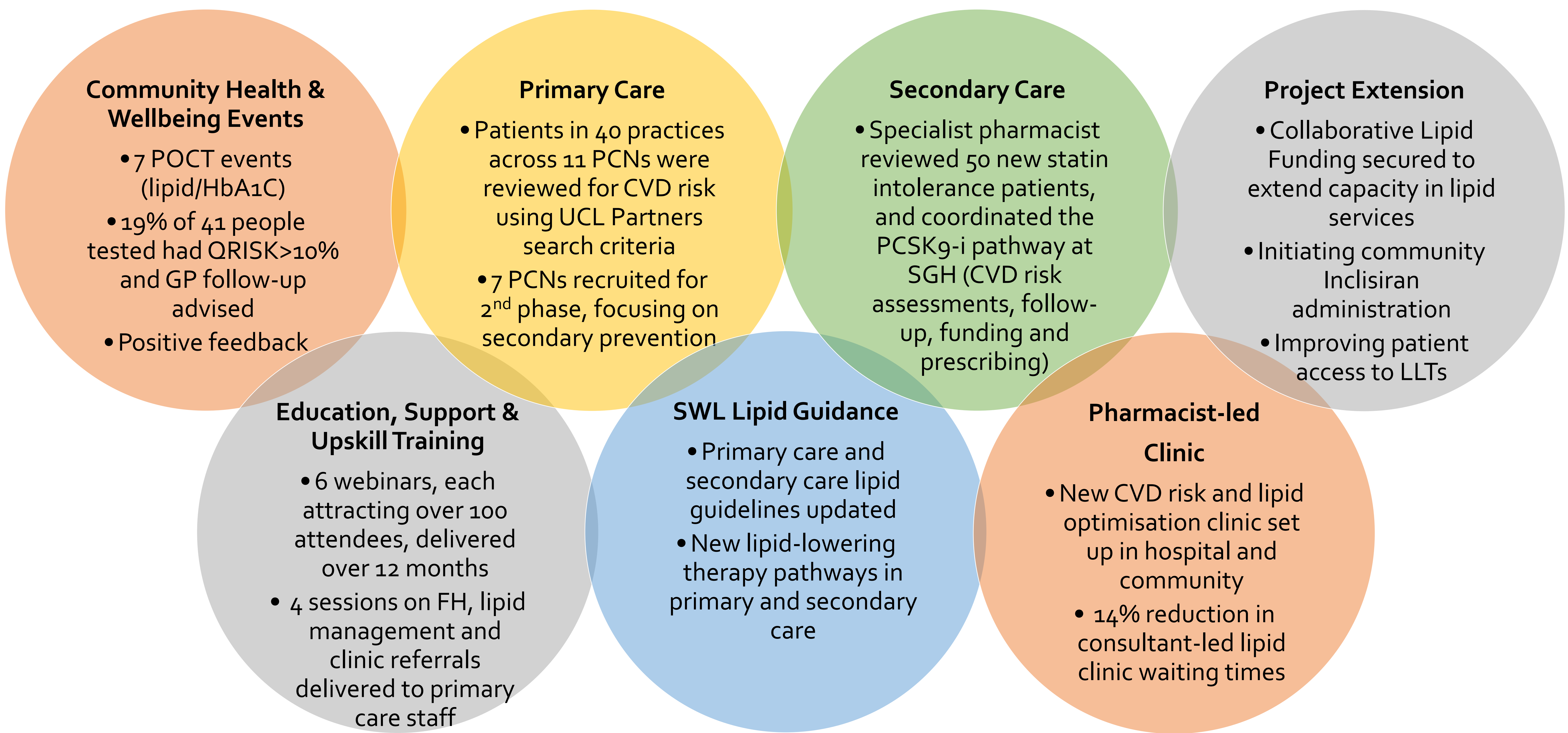


Figure 1- Lipid optimisation project achievements between June 2022 and May 2023

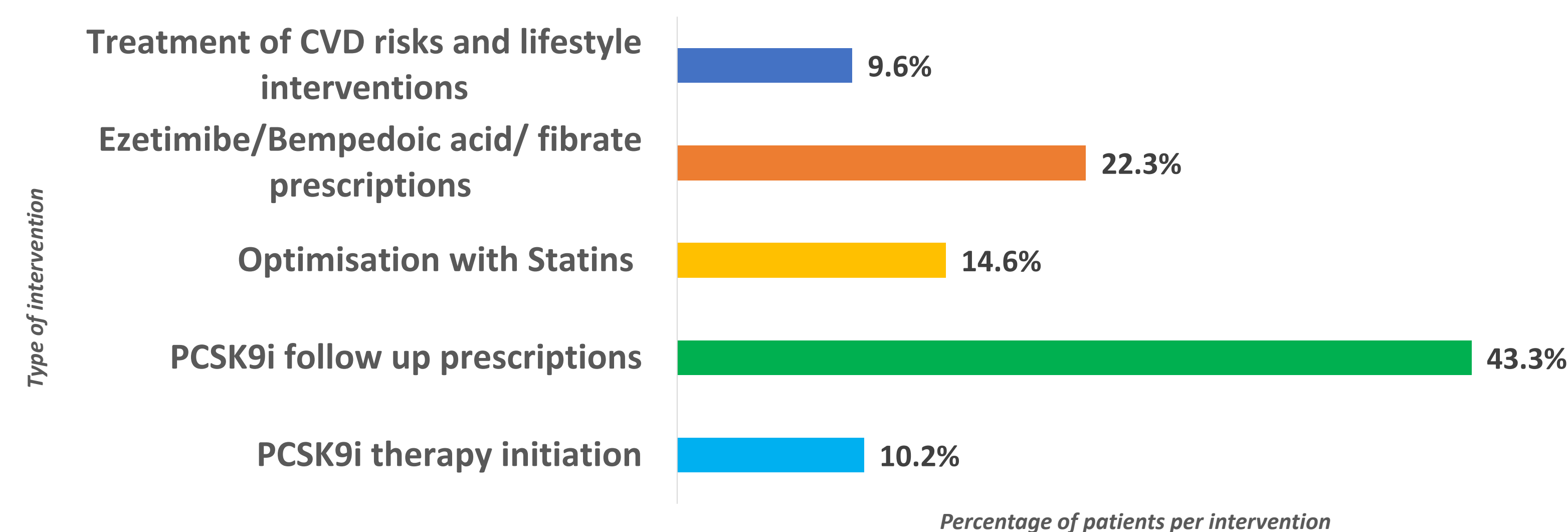


Figure 2 – Pharmacist prescribing pattern at lipid clinic



*“Yes, I would recommend doing this in the community. It is easier to get checked up here than going to the doctor to get an appointment. I am going to try and get my family here”*  
Attendee at a community POCT event

Figure 3 – Photo of POCT setting in community and an attendee quote

## Conclusions

This project improved collaborative working between primary and secondary care in CVD management of patients, although this was constrained by limited capacity. Pharmacist-led CVD prevention and lipid optimisation clinics were a major success in reducing waiting lists and expanding service capacity. We found that UCLP searches are not a suitable tool for collecting outcome data. The POCT offered in community spaces was well received by attendees, highlighting an opportunity for improved CVD detection through health checks in deprived areas.