



Making Lipids Interesting Again

Lincolnshire – Integrating Care

Background

United Lincolnshire Hospitals Trust, Lincolnshire Community Health Services, and Lincolnshire Integrated Care Board have been integrating care through an 18-month project, and transforming care for patients living with Heart Failure across the county. The program has built a close relationship between Clinical Commissioners, GPs, Secondary Care Cardiology and Community Teams. We also established our Community Cardiology Team, by bringing and existing Heart Failure and Cardiac Rehab community teams together.

Taking an integrated approach has improved the experience of care for patients and professionals, and established several changes to the pathway, including; establishing rapid access heart failure clinics, a new virtual ward service, 7 day service provision (both in and out of hospital, supported by virtual ward development), HF-REACH specific cardiac rehab for Heart Failure patients, Two Primary Care based MDTs, and much more.

At multiple points across the pathway development we have noted that much more is required in terms of both Primary and Secondary Prevention in Lipid Management, and together with support from a consultant Endocrinologist, have embarked on the pilot of a small Lipid Nurse Specialist team.

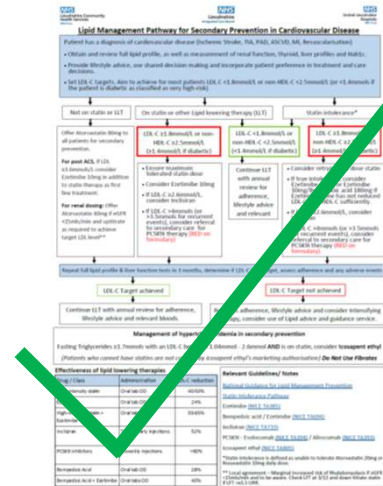
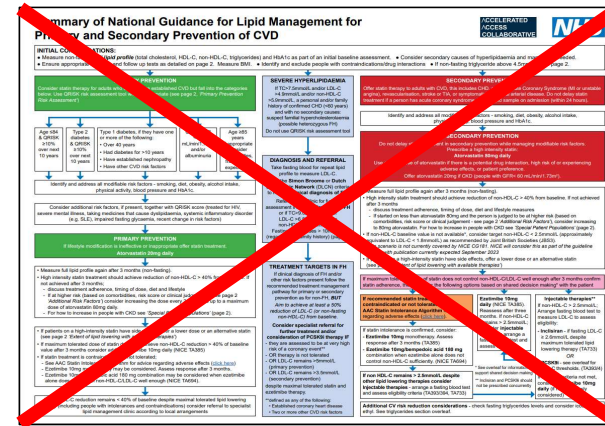
What The Project Involved

- In line with the NHS Long Term Plan which aims to prevent 150,000 heart attacks, strokes and dementia cases over 10 years we are focused on reducing events, deaths and the cost to the healthcare community in Lincolnshire. East Midlands Academic Health Science Network estimates by improving cholesterol management and optimising treatment, it could result in a 34% reduction* in non-fatal CVD events, 22% reduction CVD mortality and save the NHS £1.06m per 10,000 patients annually.
- We used changes in the GP Quality and Outcomes Framework (QOF), relevant guidance (NICE, ESC), the [AHSN Network's lipids management and familial hypercholesterolemia \(FH\) national programme](#), and rollout of Inclisiran, to raise the profile of lipid therapies, and as an opportunity to test a new approach.
- To do this we applied for NHSE funding, matched via a public private partnership arrangement' to bring the program to life. Having been successful for the funding, we: recruited two nurse prescribers from our Cardiac Rehab team, wrote a local pathway for secondary prevention (approved by our local prescribing and clinical effectiveness forum), and established the service.
- The service currently includes hospital based clinics once a week, and support to Primary Care in the form of direct referrals, and GP engagement through the development of a GP toolkit, provision of education, joint clinics, and support for risk stratification and ensures system integration.
- At the core, our new message is about empowering patients, with a focus on continuous reassessment. This is changing towards a culture more established in other long term conditions, with use of combination therapies.

*CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l = 34.75%

GP Practice Specific Support

- New simplified pathway
- Support for risk stratification using the Manchester Tool
- GP Tool Kit including; Patient decision aids, FAQs for patients and professionals, draft letters for patients segmented via risk stratification tool, access to a short recorded video series by local consultant (Statin Intolerance, Familial Hypercholesterolemia, with more to follow)
- Direct referral to service
- Group sessions for statin intolerance and statin reluctance
- Education (advice and guidance for complex patients/ new therapies)
- Escalation to Secondary Care based MDT
- Campaign planning (for October 2023) around Know Your Numbers, with Know Your Numbers Cards (in collaboration with Public Health)



Key Learnings

- Critical to the success of the program was having experienced nurses from a community setting who had instant access to lipidologists to help with the transfer of knowledge and education.
- Feedback from GP's was that they wanted bite-sized education materials that they could access at times that were convenient for them, which led to the development of 10-minute webinars by Lipidologists.
- One of the biggest challenges was pockets of reluctance to prescribe inclisiran. To overcome this, we created education, helped dispel myths and trained people. There is still more work to be done but currently 46 out of 86 practices are ordering and prescribing inclisiran to appropriate patients.
- Moving from a 'fire and forget' culture to fire, reassess and optimise.
- We have seen that better cardiovascular care and operationalising the armory of tools available can lead to less reliance on betablockers, sick notes, hospital notes, and in the long run saves more time for primary care which was all made possible by making lipids interesting again.