NHS Long Term Plan CVD Ambitions

- 75% of people aged 40-74 have received a CVD risk assessment & cholesterol reading in the last five years.
- 45% of people aged 40-74 identified as having a 20% or greater 10-year risk of developing CVD are treated with statins.
- 25% of people with FH are diagnosed & treated according to NICE guidelines

Predict & Prevent 2023 Highlights Report

BACKGROUND

- The NHS Long Term Plan (2019) highlighted the need for improvements in lipid management to reduce cardiovascular (CV) risk, including increased focus on CV risk assessments, statin uptake for primary prevention, and improved Familial Hypercholesterolaemia (FH) detection, diagnosis and management.
- A pilot project in 6 South East London Primary Care Networks (PCNs) from December 2021 to December 2022 set out to address this need. The learning has been shared with healthcare professionals in South East London and has shaped local lipid management pathways and educational programmes with the aim of reducing CV risk in local populations and the development of lipid champions in primary care.

> *[The project] created more of an awareness and more thought about statins and cholesterol levels and lipids. And it was quite good to find out about the treatments available in secondary care … there are other options available. I think it kind of puts into context the priority groups.*
>
> **- PCN Digital Transformation Lead and Practice Nurse**

DELIVERABLES

- Implementation of UCLP patient searches to prioritise patient reviews in primary care, education and training support for National Lipid Management Guidance and the development of SEL Lipid Management Pathways for primary and secondary care.
- Enhanced lipid management and cardiovascular risk reduction reviews for patients within primary and secondary CVD prevention cohorts; involving patient representatives to improve the focus for the project and accessibility for these reviews.
- Review and management of patients coded with FH, facilitating specialist referrals for a genetic diagnosis (considering FH signs, family history of CVD and managing secondary causes of high cholesterol) and conducting coding reviews.
- Educational webinars to improve knowledge and confidence in lipid management among primary care professionals, including statin hesitancy and intolerance, cardiovascular risk reduction, and lipid management therapy escalation.
- Community of Practice meetings for PCN leads to facilitate their learning, networking with others and problem solving.
- Enhanced uptake of high-intensity statins and optimising second-line therapies in line with NICE Guidance.

RESULTS

- All 6 PCNs increased the rates of high-intensity statin prescribing. Four of the 6 PCNs reached the NICE minimum threshold of 65%, and 3 of these PCNs exceeded the optimal target of 75%.
- 600 additional patients were prescribed ezetimibe which demonstrates increased awareness for alternative therapies and increased competence for lipid management prescribing within primary care.
- Patient record data indicated that the number of patients on FH registers reduced between baseline and follow-up periods for the 2 PCNs that focused on patients with FH. This was due to re-coding patients with an incorrect FH code on the system.
- The project has been repeated with 5 further PCNs as the focussed learning and patient reviews for CV risk reduction have been so valuable for local populations and for meeting the needs of QOF and DES incentives.

CONCLUSION

- Overall, the PCNs involved in Predict and Prevent have improved lipid lowering therapy prescribing trends and awareness of CV risk reduction strategies for local populations.
- For the integrated care system, there are now pathways for primary care and specialist referrals, improving lipid management through primary and secondary prevention workstreams and utilising patient searches/cohorts to prioritise reviews in primary care.
- Clinicians reported a range of perceived impacts on patients, such as improved patient education and awareness leading to more informed decisions about their healthcare and CV risk reduction options.
- Participation in the project increased the competence and confidence of clinicians in optimising lipid management to reduce CV risk, addressing statin hesitancy and intolerance, and improving patient outcomes.

NHS South East London

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