



Implementation Resource for the Optimisation/Initiation of Statins in patients with established or high risk of developing Cardiovascular Disease

A support resource for:
GPs, Practice Managers and wider
Primary Care Teams

www.westyorkshireandharrogatehealthyhearts.co.uk





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<https://www.westyorkshireandharrogatehealthyhearts.co.uk/professionals/phase-two-cholesterol>

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Foreword

Dear Colleague

As you know the nine Clinical Commissioning Groups within the West Yorkshire and Harrogate Health Care Partnership (HCP) have committed to tackling cardiovascular disease (CVD) and diabetes. We have already launched our hypertension phase which includes clinical searches, treatment guidance and an implementation resource to help practices identify and treat patients who may be hypertensive but not yet on a disease register, and those who need to have their blood pressure tighter controlled.

We are now entering the second phase of our project, which is to identify and treat, **at scale**, patients whose cholesterol may be better controlled through **switching to a high intensity statin** and also **initiating a statin** in those patients at risk of developing CVD. Therefore, this work should be seen as *supporting* current clinical process and practice, and not replacing or duplicating the hard work that is already taking place.

In order to help practices, we have created this implementation resource which, similar to the [hypertension resource](#), has a number of useful resources which we hope will support you when carrying out this work. This includes clinical searches, agreed local treatment guidance, information which can be used when communicating with patients, and a website for patients, the public and professionals containing key information and signposting to further support.

As current practicing GPs, we know the pressures in Primary Care, and our aim is to provide resources that minimise work, whilst at the same time improving the outcomes for patients.

The estimated adult population across West Yorkshire and Harrogate with a 10-year CVD risk > 20% is 175,000, and of those 89,250 aren't treated with a statin. If this project identified and treated 10% - 9,000 people would receive treatment and an estimated **225 to 400 CVD events** would be prevented over the next 5 years.

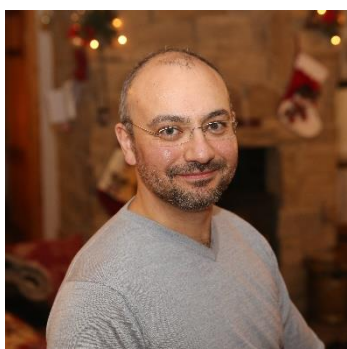
We hope that by doing this work we can achieve our ambition of preventing heart attacks and strokes, having not only a massive positive impact on the lives of the people of West Yorkshire and Harrogate, but also a **significant economic impact to the health and social care system**.

We can only do this by working together, and we hope that this implementation resource will help contribute to this overall ambition.

Your support is very much appreciated, and we welcome your feedback and involvement as we work along this journey together to improve CVD.



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1. Cholesterol - Phase Two Objectives

IDENTIFICATION

- to identify patients on **low-intensity statins** for primary and secondary prevention of cardiovascular disease
- to identify patients **not on a statin** who have a 10-year cardiovascular risk score of >10% (including those that have had the offer of a statin previously and may now benefit)

MANAGEMENT

- to recommend* **switching** to a high intensity statin to reduce future CVD risk
- to recommend* **initiation** of a high intensity statin to reduce future CVD risk

(*using methods such as clinical system searches to identify suitable patients, mass switching via patient letter and text messages and providing access to patient support information via the [West Yorkshire and Harrogate Healthy Hearts website](#))

2. Introduction

This Implementation and Support Resource will hopefully provide a useful support to practices with the identification and management of patients. It is *not* intended to replace processes that might already be in place. Practices can choose the most appropriate way to implement this work, utilising the resources provided.

A summary checklist is included below.

- ✓ Review the Implementation and Support Resource, including the Cholesterol Treatment Guidance (see section 4)
- ✓ Identify a CVD Clinical Champion (this may already be in place from the Hypertension work)
- ✓ Consider how the practice might implement this work e.g. statin switches first (see section 7)
- ✓ Review the searches which are available to all practices within SystmOne or EMIS (see section 5)
- ✓ Brief clinicians involved in cholesterol management (practice nurses, GPs, HCAs) highlight the Cholesterol Treatment Guidance and the clinical searches and ensure administrative staff are also briefed on the work
- ✓ Run the searches to identify those who may need to switch or initiate a statin
- ✓ Consider using the dedicated cholesterol template which includes a summary of the simplified treatment guidance and other key information (see section 6)
- ✓ Signpost patients to the [West Yorkshire and Harrogate Healthy Hearts website](#) for information about lifestyle and other support resources
- ✓ Ensure clinicians and patients are aware of the support they may be able to get from [Community Pharmacy services](#)

If anything is not clear or you would like to provide feedback on any issues that are encountered whilst implementing the work please email WYHHealthyhearts@yhahsn.com

3. Brief Background

Phase two of the West Yorkshire and Harrogate (WY&H) Healthy Hearts Project focuses on optimising cholesterol management in patients who are on a low-intensity statin, and initiating treatment in patients with a CVD risk >10 who are currently not on a statin (or those that have had the offer of a statin previously and may now benefit).

A local cholesterol treatment guidance document has been created following local engagement, a review of [NICE guideline CG181](#), as well as other national and international treatment guidance (see section 4). The guidance has been agreed by the Elective Care and Standardisation of Commissioning Policies Programme Board, the West Yorkshire and Harrogate Pharmacy Leadership Group, the WY&H Area Prescribing Committees and the West Yorkshire and Harrogate Joint Committee of CCGs.

The proposed treatment guidance supports delivery of the second phase of the West Yorkshire and Harrogate Healthy Hearts project. The project was approved by the Joint Committee of CCGs on 5th June 2018, following a recommendation by the Clinical Forum.

In addition to this, clinical searches have been created which will allow practices to find patients who may be suitable for a statin switch or the initiation of a statin if they are at risk of a future CVD event.

4. West Yorkshire and Harrogate Cholesterol Guidance

The following guidance documents have been agreed across West Yorkshire and Harrogate Healthcare Partnership as suitable for local adoption.

[Lipid Guidance](#): this link includes a treatment guidance flowchart, clinical searches, statin intolerance guidance and lipid guidance supporting information.

Two frequently asked question (FAQs) documents on statins have been created for clinicians – this can be found [here](#).

Yorkshire and Humber Specialist Lipid Clinics and Familial Hypercholesterolaemia Service

The Specialist Lipid Clinics and Familial Hypercholesterolaemia Service are located across a number of sites. Details can be found on the E-referral system.

Here you can find a link to the agreed [Specialist lipid and familial hypercholesterolaemia pathway](#)

Clinicians should ensure that they are familiar with the content of both the local guidance and national guideline – including the list of NICE guideline “[do not do](#)”.

The following document [here](#) provides a high level summary of the alignment between the local guidance and NICE guidance, along with further background information.

5. Identifying Suitable Patients – Clinical System Searches

Clinical searches are important to help practices identify suitable patients for statin switches and initiation of a statin.

A number of searches have been created that will help:

- identify patients on **low-intensity statins** for primary and secondary prevention of cardiovascular disease
- identify patients **not on a statin** who have a 10-year cardiovascular risk score of >10% (including those that have had the offer of a statin previously and may now benefit)

Instructions on how to access the searches can be found on the [WYH Healthy Hearts website](#), as well as more details on the specific search criteria and when and how to use them.

The searches practices can use are as follows:

1. **Statin switch, primary prevention** - Patients prescribed low-intensity statins and who do not have established CVD with a cholesterol >4 or LDL >2 (in last 18 months)
2. **Statin switch, secondary prevention** - Patients prescribed low-intensity statins and who have established CVD and a cholesterol >4 or LDL >2 (in last 18 months)
3. **Offer statin QRISK 10-20%, never had statin before** - Patients that have a QRISK >10% not currently on a statin (both calculated and actual QRISK scores)
4. **Offer statin QRISK 10-20%, previously tried statin** - as above, not currently on a statin – but have been previously - more than 2 years ago.
5. **Offer statin QRISK >20%, never had statin before** - Patients that have a QRISK >20% not currently on a statin (both calculated and actual QRISK scores)
6. **Offer statin QRISK >20%, previously tried statin** - as above, not currently on a statin – but have been previously - more than 2 years ago.
7. **Deprescribing statin: over 80, no CVD** - Patients over age of 80 with no other CVD who may benefit from deprescribing of a statin
8. **Potential FH (Familial hypercholesterolaemia), consider review and referral** - Patients whose current cholesterol >7.5mmol and LDL>4.9 who have not previously been referred to a specialist FH / Lipid service and may need referring (see document [here](#))

*Notes

- a) These searches have a number of exclusions built in (see [web page](#) for further details)
- b) Only practices will have access to patient identifiable data
- c) Some searches rely on including patients with CVD codes. Incomplete coding may mean that some patients with CVD are not identified by the search. A manual review of the record may therefore be required to verify that the patient does not have CVD.
- d) Practices can choose which searches to run – depending on capacity, clinical need etc. For example, targeting those who have a greater than 20% QRISK score (search No.5) may be a priority over search No.7 (Deprescribing statin)
- e) Patients that are in the >QRISK 20% searches are not in the QRISK10-20% searches

6. Clinical System Templates and Coding

In addition to the clinical searches, a cholesterol template has been created in order to support consultations with patients.

This includes

- ✓ Codes to use
- ✓ Suggested treatment pathway to follow
- ✓ Patient letters
- ✓ Links to useful resources

The SystmOne template can be imported from the West Yorkshire and Harrogate Healthy Hearts folder (search WY&H STP Healthy Hearts – Cholesterol). Those on EMIS can find the template on their local reporting unit or by contacting their local CCG. Practices are encouraged to use the system templates, but it is recognised that some may wish to continue to use their own customised versions. If you are having trouble importing the templates into your system, please read our 'Importing Templates and Searches' document on our [website](#).

7. Initiating / Switching Statins - Process

After running these searches, the practice may use bulk mail merge feature to switch or offer a statin to all the patients on the list. Please note you may wish to go into individual records to deselect any patients not suitable prior to creating a mail merge. Letters have been designed using feedback from patients and can be found [here](#) and in the system templates. There are six key letters, linked to clinical searches. Practices will be able to alter these, for example if the drug dosage needs to be changed. These letters have also been created in easy ready and can be accessed [here](#).

1. Statin switch, primary prevention
2. Statin switch, secondary prevention
3. Offer statin QRISK 10-20%, never had statin before
4. Offer statin QRISK 10-20%, previously tried statin
5. Offer statin QRISK >20%, never had statin before
6. Offer statin QRISK >20%, previously tried statin

In order to use Bulk Operations, the exclusion criteria included in the searches have been carefully created. However, a practice may wish to conduct their own clinical check before initiating a switch / prescribing a statin. Practices may wish to use a monitoring sheet (Audit report) when conducting the cholesterol work – an example can be found [here](#).

Below are suggested approaches that a practice may wish to adopt when switching / initiating a statin:

Statin Initiation

- 1) Letter for primary prevention (new initiation) with atorvastatin put on repeat but without issuing. Patients asked to contact practice if they would like to consider a statin. Repeat has to be activated. Can be issued from repeats by reception.
- 2) Letter for primary prevention (new initiation): patient asked to come and speak to practice – no prescription issued. Patient could also drop in a pre-set letter requesting a statin, stating that they have read the website info and now wish to take a statin.

**Both the above rely on if a cholesterol / ALT reading was within 18 months; if so then it is deemed clinically safe to start statins. Please note the process of sending a letter for primary prevention (new initiation) with a prescription and asking the patient to "opt out" has not been recommended by the WY&H Healthy Hearts project based on feedback from patients.*

Statin Switch

- Practices can notify in the usual way (e.g. changing prescription by text) or send letter which sets out the rationale for switch and explains their current cholesterol levels.

8. Patient Support and Information

As part of this project a website for public, patients and professionals has been created.

www.westyorkshireandharrogatehealthyhearts.co.uk

This website contains key information on the project and provides a central place for lots of information on CVD as well as links to external support information and organisations. The website may be particularly important for patients when making a decision about whether to switch statin or to start taking a statin. The website has information which will allow patients to be part of the shared decision-making process including but not limited to:

- What a heart attack and stroke is
- Help to understand what the risk might mean to them
- What types of support is available to help have a healthier lifestyle
- How the treatment will help / any risks associated with this treatment / how much it will reduce risk by and what alternative options are available
- What to do if they get any side effects

Please text patients the link to the West Yorkshire and Harrogate Healthy Hearts website www.westyorkshireandharrogatehealthyhearts.co.uk as a source of information to learn more about CVD, its risks and what can be done to prevent it and access useful resources and links to other reliable healthcare websites.

We have also created a document with 8 key points for health professionals to consider in any shared decision making and behaviour change approaches (this can be accessed [here](#))

Local community pharmacists have been informed of the cholesterol work through the Local Pharmacy Committee. However, it is beneficial for practices to make contact with their local pharmacy direct, to ensure they are briefed so that they can provide any support by answering patients' questions and concerns.

9. Cholesterol Dashboard

The last key support resource is a West Yorkshire and Harrogate cholesterol dashboard. This builds on the current hypertension dashboard that is currently in operation and includes information on the search areas described in section one.

The dashboard will help us, and you, to understand where we are improving, as well understand those areas that may need further support.

No patient identifiable data will be used in the creation of this dashboard. Practices will therefore need to conduct their own searches (as described in above) to ensure numbers are accurate and that patient records can be viewed.

The dashboard will be circulated by your CCG or can be requested by email.

For any enquiries please email WYHHealthyHearts@yhahsn.com

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Visit www.westyorkshireandharrogatehealthyhearts.co.uk