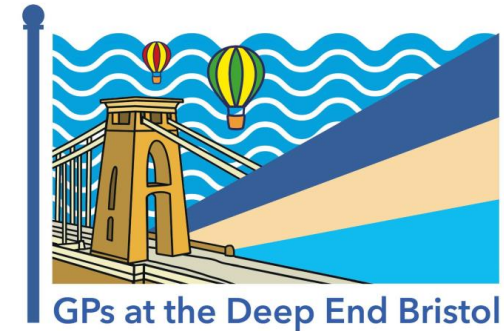


# Improving cholesterol management and cardiovascular health in our population

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**BNSSG**  
Training Hub

CVD kills 170,000 people a year

CVD differentially targets deprived communities

CVD can be prevented

Why?



# NHS England identify lipid management as a national priority

## Improving lipid management to reduce cardiovascular disease and save lives



Improving lipid management by pro-actively identifying people at-risk and optimising their management is one of the principal ways the NHS can contribute to improved population health by preventing death and disability from cardiovascular events.

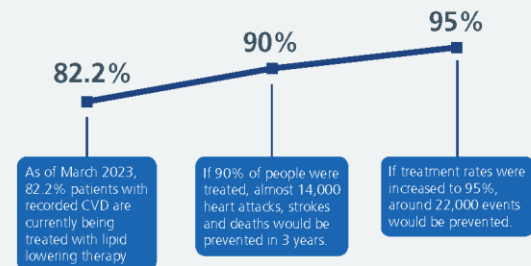


### What's the opportunity?



Cardiovascular disease is a leading cause of morbidity, disability and health inequalities, costing the NHS up to £7.4bn per year. Raised LDL cholesterol is one of the top three modifiable contributors to risk of cardiovascular death worldwide. However, every 1 mmol/L reduction in LDL-C is tied to a 22% reduction in major vascular events after 1 year.

**If 90% of people with CVD were treated with statins, almost 14,000 heart attacks, strokes and deaths would be prevented in 3 years. If treatment rates were increased to 95%, around 22,000 events would be prevented.**



UCLPartners Size of the Prize

## Background of project

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NHS England long term plan – ABC

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Premature rate of death from CVD **twice** as high in most deprived 10% vs least deprived 10%

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CVD PREVENT national audit

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Over 71% of patients with CVD not at cholesterol target

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Over 17% not on any lipid-lowering therapy

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**Every 1 mmol/L reduction in LDL-C is tied to a 22% reduction in major vascular events after 1 year**

# CVD PREVENT: BNSSG region 2024

Patients with CVD, whose most recent LDL-cholesterol less than or equal to 2.0 mmol/l or non-HDL cholesterol less than or equal to 2.6 mmol/l, in the preceding 12 months

## Inequalities Marker Time Series: NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board



Time Period	1 - most deprived	2	3	4	5 - least deprived
To June 2024	43.89	47.11	47.54	48.86	51.21
To September 2024	45.57	49.62	49.88	50.49	53.71

# Project summary

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Combination of searches

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429 patients identified above cholesterol targets  
(LDL-C > 1.8 mmol/L or non-HDL >2.5 mmol/L)

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PCN pharmacist

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150 patients invited

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Text invites sent for weekly clinics

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Consulted over 80 individuals by February 2025

# Highlights

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Over 230 consultations with patients

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QOFoo4 47% achievement February 2025

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38% now meet NICE cholesterol target

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18 patients started on Inclisiran (*Leqvio*®)

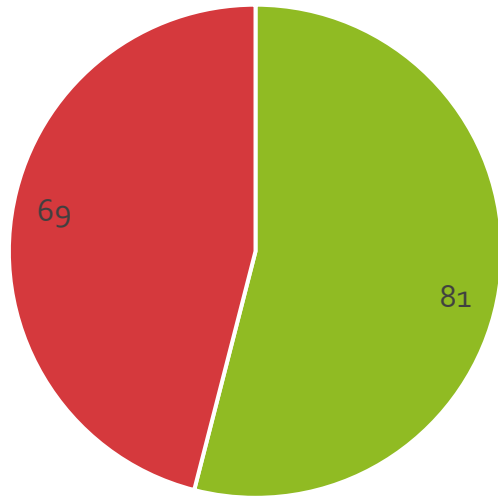
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New Inclisiran protocol designed

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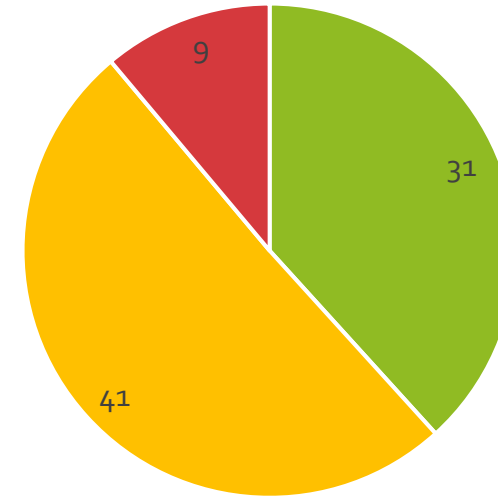
Improved CVD outcomes

Number of patients consulted



■ Consulted ■ No response

Number of patients consulted at target



■ Achieving target ■ Improved but not at target ■ No improvement

Progress from 150 higher risk patients



## Lessons learnt

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Patients often need multiple consultations

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Statin hesitancy

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PCN pharmacist invaluable

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Coding important

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European Society of Cardiology vs NICE guidance

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GP contract 2025/6

CVD prevention indicators (2025/26 QOF points and thresholds)

ID	Description	2024/25 scheme			2025/26 scheme			YoY points change	25/26 value
		Lower threshold	Upper threshold	QOF points	Lower threshold	Upper threshold	QOF points		
CHOL003	Percentage of patients on the QOF Coronary Heart Disease (CHD), Peripheral Arterial Disease (PAD), Stroke/Transient Ischaemic Attack (TIA) or chronic kidney disease (CKD) Register who are currently prescribed a statin, or where a statin is declined or clinically unsuitable, another lipid-lowering therapy	70%	95%	14 (E2962)	70%	95%	36	24 (+E5112)	E8094
CHOL004	Percentage of patients on the QOF Coronary Heart Disease (CHD), Peripheral Arterial Disease (PAD), or Stroke/Transient Ischaemic Attack (TIA) Register, with the most recent cholesterol measurement in the preceding 12 months, showing as $\leq 2.0$ mmol/L if it was an LDL (Low-density Lipoprotein) cholesterol reading or $\leq 2.6$ mmol/L if it was a non-HDL (High-density Lipoprotein) cholesterol reading. For multiple readings on the latest date the LDL reading takes priority.	20%	35%	16 (E3408)	20%	50%	44	28 (+E5964)	E8372

# QOF cholesterol targets 2025/6

# How to implement similar projects



EMIS searches:  
recommend Ardens  
(inclisiran) + QOF



Educate the wider  
surgery or PCN  
team



Pharmacists well  
placed to help or  
lead



Protocol for CVD  
annual checks and  
injections



Text recall system  
(i.e. accurx)



Legacy planning –  
annual CVD reviews  
an opportunity

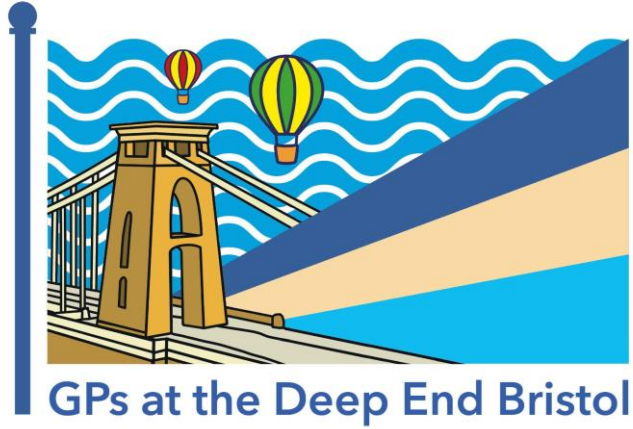
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Thank you