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UCLPartners Proactive Care Frameworks Transforming CVD Prevention

Dr Matt Kearney, GP and Programme Director UCLPartners

The Historic Challenge in CVD Prevention

In the high risk conditions for CVD (AF, Blood Pressure, Cholesterol)

- Under diagnosis
- Sub-optimal treatment
- Variation in care

} is common

The pandemic has dramatically worsened this situation.

Recovery also brings the opportunity to transform care and tackle this historic under treatment.

The NHS Long Term Plan 2019: supporting primary care to do things differently to improve care and outcomes

"We will prevent 150,000 heart attacks, strokes and cases of dementia by optimising the diagnosis and management of high blood pressure, high cholesterol and atrial fibrillation"

Frameworks to support primary care transformation

www.uclpartners.com/proactive-care

UCLP Proactive Care Frameworks

High Impact Conditions

CVD prevention

1. Atrial Fibrillation
2. Blood pressure
3. Cholesterol
4. Type 2 Diabetes

Respiratory

5. Asthma
6. COPD

In development

7. Heart Failure
8. SMI

Framework Principles

- Primary care led with PPI support
- Improve clinical care and self-care
- Free clinician capacity

Population Health Management Approach

- Risk stratification based on NICE guidance
- Prioritisation to optimise treatment early in those with greatest need
- Deploy wider workforce to support self-management and personalisation of care

Hypertension: stratification and management

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Healthcare Assistants/Health & Wellbeing Coaches and other trained staff

Gather information e.g.	Up to date bloods, BP, weight, smoking status, run QRISK score
Self management e.g.	Education (blood pressure, CVD risk), self care (eg BP measurement), sign post self care resources
Behaviour change e.g.	Brief interventions and signposting e.g. smoking, weight, diet, exercise, alcohol

Stratification & Prioritisation

Priority One	Priority Two	Priority Three	Priority Four
BP >180/120	BP160/100 or >140/90 if BAME plus comorbidities No BP in 18 months	BP >140/90	BP <140/90 under age 80 years OR BP <150/90 aged 80 years and over

Prescribing Clinician

Optimise blood pressure and CVD risk reduction

1. Review: blood results, risk scores & symptoms
2. Check adherence and adverse effects
3. Review complications and co-morbidities
4. Initiate or optimise blood pressure medication
5. CVD risk – optimise lipid management and other risk factors

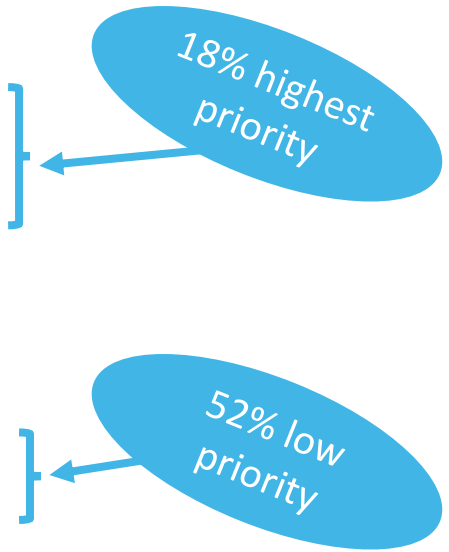
Stratification: improving outcomes and increasing capacity

- Stratification informs workflow and workforce planning
- Helps GPs meet QOF and other targets
- Shift between priority groups over time shows clinical impact

Borough level searches

Total Population: ~446,000
Hypertension: 40,155

Priority Group	Definition	No. of patients	%
PRIORITY 1	Clinic BP ≥180/120mmHg	541	1%
PRIORITY 2a	Clinic BP ≥160/100mmHg	2,756	7%
PRIORITY 2b	Clinic BP ≥140/90mmHg and BAME + additional CV risk factor	3,827	10%
Priority 2c	No BP reading in last 18 months	5,902	15%
Priority 3a	Clinic BP ≥140/90mmHgBP if BAME or CVD, CKD, diabetes	3,818	10%
Priority 3b	BP ≥140/90mmHg - all other patients	2,347	6%
Priority 4a	BP < 140/90mmHg (under 80 years)	18,013	45%
Priority 4b	BP < 150/90mmHg (80 years and over)	2,951	7%



Download the Search and Stratification Tools

https://uclpartners.com/proactive-care/search-and-risk-stratification-tools/

Cholesterol – Secondary Prevention (pre-existing CVD)

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Healthcare assistants/other appropriately trained staff

Gather information e.g.	Up to date bloods, BP, weight, smoking status
Self-management e.g.	Education (cholesterol, CVD risk), BP monitors (what to buy, how to use), signpost to shared decision making resources
Behaviour change e.g.	Brief interventions and signposting e.g. smoking, weight, diet, exercise, alcohol

Stratification

Priority One	**Priority Two (A)**	**Priority Two (B)**	**Priority Three – routine follow up**
Not on statin therapy	On suboptimal intensity statin*	On suboptimal statin dose**	Sub-optimal non-HDL (>2.5mmol/l) levels despite maximal statin therapy

Prescribing clinician

Optimise lipid modification therapy and CVD risk reduction

1. Review CVD risk factors, lipid results and liver function tests
2. Initiate or optimise statin to high intensity – e.g. atorvastatin 80mg
3. Titrate therapy against reduction in LDLc/non-HDLc (statin>ezetimibe>PCSK9i)
4. Optimise BP and other comorbidities
5. Use intolerance pathway and shared decision-making tools to support adherence
6. Arrange follow-up bloods and review if needed

Cholesterol – Primary Prevention (no pre-existing CVD)

Healthcare assistants/other appropriately trained staff

Gather information:	E.g. up to date bloods, BP, weight, smoking status, run QRisk score.*
Self-management:	Education (cholesterol, CVD risk), BP monitors (what to buy, how to use), signpost to shared decision making resources
Behaviour change:	Brief interventions and signposting e.g. smoking, weight, diet, exercise, alcohol

Stratification

Priority One

One of:
- QRisk ≥20%
- CKD
- Type 1 Diabetes

AND
- Not on statin

Priority Two
- QRisk 15-19%

AND
- Not on statin

Priority Three
- QRisk 10-14%

AND
- Not on statin

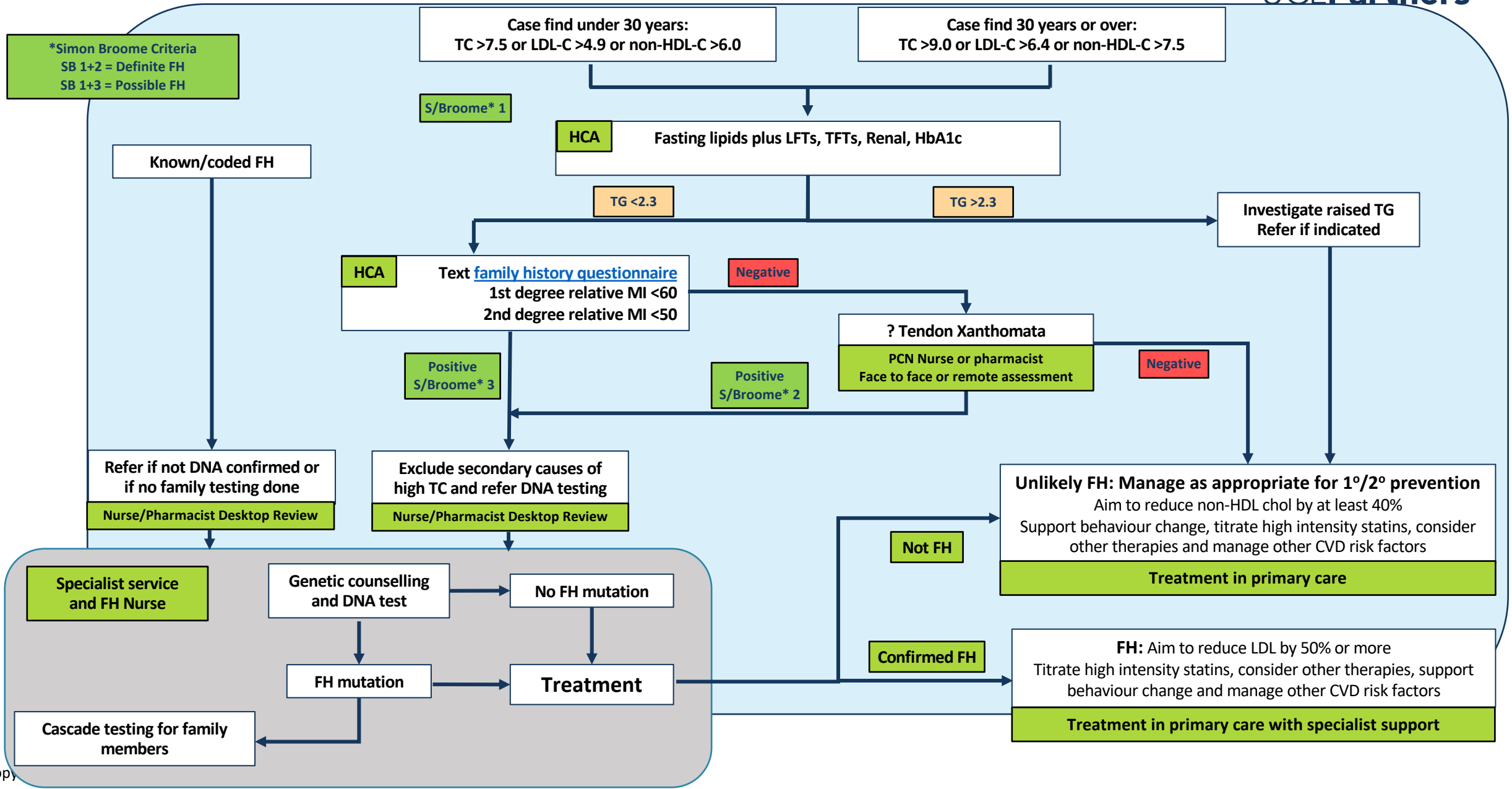
Priority Four
- On statin for primary prevention but not high intensity

Prescribing clinician

Optimise lipid modification therapy and CVD risk reduction

1. Review QRisk score, lipid results and LFTs
2. Initiate or optimise statin to high intensity – eg atorvastatin 20mg
3. Titrate therapy against reduction in LDLc/non-HDLc (statin>ezetimibe)
4. Optimise BP and other comorbidities
5. Use intolerance pathway and shared decision-making tools to support adherence
6. Arrange follow-up bloods and review if needed

Familial Hypercholesterolaemia Pathway



Atrial Fibrillation: stratification and management

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Healthcare Assistants/other appropriately trained staff

Gather information e.g.	Up to date bloods, BP, weight, smoking status, run ChadsVasc, HASBLED, QRISK score
Self management e.g.	Education (AF/stroke risk, bleeding risk, CVD risk reduction), signpost to shared decision making resources.
Behaviour change e.g.	Brief interventions and signposting e.g. smoking, weight, diet, exercise, alcohol

Stratification

Priority One	Priority Two	Priority Three	Priority Four	Priority Five
Not on anticoagulant	On anticoagulant & antiplatelet/s	On Warfarin	On DOAC Renal function >12m ago	On DOAC Renal function <12m ago

Prescribing Clinician

Optimise anticoagulation therapy and CVD risk reduction

1. Review: blood results, risk scores & symptoms
2. Initiate or optimise anticoagulant
3. Consider switch to DOAC if poor control on warfarin
4. Check adherence and review any side effects
5. Review and mitigate bleeding risk: BP control, medication, alcohol, PPI
6. CVD risk – optimise BP and lipid management, if required

UCLP Proactive Care Frameworks: the components

1. Comprehensive **stratification tools** built for EMIS and SystmOne
2. **Pathways** that prioritise patients for follow up, support remote delivery of care, and identify what elements of LTC care can be delivered by staff such as Health Care Assistants and link workers.
3. **Scripts and protocols** to guide Health Care Assistants and others in consultations.
4. **Training** for staff to deliver education, self-management support and brief interventions. Training includes health coaching and motivational interviewing.
5. **Digital and other resources** that support remote care and self care.
6. **Project management** and support for local clinical leadership

The UCLP Proactive Care Frameworks focus on
The HOW of doing things differently

National adoption of the UCLP Proactive Care Frameworks

1. Ad hoc use of the frameworks reported in many parts of the country, supported by other AHSNs

2. Over 8,000 downloads of the stratification tools

3. UCLP Proactive Care Frameworks now adopted into national programme NHS Proactive Care @home and aligned with NHSE/I Long Term Condition Recovery Programme –implementation underway in 14 ICSs

4. National AHSN Network Blood Pressure Optimisation Programme based on UCLP Framework for Hypertension with focus on BP and lipid optimisation

Resources

https://uclpartners.com/proactive-care/cvd-resources/

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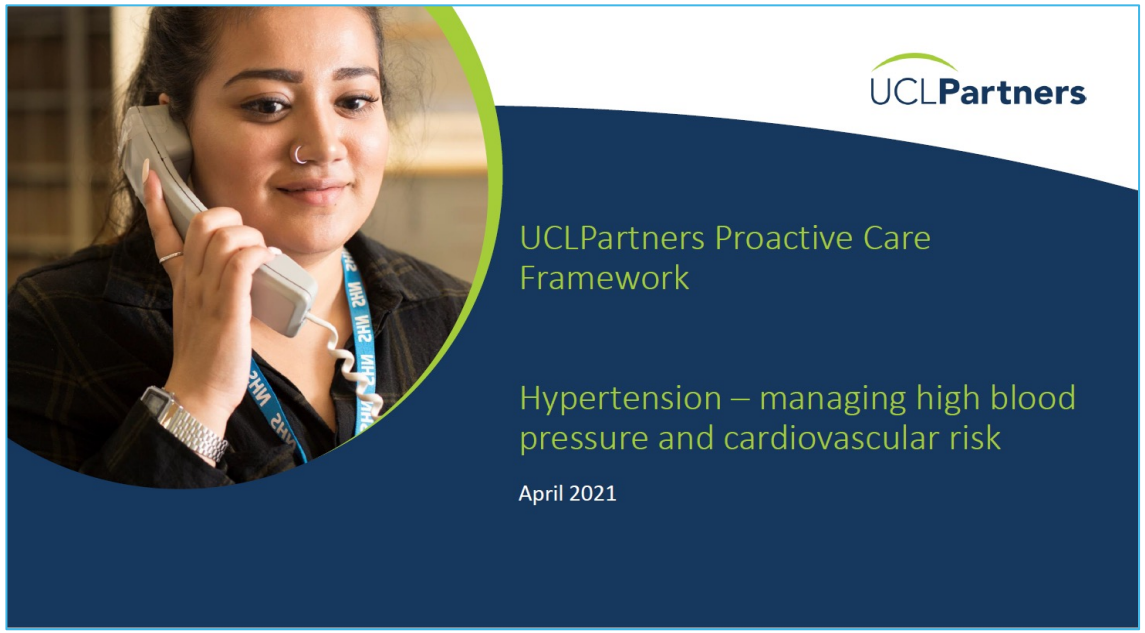
Resources for clinical management – condition slide decks



Resources for clinicians – condition slide decks

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Atrial Fibrillation

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UCLPartners Proactive Care Framework:

Atrial Fibrillation – managing AF and cardiovascular risk

April 2021

Blood Pressure

UCLPartners Proactive Care Framework

Hypertension – managing high blood pressure and cardiovascular risk

April 2021

BP & Lipid management included in pathways for AF, BP, cholesterol and T2 Diabetes

Cholesterol

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UCLPartners Proactive Care Framework:

Lipid management

April 2021

T2 Diabetes

UCLPartners Proactive Care Framework:

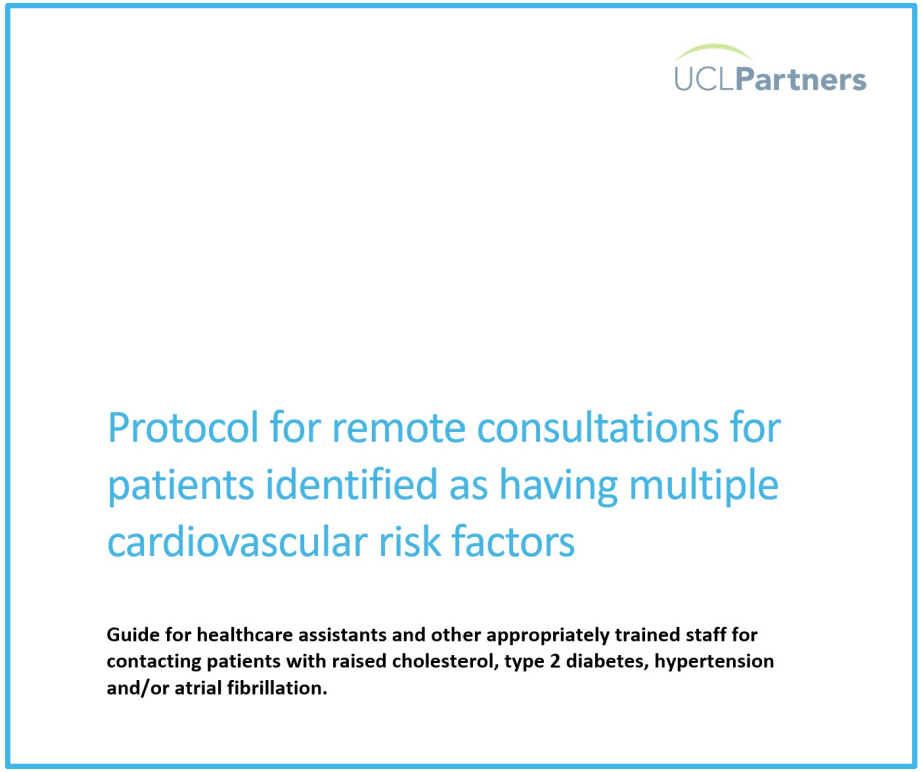
Type 2 Diabetes – managing diabetes and cardiovascular risk

April 2021

Resources for wider workforce to support patient care

Guidance and resources for staff such as healthcare assistants, wellbeing coaches, and others delivering:

- Education
- Self management support
- Brief interventions for behaviour change e.g. smoking cessation, weight management



Resources for patients – supporting education & self management

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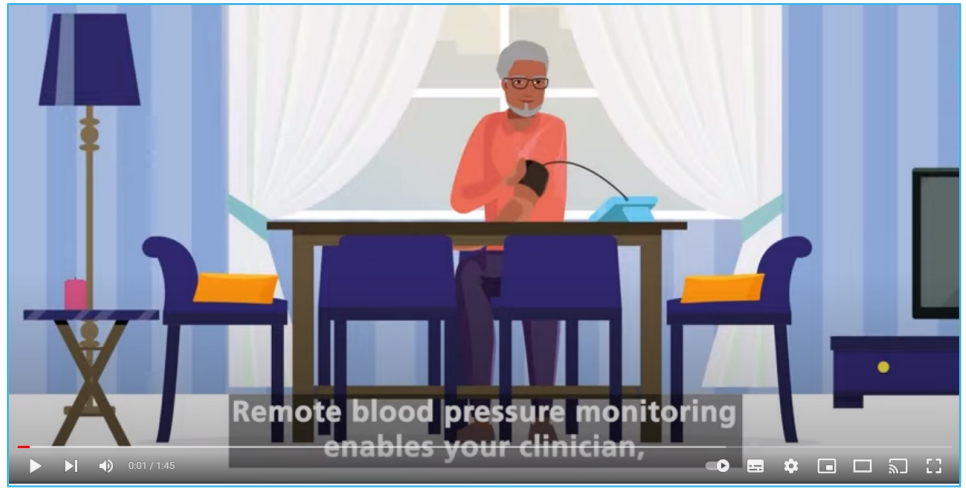
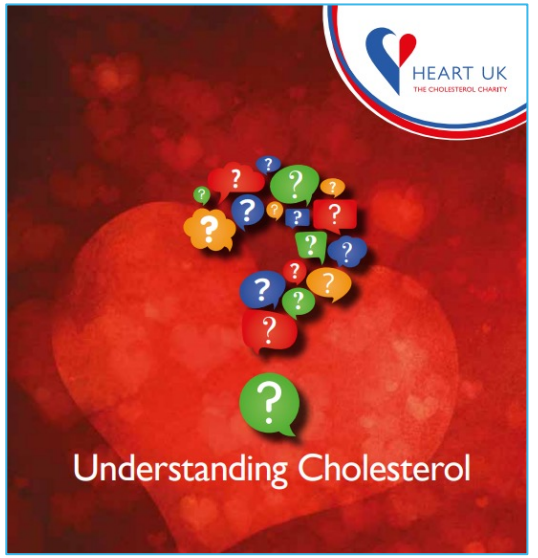
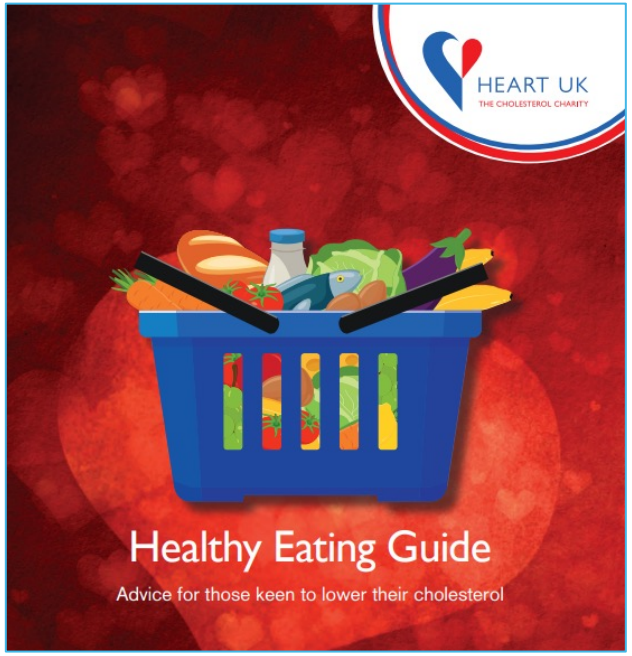
What is high blood pressure (hypertension)?

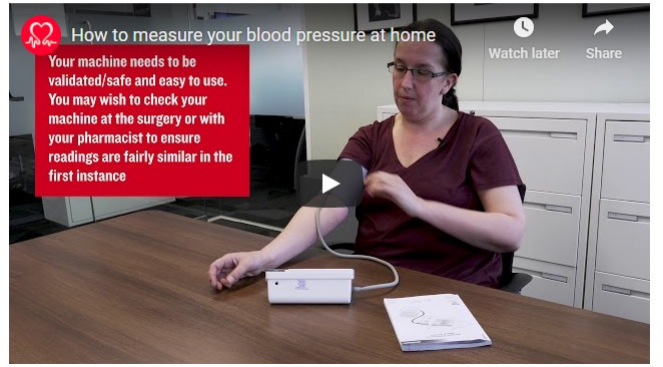




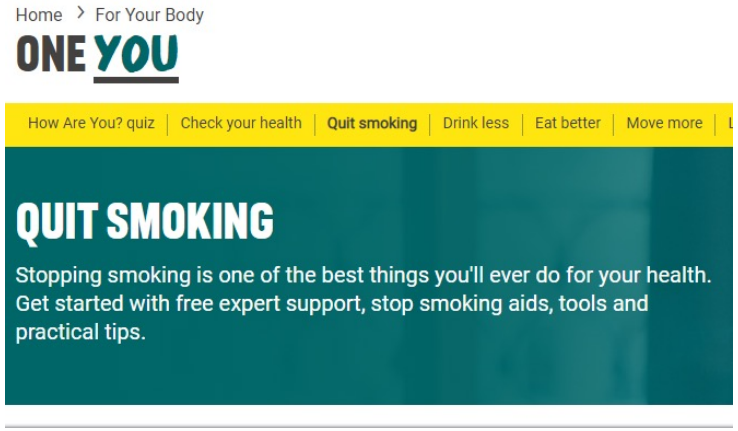
Validated BP Monitors for Home Use

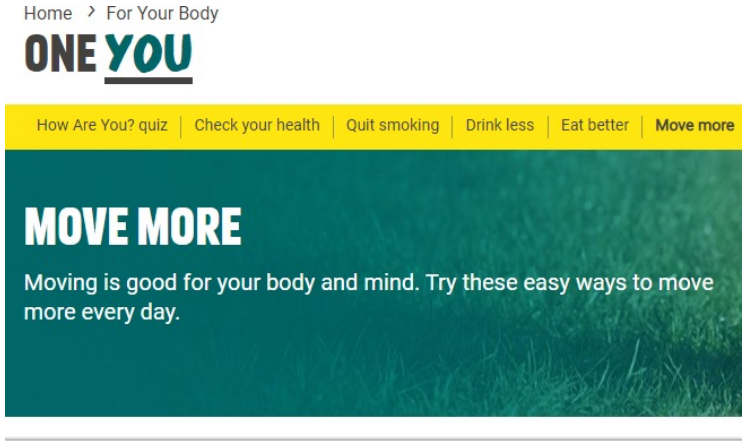


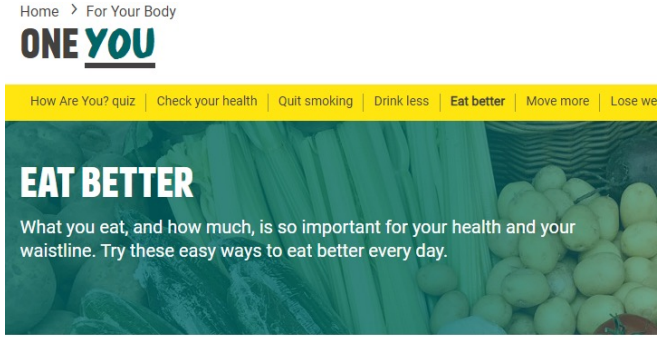
How to check your blood pressure using a blood pressure machine

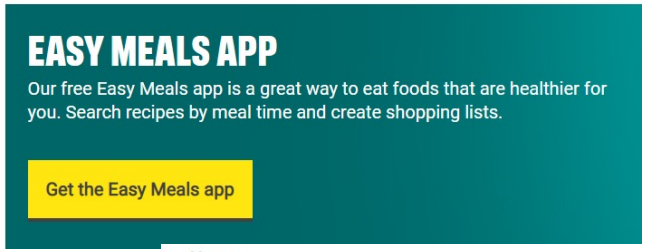


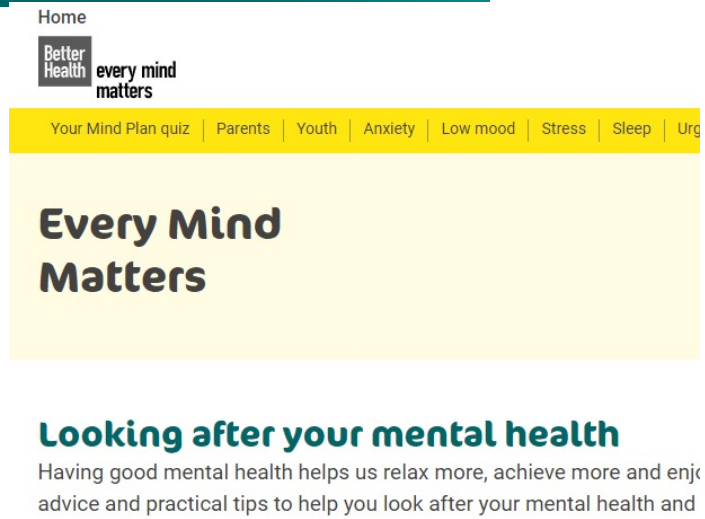
Resources for patients – supporting behaviour change



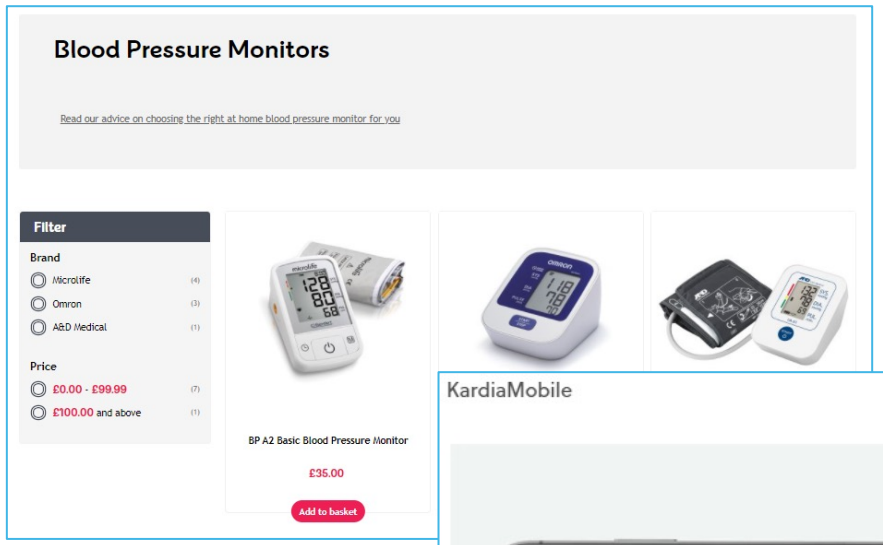


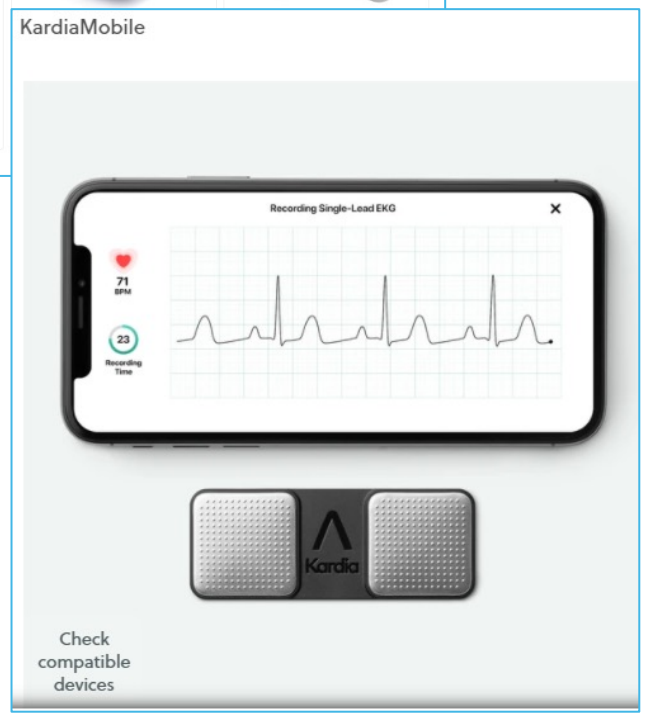


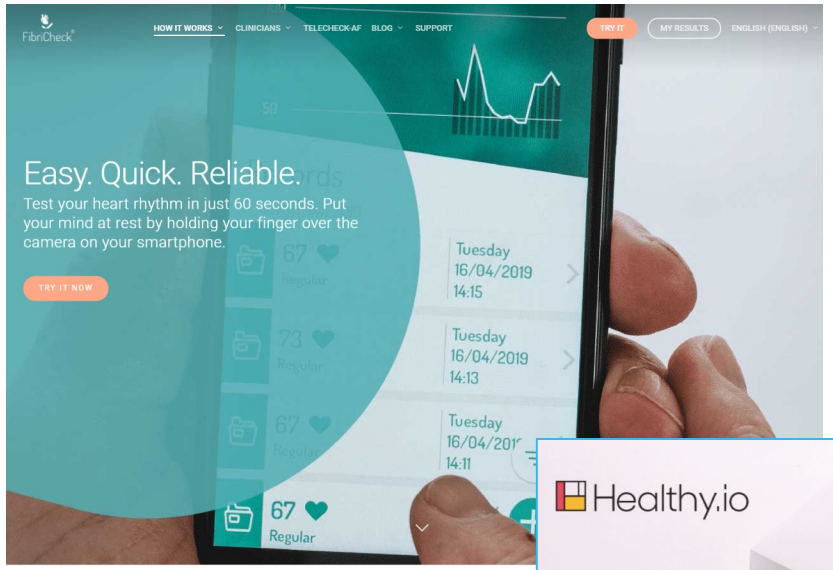




Resources to support remote management







Size of the Prize for CVD Prevention

https://uclpartners.com/work/size-of-the-prize-for-high-blood-pressure-preventing-heart-attacks-and-strokes-at-scale/

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Size of the Prize – South West London Health and Care Partnership
BP Optimisation to Prevent Heart Attacks and Strokes at Scale

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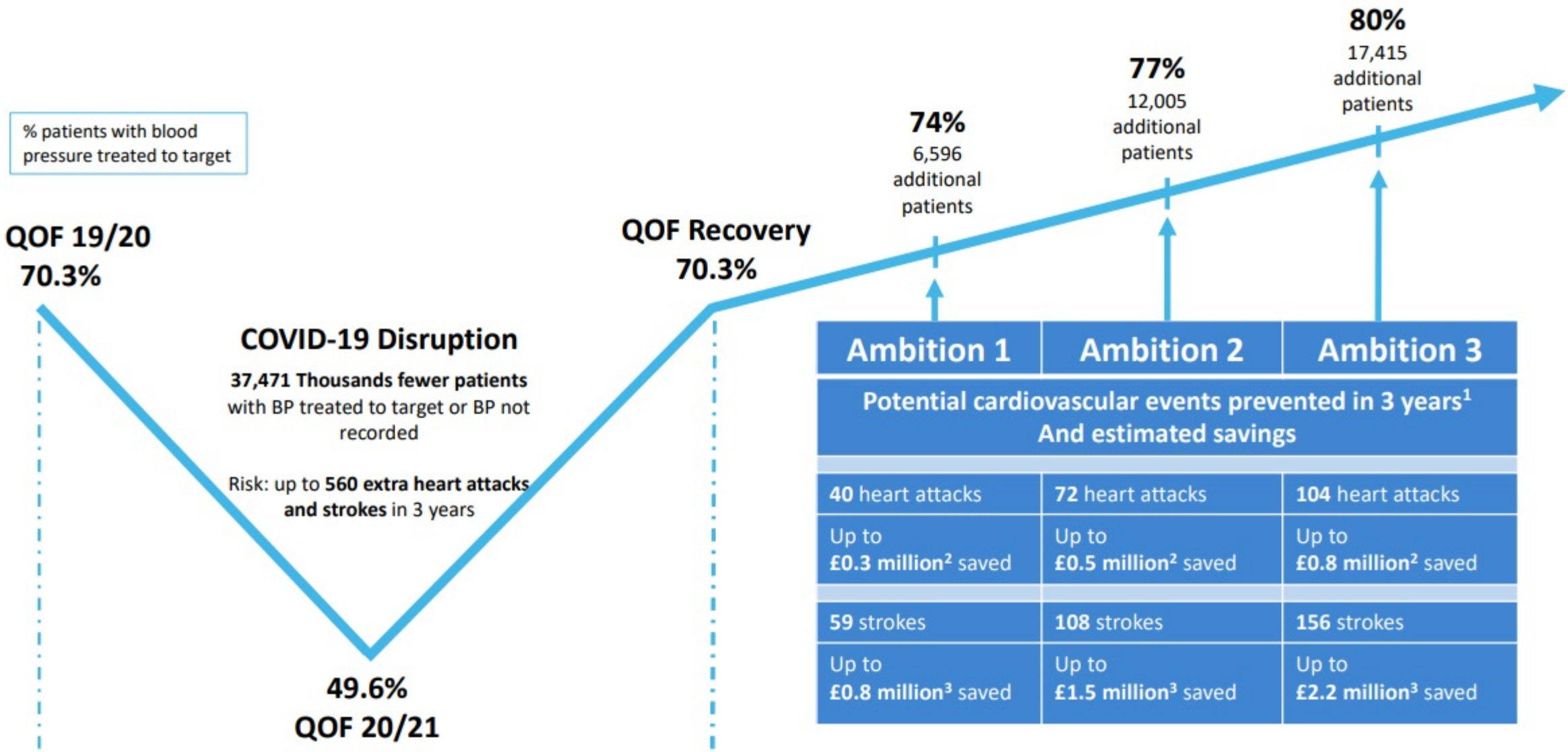

Ambition 1	Ambition 2	Ambition 3
Potential cardiovascular events prevented in 3 years[1] And estimated savings		
40 heart attacks	**72** heart attacks	**104** heart attacks
Up to **£0.3 million[2]** saved	Up to **£0.5 million[2]** saved	Up to **£0.8 million[2]** saved
59 strokes	**108** strokes	**156** strokes
Up to **£0.8 million[3]** saved	Up to **£1.5 million[3]** saved	Up to **£2.2 million[3]** saved

References
1. Public Health England and NHS England 2017 Size of the Prize
2. Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis.
3. Kerr, M (2012). Chronic Kidney disease in England: The human and financial cost

Modelling

Data source: NCVIN 2021. Briefing note: QOF 2020/21 Management of hypertension – HYPALL metric (HYP003 + HYP007). Potential events calculated with NNT (theNNT.com). For blood pressure, anti-hypertensive medicines for five years to prevent death, heart attacks, and strokes: 1 in 100 for heart attack, 1 in 67 for stroke.

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Thank you

For more information please contact:

Matt.Kearney@uclpartners.com

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