IMPLEMENTATION TOOLKIT

CVD PREVENTION FELLOWSHIP

December 2022
HEALTH INNOVATION NETWORK

Contents

Programme overview 1

Advertising & Recruitment 4

QI training and Project Delivery 4

Monitoring Progress and Communication Channels 5

Resourcing the programme 6

Feedback from the Fellows 7

Other useful information 8

Credits 8

Appendix 9

This Toolkit is aimed at AHSNs or other organisations planning a CVD prevention education programme for primary care. It shares learning from the Health Innovation Network (HIN). If you plan to replicate the Fellowship and/or use the resources included we would be grateful for an acknowledgement of the role of the HIN as the originator of this model.

Programme overview

The CVD (Cardiovascular Disease) Prevention Fellowship was a programme combining clinical education and project delivery for health care professionals with an interest in becoming CVD champions within primary care. The programme was developed by the Health Innovation Network with substantial input from clinical specialists at Guy's and St Thomas' NHS Foundation Trust and South East London ICB

The HIN designed the CVD Prevention Fellowship Programme to run as an eight-month programme for health care professionals working in primary care. The programme aimed to:

- **improve the clinical knowledge of CVD prevention in primary care clinicians; and,**
- **develop the skills to run quality improvement projects within their place of work.**

As part of the programme the Fellows were required to set up a CVD prevention quality **improvement** (QI) project in their practice/primary care network (PCN). The project was an opportunity to put into practice the skills and knowledge developed throughout the fellowship programme.

Programme Structure

The programme lasted for eight months (April – November 2022) and consisted of six clinical webinars, seven improvement collaborative sessions (where the QI skills were delivered) as well as additional, optional sessions on topics requested by the fellows (lipids case-studies and behavioural change).

Date & Time	Topic	Speaker(s)
5 April 12-1pm	Kick Off session	HIN Team
7 April 12-1pm	Clinical Webinar: General Lipid Management	Professor Anthony Wierzbicki and Helen Williams
19 April 12-1pm	Improvement Collaborative	HIN Team
4 May 12-1.20pm	Clinical Webinar: Familial Hypercholesterolemia / UCLP Frameworks	Professor Anthony Wierzbicki and Rachel Howatson / Dr Matt Kearney
17 May 12-1pm	Improvement Collaborative	HIN Team
24 May 12-1pm	Optional Drop-In: Lipid Case-Study Discussion	Professor Anthony Wierzbicki
8 June 12-1pm	Clinical Webinar: Hypertension	Dr Tarek Antonios
21 June 12-1pm	Improvement Collaborative	HIN Team
5 July 12-1pm	Clinical Webinar: Atrial Fibrillation	Dr Jonathan Behar
19 July 12-1pm	Improvement Collaborative	HIN Team
16 August 12-1pm	Improvement Collaborative	HIN Team
6 September 12-1pm	Clinical Webinar: Statin Intolerance Pathways	Professor Anthony Wierzbicki
20 September 12-1pm	Improvement Collaborative	HIN Team

27 September 12-1pm	Optional drop in: Behavioural Change	Dr Nupur Yogarajah
4 October 12-1pm	Clinical webinar: Secondary Prevention	Dr Kalpa De Silva
19 October 12-1pm	Improvement Collaborative	HIN Team

QI sessions covered the project lifecycle alongside additional information to support their projects. Building on this, Fellows were expected to deliver a QI Project focusing on an area of CVD. All fellows were asked to commit to two hours of education and four hours of project work per month.

This programme was offered to clinicians free of charge, however no funding for staff backfill was provided to cover training and project implementation time. For this reason, we had to keep the time commitment minimal, meaning it could fall into the training and development time allocated to clinicians.

Impact at a glance

- No. participants - 85
- 19 education sessions 17 hours
- 19 projects in Hypertension impacting 21 GP surgeries
- 14 projects in General Lipid Management impacting 22 GP surgeries
- 3 projects in Familial Hypercholesterolaemia impacting 7 GP surgeries
- 4 projects in Atrial Fibrillation impacting 8 GP surgeries

What worked well?

- Existing system levers were harnessed to encourage participation in the programme, as it was timed to align with the publication of the QOF (Quality and Outcomes Framework), which included financial incentives linked to CVD prevention.
- The clinical webinars received overwhelmingly positive feedback. They were all led by local secondary care clinicians who volunteered their time to train primary care colleagues.
- Holding the clinical webinars as one-hour lunch time slots allowed for good attendance.

What would we do differently next time?

- Participation in the discussion in the breakout rooms was mixed, with a minority of Fellows keeping their cameras off and not contributing to the discussion. Delivering

the QI training face to face, perhaps across two half days, would have helped with groups relationships and discussion.

Advertising and Recruitment

To advertise this programme we developed a flyer (Appendix 1) and hosted this on a webpage which also held the link to an expression of interest (EOI) form (Appendix 2). We then shared the link for this webpage and the advertising copy (Appendix 3) with our ICB long term condition colleagues for them to distribute to their primary care contacts (this was distributed via PCN newsletters, training hub communications, direct emails). We regularly monitored where in south London the applications were being received from. As we noticed certain boroughs were less responsive to the existing communications, we began to directly contact the PCN Clinical Directors from those boroughs. This successfully led to more expressions of interest and ultimately all 12 south London boroughs had at least one Fellows participate in the programme (over 110 clinicians expressed interest).

Once the deadline passed, we emailed (Appendix 4) all eligible candidates with further details of the programme and requested some further information where necessary.

What worked well?

- The channels used to advertise this programme proved highly effective. Emails and primary care newsletters allowed us to share news of the programme across a wide range of geographical areas and clinical roles.
- Being clear and upfront about the time commitment and what the project delivery would involve helped with retention.

What would we do differently next time?

- Allow more time between the closing of the EOI and the start of the programme. We had factored in two weeks, however an additional two-to-three weeks would have been beneficial, especially as the programme received five-times the number of applications we were expecting.
- Our initial attempts to promote the programme on social media did not prove useful in driving applications.

QI training and Project Delivery

As primary care clinicians are already under huge pressure, we wanted to ensure the Fellowship helped them and empowered them rather than further burden them.

To do this we broke the QI sessions down into six compartments, focusing on basic principles and CVD-specific application. The sessions focused around their projects,

supporting them in their delivery. They combined more classic QI training with additional information as helpful.

Projects

Fellows were each expected to deliver a QI project focusing on atrial fibrillation, familial hypercholesterolaemia, lipids or hypertension. We offered guidance via designing sample CVD projects they might undertake (please see Appendix 5) following the UCLP searches and frameworks. Dr. Matt Kearney delivered a session on the UCLP searches and frameworks in the early stages of the programme, and we also held additional drop-in sessions to specifically discuss projects on lipids, hypertension, atrial fibrillation and familial hypercholesterolaemia.

It was anticipated projects would take four hours a month, and as they involve developing new ways of working, last beyond the Fellowship. Fellows participating from the same PCN were invited to work on the same projects, to share learning and to address challenges together.

What worked well?

- Whilst under pressure from Covid and staff shortages, Fellows still managed to successfully deliver quality improvement projects in either hypertension, lipids, atrial fibrillation or familial hypercholesterolaemia. The full scale of the impact of these projects, key learning, and patient feedback, is showcased in the Fellowship case-study pack (Please see Appendix 8).
- Fellows benefited hugely from hearing from one another about how projects were being delivered, the challenges faced, and their successes. One of our most successful Improvement Collaborative sessions focused purely on sharing and group troubleshooting around challenges faced.

What would we do differently next time?

- Throughout the delivery of the QI element we soon realised that Fellows would benefit more from practical service design rather than purely QI theory. We adapted the remainder of our Improvement Collaboratives to be light touch on QI theory and more practical in troubleshooting the different project related issues causing barriers to the Fellows.

Monitoring Progress, Retention and Communication Channels

Whilst we went for a light touch approach in the evaluation of the programme, we did ensure each session was followed by three core questions:

1. Did the session teach them something new about X?
2. Do they feel more confident about managing patients with X in your practice?
3. Would they recommend the session to a colleague?

The questions were asked via a live poll at the end of each session which led to very high response rates.

In terms of monitoring the progress of both the individual projects and the Fellows learning we asked them to complete the Project and Participation Form (Appendix 6) at the midpoint of the programme. This form was then also used as a tool for Fellows to stay on track with their projects progress and their own individual learning. We then asked for a final updated form at the end of the programme.

The Fellows were also provided with a reflection document to record their own learning and reflections after attending a webinar.

Additional Support

The number of Fellows that participated in the programme was 85. To ensure each Fellow could receive the support they needed in a timely manner we split the Fellows into teams (these were borough based) with one team co-ordinator (a project manager at the HIN) as their point of contact. The clinical director for CVD at the HIN also met with Fellows as needed to support their project delivery.

We provided Fellows with resources to help their delivery including a CVD data dashboard put together by our Insights team, links to all the UCLP resources, data packs from the British Heart Foundation and other helpful information. Whilst mindful of the pressures on their time, we also highlighted when there was additional training being offered outside of the Fellowship that might compliment their work or support their colleagues.

Resources hub

A webpage was key for the project to hold all the recordings and resources in one place for Fellows to access. CVD Prevention Fellowship Resources - Health Innovation Network

What worked well?

- The short polls at the end of the session worked well for us to assess how helpful the Fellows found the session and allowed for us to be adaptive to their needs. For example, we adapted the format of the QI sessions based on their feedback.
- The Resource Hub was very successful as it made it easy to share recordings, slides and other resources with Fellows in one central place. Analytics showed us it was well used.

What would we do differently next time?

- Monitoring progress was a challenge due to the time pressures on Fellows. This made it sometimes difficult for them to complete their project updates within the set timescales. We explored ideas such as using MS Forms and next time may choose a different means of collecting progress updates.
- We tried WhatsApp groups for the Fellows teams but did not find these to be an effective communication channel. Being available for short phone calls with Fellows when needed proved to be more useful and allowed for detailed information to be shared.

Resourcing the programme

The programme was funded from core budget as it supported the delivery of the AHSN lipid and hypertension national programmes.

The clinical education was supplied through leading experts from south London delivering webinars voluntarily. These were mostly secondary care clinicians and CVD specialists, who were very generous with their time and eager to support the education of primary care colleagues. We shared with the speaker the feedback collected at the end of each webinar, for them to use as part of their appraisals.

The quality improvement aspect of the training was delivered by the HIN project team.

Fellows were not paid to take part (their time was not back filled). However, it was expected the programme would support the delivery of the primary care (DES Direct Enhanced Service) and IIF (Impact and Investment Fund) so any time spent on education would financially support the practice through the system levers.

A grant from Daiichi-Sankyo was obtained to support the cost of the final learning event (the only one to take place face to face), and to produce comms and resources to help share learning from this programme, such as this toolkit, the project case-studies, the animated infographic and the Fellows' video.

What worked well?

- Despite not offering funding to backpay the Fellows time spent on the programme there was still an extremely high level of interest. This showed the programme was meeting the need for education within primary care and the financial incentives within the system were enough for partners to allow HCP time to be spent here.

What would we do differently next time?

- As we received five times the number of expected applications, we had to rapidly scale our approach to the programme. As a result, the setting up phase of the programme was very time intensive for HIN staff, with additional support needed from other teams within the organisation. Planning in advance for additional resources in the early stages of the programme would have been helpful.

Feedback from the Fellows

The Fellows were asked to complete a final evaluation form at the end of the programme, which can be viewed on MS Forms.

- 98 per cent agree they feel more confident in delivering care to my patients at risk of CVD as a result of the CVD Prevention Fellowship
- 96 per cent agree they are supporting their colleagues more with CVD care as a result of the CVD Prevention Fellowship. E.g. raising awareness, sharing educational materials
- 95 per cent think their patients at risk of CVD have benefited as a result of the CVD Prevention Fellowship
- 72 per cent of Fellows did not know about the HIN before the Fellowship and 98 per cent would recommend working with the HIN to a colleague

Selection of quotes:

- Really great project and new QI skills. Good opportunity to network with colleagues in wider area.
- It's been a brilliant project and has really inspired me to make improvements in the health of the local community.
- Great programme and great learning opportunity for primary care to upskill the workforce.
- Very educational and supportive fellowship programme. Hope this will be repeated next year.
- Well done to all. Great effort and well delivered. Thank you for being aware and supportive of the workload in primary care and adapting your course as we go along to reflect this. Very supportive approach from you all and very approachable.
- It has been a great project to be part of - has really helped to drive some changes that have long been needed. Thank you.

Final comms also included a video of the Fellows talking about their experience of the programme.

Other useful information

Accreditation

An agenda, facilitation plans/outlines and draft slides for all the sessions (where available) were submitted to the CPD accreditation body in order to obtain in-principle accreditation before the start of the Fellowship. At the end of the programme once all sessions were delivered the recordings and final slides for each session had to be submitted in order to receive final accreditation.

Engagement with the Fellows beyond the programme

The CVD Fellowship Programme has given the HIN the opportunity to develop close working relationship with primary care clinicians across South London.

Credits

We would like to thank the following colleagues for their great contributions to this programme:

Dr Roy Jogiya – *Consultant Cardiologist at Kingston NHS Hospital Trust and CVD Clinical Director at Health Innovation Network*

Professor Anthony Wierzbicki - *Consultant in Metabolic Medicine/Chemical Pathology at Guy's & St. Thomas' NHS Foundation Trust and Honorary Professor in Cardiometabolic Disease at King's College London*

Helen Williams - *Long Term Conditions Lead and Consultant Pharmacist for CVD at SE London ICS; National Specialty Adviser for CVD Prevention at NHSE&I and Clinical Adviser at UCLPartners*

Rachel Howatson - *Senior CVD Pharmacist for South East London ICB*

Dr Matthew Kearney - *Executive Clinical Director for Cardiovascular Health at UCLPartners*

Dr Tarek Antonios - *Senior Clinical Lecturer at University of London and Consultant Physician in Cardiovascular and General Medicine at St George's NHS Foundation Trust*

Dr Sian Howell – *GP and Clinical Lead for Clinical Effectiveness South-East London (CESEL)*

Dr Nupur Yogarajah - *Clinical Lead for Clinical Effectiveness South-East London (CESEL) and for Medicines Management in Greenwich*

Dr Jonathon Behar - *Consultant Cardiologist and Electrophysiologist at Guys and St Thomas NHS Foundation Trust*

Dr Kalpa de Silva - *Consultant interventional cardiologist at Guy's and St Thomas' NHS Foundation Trust and honorary senior lecturer at King's College London*

Appendix

1. Recruitment Flyer:

2. Expression of Interest Form

https://healthinnovationnetwork.com/wp-content/uploads/2023/01/CVD-Fellowship-MS-Forms-EOI.pdf

3. Advertising Copy for External Newsletters

"With six million people in England at risk of Cardiovascular Disease (CVD) improving its prevention is a NHS priority. That is why the Health Innovation Network (HIN) has launched a new CVD Prevention Fellowship aimed at nurses, GPs and pharmacists working in primary care in south London who are keen to develop their CVD prevention skills and knowledge. The free programme will run between April and October and will help clinicians to champion CVD prevention in their practice or wider Primary Care Network. Applications are now open with a deadline of 18 March 2022 to submit expressions of interest. Read more details here [Add link]."

4. Emails to Fellows

https://healthinnovationnetwork.com/wp-content/uploads/2023/01/Email-Acknowledgement-of-EOI-Health-Innovation-Network-Cardiovascular-CVD-Prevention-Fellowship.docx

https://healthinnovationnetwork.com/wp-content/uploads/2023/01/Email-Welcome-to-the-Cardiovascular-Disease-Prevention-Fellowship-Cohort-1-2022.docx

5. Project Ideas

https://healthinnovationnetwork.com/wp-content/uploads/2022/06/CVD-Fellowship-Project-Ideas.pptx

6. Project and Participation Form

https://healthinnovationnetwork.com/wp-content/uploads/2023/01/Name-Practice-FINAL-Project-and-Participation-Form-HIN-CVD-Fellowship.docx

7. Reflection Form

https://healthinnovationnetwork.com/wp-content/uploads/2022/04/Reflection-document.docx

8. QI projects case-studies

https://healthinnovationnetwork.com/wp-content/uploads/2023/01/HIN-CVD-Prevention-Fellowship-Quality-Improvement-Project-Case-Studies.-FINAL1-1.pdf