Joint Working

Executive Summary

Project title	Improving Lipid Management in North West London (NWL). Trust - PCN Pilot for Secondary Prevention Patients (post CVD event)
Project partners	Daiichi Sankyo UK Ltd Royal Brompton and Harefield Hospitals
Start – finish date	March 2022 – March 2023
Project support	Daiichi Sankyo UK Ltd financial contribution £50,059.48 Indirect contribution Royal Brompton and Harefield Hospitals £54,713.88

This summary has been written by Daiichi Sankyo with consultation and approval from the Joint Working Group.

Project summary

The aim of this project is to improve the management of cholesterol (lipid management) in North West London (NWL) and optimise the use of all medicines for patients on the lipid management pathway. The project will follow the AAC Pathways for Lipid management guidance and AAC statin intolerance guidance and will utilise University College London (UCL) Partners proactive care searches and frameworks for lipid management. The project will utilise a population health management approach to improve secondary prevention in lipid management and to reduce CVD-related deaths and adverse outcomes.

This project is piloting a new pathway, and a new way of working (by integrating primary and secondary care). It involves collaborative working between the Trust Specialist Pharmacist and PCN pharmacist/practice clinicians and requires the input of consultant time and support from the secondary care lipid MDT.

Hence the overall aim is to support practices to improve management of hyperlipidaemia/FH in readiness for the CVD DES from April 2022 focused on detection, and primary & secondary prevention to reduce CVD-related deaths and adverse outcomes.

Expected benefits to patients the NHS & Daiichi-Sankyo UK:

Expected benefits for the Patient:

- Data-driven approach will improve secondary prevention and FH as well as aiming to raise awareness of the need for early detection with NHS Health checks/campaigns, perform lipid monitoring for those ‘at risk’/ with co-morbidities and remove barriers to ensure patients obtain timely access to lipid lowering medicines.
- Improved patient experience/outcomes and health inequalities.

- Improved patient experience and quality of life
- Prevention and reduction in risk of developing further complications associated with cardiovascular disease

Expected benefits for NHS:

- This data-driven model of working will enable the NWL PCNs to address the gap in the uptake of lipid lowering products through joint working with Trust Lipid Clinics. The Trust-PCN Virtual MDT is designed to improve primary care clinician access to Trust Lipid Clinic expertise so more patients can benefit in shorter timescales than current referral waits of up to 16 weeks.
- Upskilling of the PCN pharmacist, nurse and GP team working in primary care, who will be better able to implement innovative treatments for dyslipidaemia.
- Reduce Lipid Clinic workload by streamlining referrals of the most appropriate patients from primary to secondary care.
- Maintain clinical excellence and high-quality care for patients by seeking to improve patient experience through virtual reviews and shared decision-making conversations about medicines and lifestyle
- Optimise use of financial and clinical resources in the primary and secondary care settings.

Expected benefits for Daiichi Sankyo UK:

- Support the legacy effect in management of long-term conditions within the NHS
- Raising the profile of DSUK as a NHS Partner of choice in improving patient outcomes.
- Improve DSUK's profile amongst local and national stakeholders and expand its joint working portfolio.
- Share awareness of collaborative partnership with NHS and innovation for desirable outcome measures including journal publication and associated publicity likely resulting in future collaborations and subsequent raise in profile of DSUK.
- Create more opportunities for the appropriate use of cholesterol lowering drugs, including DSUK's medicines in suitable patients in line with local treatment guidelines. If this improvement occurs, we are likely to see an increase in prescriptions.

Outcomes – Overall evaluation from all four integrated pilot sites

Across the five participating PCNs, 2,680 patients were reviewed with 1,322 patients (49%) deemed suitable for intervention. Of the patients for whom there was sufficient data available in the time period:

- 86% experienced a decrease in cholesterol levels
- 45% were brought to cholesterol target (using Joint British Societies' recommendation cited in NHS Accelerated Access Collaborative national guidance)
- 76 patients were referred for Familial Hypercholesterolaemia genetic screening
- 575 patients discussed lifestyle interventions with their healthcare professional
- 322 patients had changes made to their medication

100% of primary care staff survey respondents agreed or strongly agreed that they felt more confident managing patients along the lipid management pathway than at the start of the project.