

**Lipid Management Workforce Support and Cholesterol QOF Update**

v.4 25.04.23

**For distribution to:** Greater Manchester (GM) primary care practices

**Action required:** CVD locality leads to send these communication & associated attachments to PCNs and practices in their locality. Response required to Health Innovation Manchester to confirm this has been sent and any interest in accepting the workforce support by PCNs or practices.

**Lipid Management Workforce Offer Overview**

Improving cardiovascular health and reducing cardiovascular mortality is now a [priority for GM](https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2023/02/Greater-Manchester-Recovery-and-Prevention-Plan_final.pdf). The GM system level lipid optimisation workforce offer has been endorsed in this context by the GM CVD Prevention Oversight Group and is part of the wider NHS England lipids optimisation programme.

We have made great progress over the last few months for the work on lipid management in primary care across GM. As a system we have established the [GMMMG lipid management pathway for secondary prevention of CVD](https://gmmmg.nhs.uk/wp-content/uploads/2023/02/Lipid-Management-Pathway-for-Secondary-Prevention-of-Cardiovascular-Disease-CVD-21.12.22.pdf), produced [lipid management education resources](https://healthinnovationmanchester.com/cvdprevention-lipidpathway-resources/) for primary care and have launched the GM CVD Prevention Lipid Management case finding tool- which is now live across all practices across GM (accessed in the data quality folder).

As we move into the next phase of delivery we recognise the immense pressure under primary care, especially in regard to workforce capacity. **We are pleased to inform you of a lipid management workforce support offer available to 165 practices across GM.**

**The offer also directly supports achievement of the new 23/24 QOF for lipid management (more detail re below)**

***What is the offer? - Details of the offer can be found in the attached Interface protocol and FAQ document***

The workforce support is using Interface Clinical Services Pharmacist to support primary care healthcare organisations to identify and prioritise patients who have a diagnosis of ASCVD that are not receiving optimal lipid management in line with national and local lipid management pathways.

Interface clinical pharmacists will provide clinical capacity to deliver patient facing or virtual optimisation clinics for the two highest-risk cohorts of patients identified using the Greater Manchester CVD Prevention Lipid Management case finding tool:

* Cohort 1- had a CVD event, not on a statin
* Cohort 4- had a CVD event, statins maximised, lipids not at target (LDL-C greater than 1.8 mmol/L or non-HDL-C higher than 2.5 mmol/L)

The aim of the workforce support is to optimise lipid management in line local and national lipid management pathways in order to:

* Provide educational and disease management support to people living with ASCVD
* Ensure that patients are treated appropriately and to optimise pharmacological lipid modification strategies for patients in line with the LHE defined management framework as well as non-pharmacological interventions including diet and lifestyle measures

To support sustained quality improvement in the adoption and implementation of the lipid management pathway across the HCO through:

* Provision of a post clinic evaluation report detailing key outputs delivered by the service, allowing the HCO to evaluate the impact of the review and formulate a strategy for ongoing practice workstreams

The priority for secondary prevention lipids optimisation of highest risk patient cohorts was agreed by the Greater Manchester Clinical Effectiveness Group and the ICB. Improving cardiovascular health and reduce cardiovascular mortality is now a priority for Greater Manchester. The GM system level lipid optimisation workforce offer has been endorsed in this context by the Greater Manchester CVD Prevention Oversight Group and is part of the wider NHS England lipids optimisation programme.

**No applications are needed. To accept the offer please** **email the below contacts.**

* Dai Roberts, Senior Programme Development Lead, Health innovation Manchester, dai.roberts@healthinnovationmanchester.com
* Sophie Carter, Project Manager, Health Innovation Manchester, Sophie.carter@healthinnovationmanchester.com

[***Tackling CVD through 2023/24 QOF***](https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-quality-and-outcomes-framework-guidance-for-2023-24.pdf)***: two new indicators related to cholesterol and lipid management - this directly links to the lipid optimisation workforce support offer***



* **LDL-C management** for secondary prevention is a clinical priority for patients and the NHS, as recognised by incentives in the 2023/2024 QOF amounting to 30 points and ~£36 million in funds 1.
* **The 2023/2024 updates of QOF** include a non-HDL target that is lower than 2.5 mmol/L or where non-HDL cholesterol is not recorded an LDL-C target of lower than 1.8 mmol/L for secondary prevention patients. 1
* The 1.8 mmol/L LDL-C target in the QOF may not be reachable for some patients with statins alone.4
* Additional lipid lowering therapy options are now included in the Greater Manchester [Lipid Management Pathway for Secondary Prevention of Cardiovascular Disease (CVD)](https://gmmmg.nhs.uk/wp-content/uploads/2023/02/Lipid-Management-Pathway-for-Secondary-Prevention-of-Cardiovascular-Disease-CVD-21.12.22.pdf)
* **Many high-risk CVD patients** could still benefit from further treatment optimisation and combinations of therapies within the lipid management pathway
* **CHOL001:** To achieve this indicator patients within these registers will need to have a prescription for a statin or other lipid lowering therapy on their records at the point that the QOF data pull
* **CHOL002:** To achieve this indicator patients within these secondary prevention registers will need to have a non-HDLC or LDLC reading at or below these targets within the 12-month QOF Period. The current percentage achievement of this indicator in Manchester ICB is 24.66% (ref [Data Explorer | CVDPREVENT](https://www.cvdprevent.nhs.uk/data-explorer?period=7&area=8030&indicator=30)).
* This means many patients will require additional optimisation of their lipid lowering therapy during this time window. UK guidance requires a 12 week wait from initiation of therapy to re-testing of lipids. **This means practices will need to undertake lipid optimisation work by 31.12.23** in order to get the appropriate follow up test result in the system before the QOF data is pulled from the system.

***Why lipid management?***

**CVD** is associated with brain, heart and vascular health risks and makes up the **leading cause of death in England** 2

* 137,000 deaths per year of which 37,000 (26%) are premature2
* 6.8 million living with CVD2
* £7.4bn in costs to the NHS, and £15.8bn with the wider economy2

**Preventing and managing** CVD and its risk factors has the potential to improve population health and ease pressures on overstretched health and care systems by reducing demand for services.

**Lipid management** in England **must improve** to drive better CVD outcomes

* Every 1 mmol/L reduction in LDL-C is tied to a 22% reduction in major vascular events after 1 year3
* An EU-wide study revealed that 61% of high-risk ASCVD patients are unable to reach an LDL-C goal of <1.8mmol (ESC target) signposting the need for a different approach4
* **Lipid control** is a vital part of this: 43% of all adults live with LDL-C levels above national guidelines2

Kind regards,

**Dr Tracey Vell MBE**
MBChB, DCH, MRCGP

Chief Officer, **Greater Manchester Primary Care Provider Board**

Medical Director, **Health Innovation Manchester**

Medical Executive Lead for Primary Care,**NHS Greater Manchester**

Chief Executive, **Manchester Local Medical Committee**

Chair, **Greater Manchester General Practice Provider Board**

*The service is provided as a donation of services funded by Novartis Pharmaceuticals UK Limited (“Novartis”) and delivered by Interface Clinical Services. Novartis has approved the associated materials in line with the ABPI Code of Practice. Please see the Clinical Protocol for further information.*

*This non-promotional therapy review service supports healthcare organisations (HCOs) to accelerate the proactive review of patients requiring lipid optimisation for secondary prevention of ASCVD in line with national and local lipid management pathways, through provision of clinical pharmacist capacity.*

**References**

1. Quality and Outcomes Framework guidance for 2023/24. Available at [https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-quality-and-outcomes-framework-guidance-for-2023-24.pdf](https://urldefense.com/v3/__https%3A/www.england.nhs.uk/wp-content/uploads/2023/03/PRN00289-quality-and-outcomes-framework-guidance-for-2023-24.pdf__;!!N3hqHg43uw!qVqAvkWyM8j82T8Iu_UqLH8ih6W4WjSnjb9VtK-vsDnm9fWxHWn5kAJX3ZsO0vpE97b8DMO4k7stp8F3erZA7INzX2_FOeCIfW1E$) (Accessed 4th April 2023)

2. https://www.bhf.org.uk/what-we-do/our-research/heart-statistics/heart-statistics-publications (Accessed 4 April 2023)

3. Lancet 2012;380:581-590. Available at <https://pubmed.ncbi.nlm.nih.gov/22607822/>. (Accessed 4 April 2023)

4. Ray KK et al. Eur J Prev Cardiol 2021;28(11):1279-1289. Available at <https://academic.oup.com/eurjpc/article/28/11/1279/5898664> (accessed 4 April 2023)