

# 2023/2024 CVD Prevention Fellowship Improvement Collaborative

*Welcome! Please introduce yourself in the chat*

9<sup>th</sup> January 2023

12.00 – 1.00pm

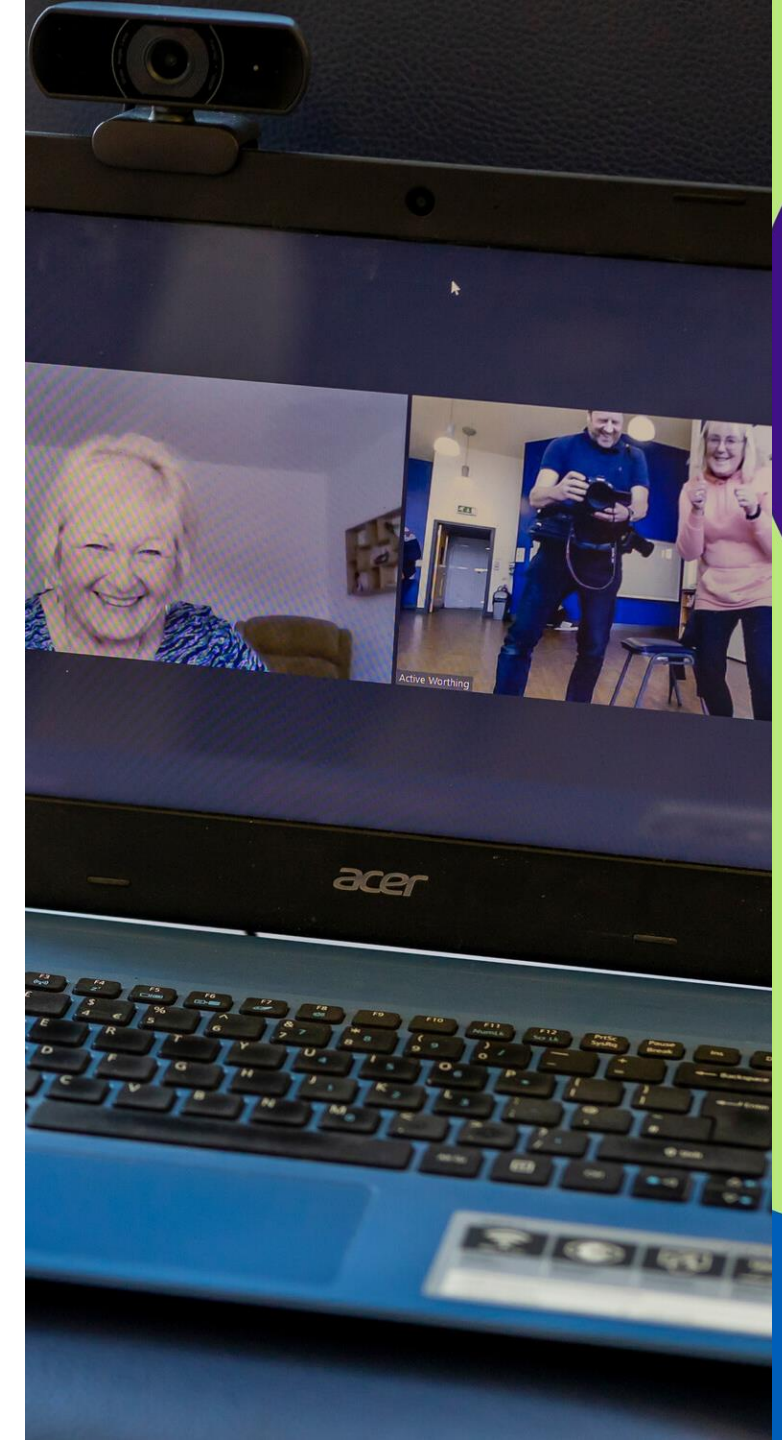
 @HINSouthLondon

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# Housekeeping

- Welcome!
- Please change your name by clicking the three small buttons on your video
- It would be great if everyone could have their cameras and microphones working for the small groups

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# HIN CVD Fellowship - Announcements

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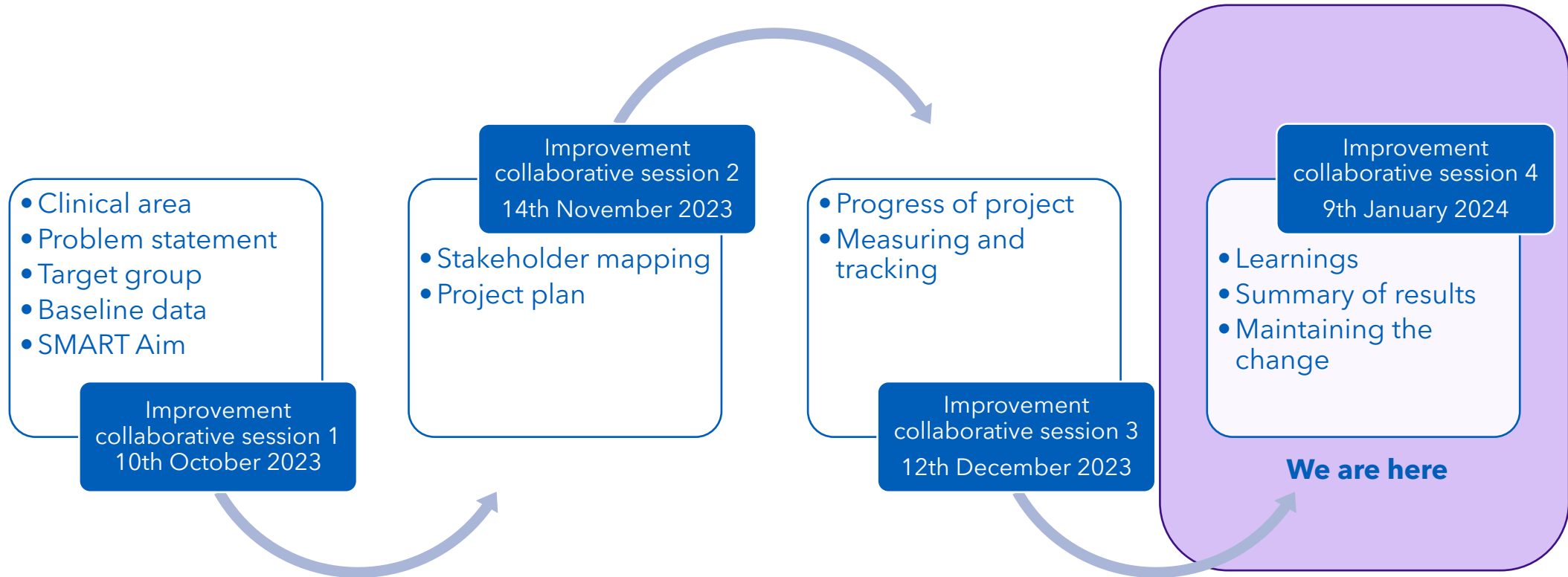
- Completed project forms are due by 24th January 2024
- Case-studies will be produced based on the content of the project forms and displayed at the final event on the 9th February 2024
- Final in-person event is on Friday 9<sup>th</sup> February 2024, 9.15am – 1.30pm
  - Networking lunch 2.30pm-1.30pm

## Upcoming Clinical Webinars

Date	Topic	Speaker
January 22, 2024 12.30 – 1.30pm	Mental Health and cardiometabolic disease	Dr Mujtaba Husain
February 9, 2024 9.00am – 12.30pm	Final Learning Event	In Person
February 21, 2024 12.30 – 1.30pm	Obesity and cardiometabolic disease	Prof Barbara McGowan
February 27, 2024 12.30 – 1.30pm	The Future of CVD Care	Dr Antonio De Marvao

# Upcoming Improvement Collaborative Sessions

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# Learnings

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## **Learnings from the project - Challenges / barriers faced**

What was difficult and how did you try to overcome this?

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## **Learnings from the project - Successes**

What worked well and why?

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# Results and change

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## Summary of the results

What happened because of the project - both the data and other changes

## How will the change be sustained

## Patient or stakeholder story or feedback

Please share a story of the impact on patients, and / or share any feedback you received from patients or stakeholders



**Fellow Name:** Luca Proudfoot

**PCN:** North Lambeth PCN

**GP Practice(s):** Hurley & Riverside Practice (HARP), South Lambeth Group Practice



## PROJECT AIM & TARGET GROUP

This project targeted patients with a **blood pressure of 160/100 or above**.

Across South Lambeth and HARP there were 35 patients with last BP above 180/120 (UCLP priority group 1) and 190 patients with a BP of over 160/100 (UCLP priority group 2a).

The aim was to reduce this number by 50%.



## OUTCOMES FROM THE PROJECT

In priority group 1 15 out of 35 patients still had a blood pressure above 180/120. Of these, 10 were inactive for over 5 years, 3 were abroad and 2 patients were still had not reached satisfactory control. This was a **reduction of 57%**.

Patients in priority group 2a were texted to book an appointment or submit a blood pressure reading and then be followed up. 92 out of 190 patients remained with a blood pressure above 160/100. This was a **reduction of 51%** in patients in priority group 2.



## CHALLENGES/ISSUES BARRIERS FACED

The most effective way of reviewing patients was for a clinician to book the appointments themselves however, this is time consuming. There was also issues with coding and patients lost to follow up.

Also, communication with clinicians and keeping them engaged as it is a massive target and not a quick win.



## SUCCESSES OF THE PROJECT

There was a large reduction in patients at the highest risk of CV events due to hypertension.

This has enabled them to be targeted and other routine tests to be done to try and prevent other diseases earlier on.



## LEARNINGS FROM THE PROJECT

To solve the issues faced the team will run these blood pressure searches monthly, improve coding education amongst staff and created specially designed blood pressure follow up slots.



# Sustaining Change

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To consider...

- What are you doing that is **new or different** to how you normally work(ed)?
- What is working well?
- What is making a difference - for patients/ staff/ yourself/ others?
- What would you change if you continue the work?

**Share - What would you like to keep doing,  
or do but do differently?**

## Sustaining Change

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**Share - What are the barriers for you continuing to do the things that are new or different?**

To consider...

- **Do you want to continue the QI work?**
- What do you need to continue?
- What would help you to overcome these barriers?
- Who can you engage for help?
- Who else can you share what you are doing with?
- Are there others who might want to deliver this as well?

# Breakout rooms

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- At the bottom of the window should be an option for breakout rooms
  - AF
  - HTN
  - Lipids
  - CKD

If everyone could join the breakout room for your clinical area

