2024 Cardiometabolic Fellowship Welcome Event

Tuesday 16th April 2024

1.00 – 2.00pm

@HINSouthLondon

healthinnovationnetwork.com

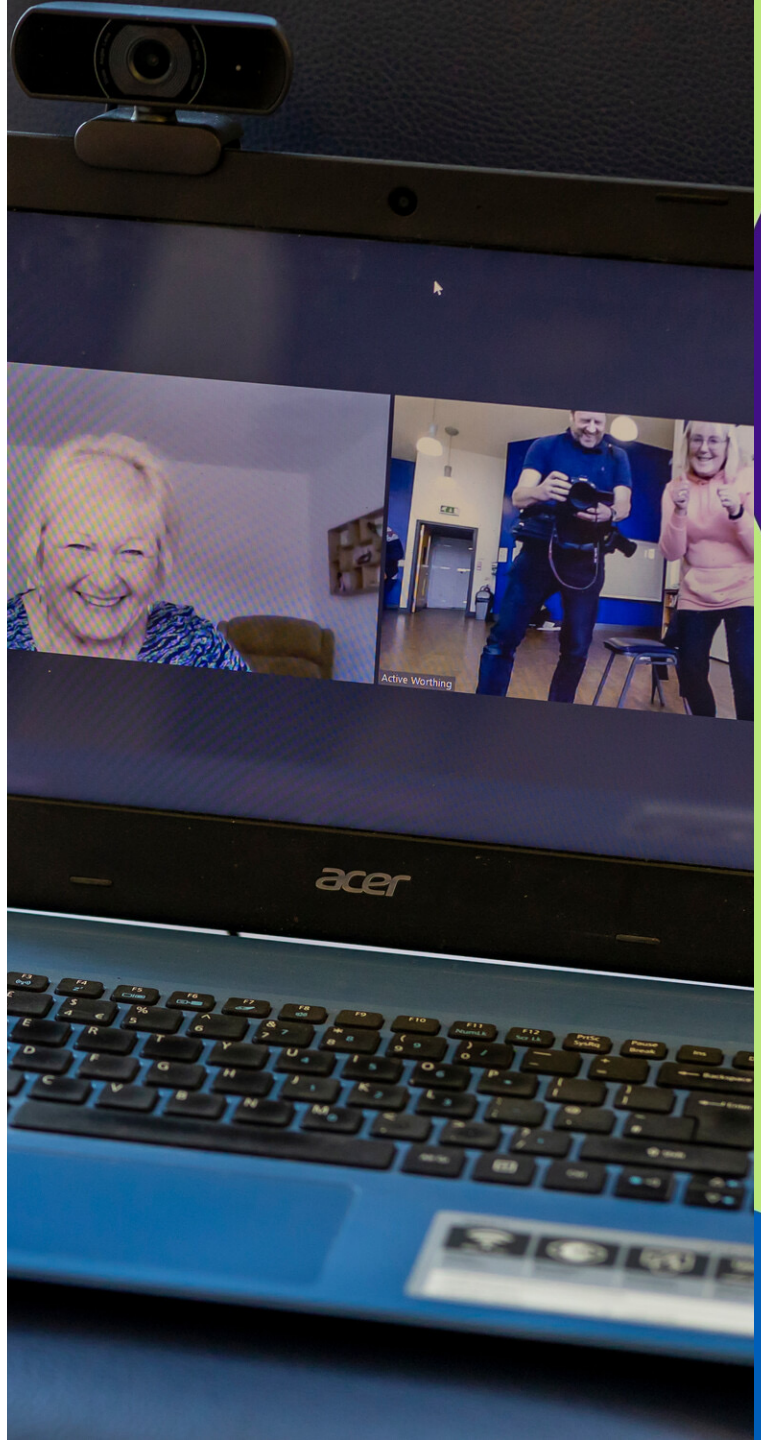
Health Innovation Network South London

01
Welcome

Claire Torkelson
Project Manager
Health Innovation Network

Housekeeping

- Please keep your microphone on mute when you're not speaking
- We will be recording today's session and for anyone who isn't able to join
- Feel free to use the chat for any questions



Agenda

1. Welcome
2. Structure of the fellowship
3. Why we run a Cardiometabolic Fellowship
4. Quality improvement projects
5. National agenda on CVD Prevention – Dr Nazish Khan
6. Q&A and close

The Health Innovation Network (HIN) – South London

Collaboration across south London

Acute Trusts in south west London
- Croydon Health Services
- King's College Hospital NHS Foundation Trust
- St George's Healthcare

Other Patient & Charity Organisations
- Healthwatch
- Others

Local Authorities
- Public Health
- Social Care

Acute Trusts in south east London
- Guy's and St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Lewisham & Greenwich NHS Trust

Higher Education Institutes
- Goldsmiths College
- Greenwich University
- King's College London
- Kingston University
- Roehampton University
- Southbank University
- St George's University of London

Industry and Commercial Partners
- Trade Associations
- Individual Companies

Primary Care
- General Practice
- General Dental Practice
- Pharmacists

Mental Health Trusts
- Oxleas NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust

Third Sector
- Hospice
- Community Providers

02

Why run a Cardiometabolic Fellowship?

Dr Roy Jogiya

Clinical Director for CVD Prevention, Health Innovation Network
Consultant Cardiologist Kingston and
St Thomas Hospital's NHS Foundation Trusts

7 million people are living with cardiovascular disease in the UK

- One death every 3 mins
- Every 5 minutes someone is admitted with a stroke
- £9 billion each year in healthcare costs
- 27% of all deaths

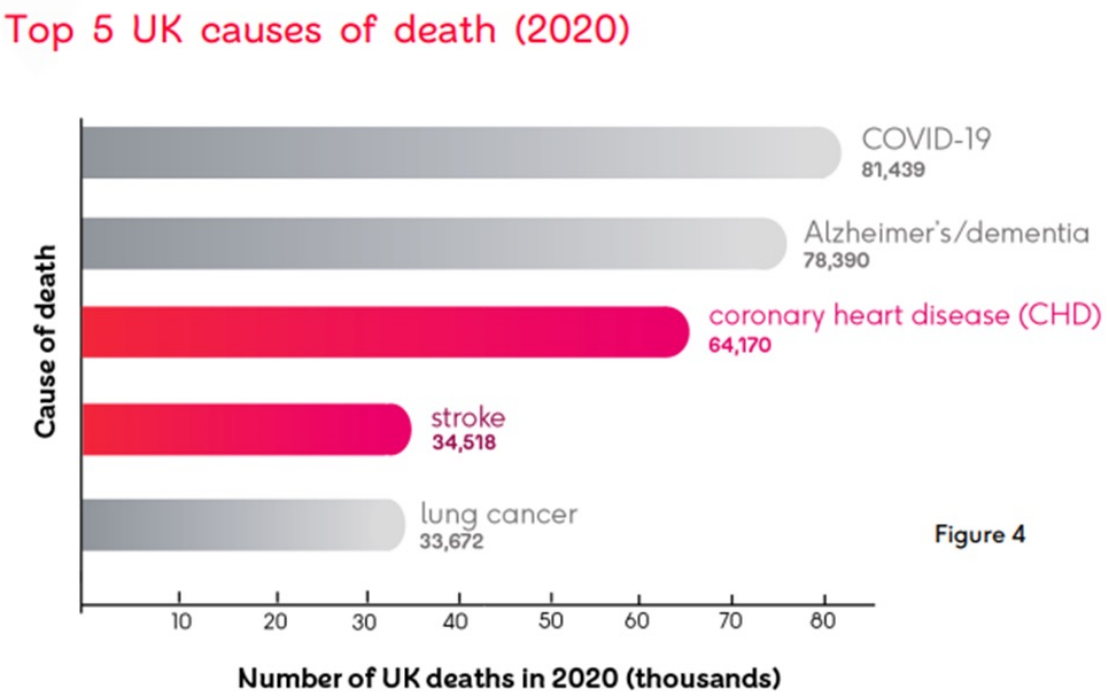


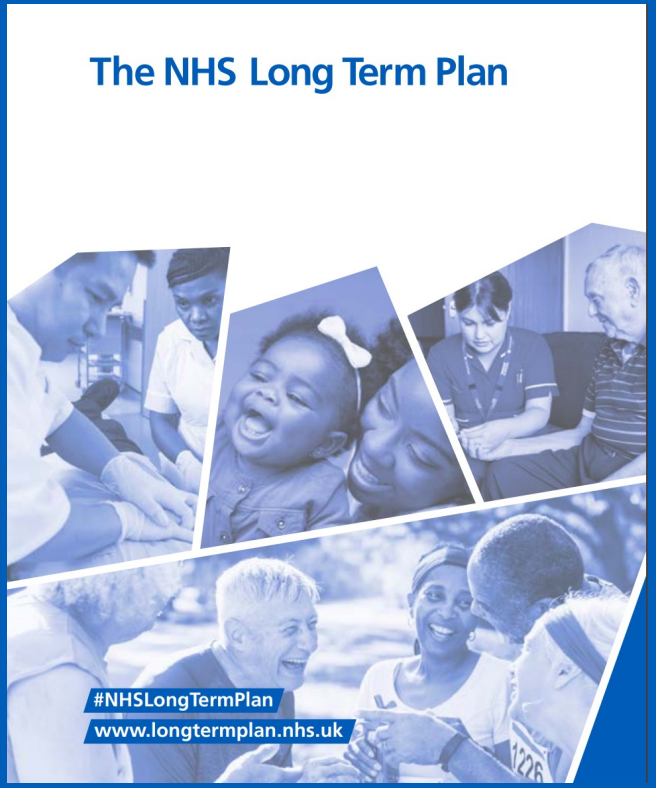
Figure 4

BHF statistics factsheet 2020

https://www.bhf.org.uk/what-we-do/our-research/heart-statistics

The NHS long term plan makes CVD prevention a key clinical priority

- Commonest cause of premature death in deprived areas
- CVD is the single biggest area where the NHS can save lives over the next 10 years
- Early detection and treatment of CVD can help patients live longer, healthier lives
- ABC (AF, Blood pressure and Cholesterol)
  - Undetected, high-risk conditions such as high blood pressure, raised cholesterol, and atrial fibrillation (AF)



ABC Management of Cardiovascular disease

	Atrial Fibrillation	High Blood Pressure	High Cholesterol*
Risk	5-fold increase in stroke risk, often of greater severity	Contributes to half of all strokes and heart attacks	Marked increase in premature death and disability from CVD
Unmet need	30% undiagnosed, over half untreated or poorly controlled	5 million undiagnosed, 40% poorly controlled	Most people at high CVD risk do not receive statins
Opportunity	Anticoagulation reduces strokes by 2/3 in AF	Every 5 mmHg reduction lowers risk of CVD events by 10%	Statin therapy can reduce risk of CVD events by 20–24% for people with 10-year risk ≥10%

By 2029:*

Atrial fibrillation	High blood pressure	High cholesterol
• 85% detection rate	• 80% diagnosed	• 75% people aged 40–74 risk assessed
• 90% anticoagulation rate	• 80% treated to target	• 45% people aged 40–74 with ≥20% 10-year risk of CVD receive statin treatment
		• 25% FH diagnosis and treatment†

Aims of the Cardiometabolic Fellowship

- Improve clinical knowledge of Cardiometabolic Diseases and Prevention
- Improve understanding of quality improvement methodologies
- Put these new knowledge and skills into practice by running a quality improvement project in your practice or PCN
- Update knowledge + empower prescribing
- Improve collaborations + meet wider team
- COVID aftermath – Fuller Stocktake
- Offer best practice within QOF
- Identify new cases in line with the DES
- Case based

2023 Fellowship

40 Primary Care Clinicians

16 Educational Sessions Delivered

100% feel more confident delivering care to CVD patients

25 Quality Improvement Projects Delivered

CVD Fellowship 23/24 - QI Projects

1123 patients were contacted

747 patients undertook some form of testing

438 patients had their coding updated.

288 patients received new or updated treatments.

17 patients were referred to secondary care

Welcome to the 2024 Fellowship

76

New Fellows

1.8m +

Patients across those PCNs

32

PCNs represented

12

Every South London Borough represented

Structure of the Fellowship

Lunchtime Webinars

8 webinars

At lunch time

Usually at 12 or 12.30

Quality Improvement Day

9.30am – 4.30pm

Friday 26th April

At Kings College London

Macadam Building

More about this later…

Improvement Collaborative Sessions

Lunchtime group sessions to develop and progress your project

Small groups with a project manager from the HIN and with clinical support

Clinical webinars

Clinical Webinars	Date	Time
Hypertension Webinar Dr Tarek Antonio	w/c 29th April	12.30 – 1.30pm
Atrial Fibrillation Webinar Dr Jonathan Behar	w/c 20th May	12.30pm – 1.30pm
Lipid Management and Familial Hypercholesterolemia Webinar Prof Tony Wierzbicki	Tuesday 4th June	12.00pm – 1.00pm
Chronic Kidney Disease and CVD Webinar Dr Catriona Shaw	w/c 17th June	12.30pm - 1.30pm
Mental Health Webinar (Speaker TBC)	w/c 1st July	12.30pm - 1.30pm
Diabetes Webinar Dr Neel Basudev and Dr Sophie Harris	w/c 15th July	12.30pm – 1.30pm
Heart Failure / Ischaemic Heart Disease Dr Kalpa Silva and Dr Susan Piper	w/c 5th August	12.30pm – 1.30pm
Behaviour Change Dr Nupur Yogarajah	w/c 16th September	12.30pm – 1.30pm

Quality improvement sessions

Topic	Date
QI Training Day In Person	Friday 26th April 9.30am - 4.30pm
Improvement Collaborative Session One Searches, setting up project and tracking project	Tuesday 11th June 12.30 - 1.30pm
Improvement Collaborative Session Two Running your project	Tuesday 16th July 12.30 - 1.30pm
Improvement collaborative Session Three Drop-in session	Wednesday 14th August 12.30 - 1.30pm
Improvement collaborative Session Four Project closure and project form	Tuesday 24th September 12.30 - 1.30pm
Improvement collaborative Session Five Drop-in session: project form help	Wednesday 9th October 12.30 - 1.30pm

Any questions?

03

Quality Improvement Projects

Oliver Brady

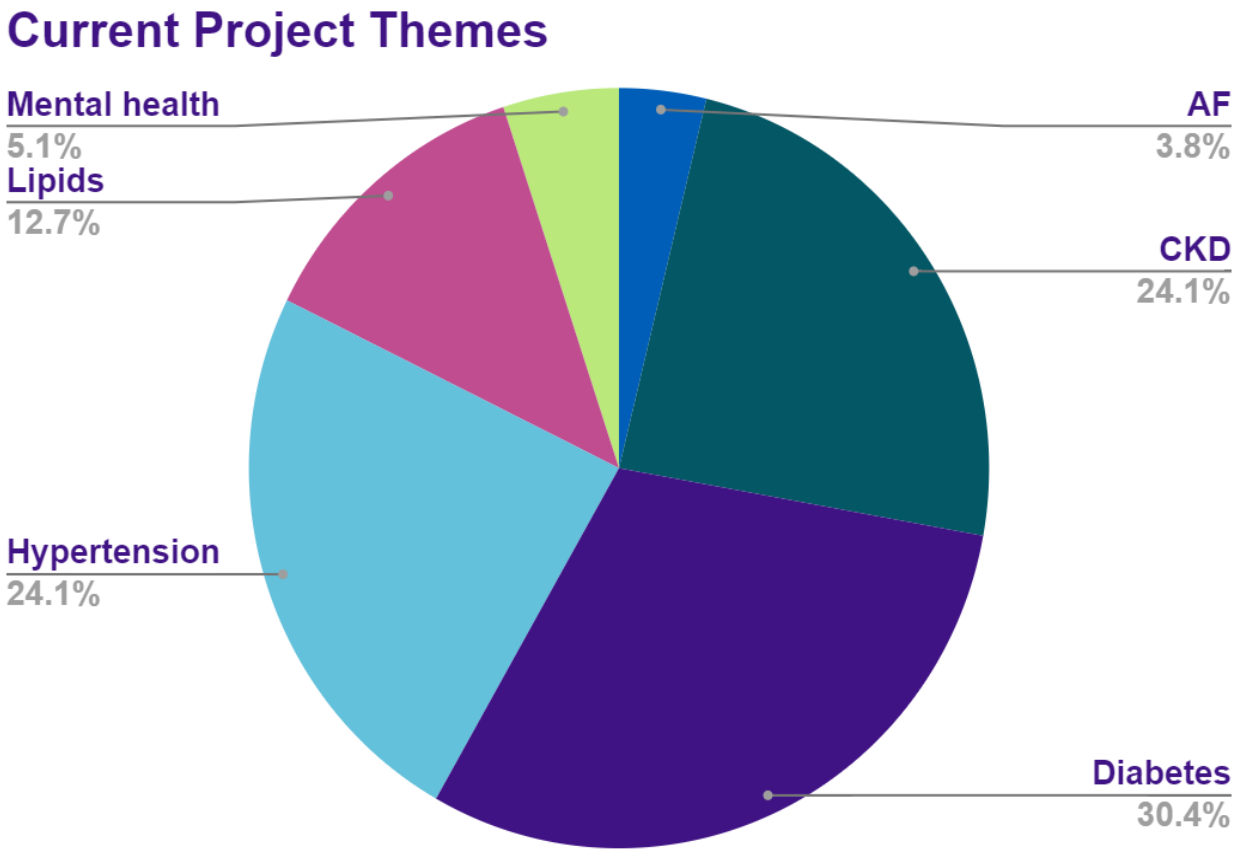
Programme Director for Long Term Conditions
Health Innovation Network South London

Project topics

- Should be contained and achievable in the time frame
- 2023 QI project case-studies are available on the Fellowship Website

Resources:

- Case study form
- Data collection form
- Project pack
- Data dashboard Cardiovascular Health Dashboard | Tableau Public



QI Training Day (In person day) - Friday 26th April

- Introduction to quality improvement
- Stakeholder engagement
- Masterclass on project design
- SMART objectives and project aims
- Networking lunch
- Experts by experience; co-designing your project
- Process and journey mapping

* Please RSVP to the invite if you haven't already

Website

- Webinar recordings
- Webinar slides
- Resources
- Project packs

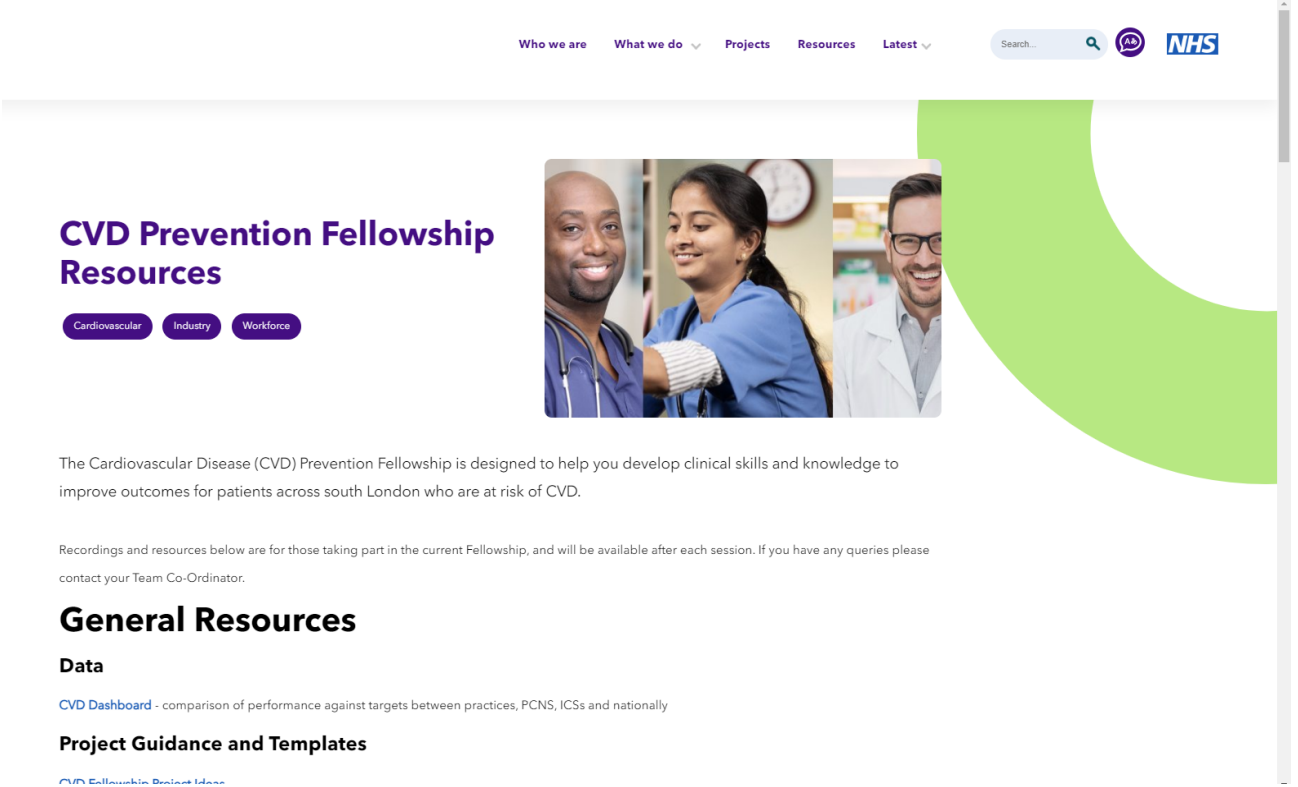
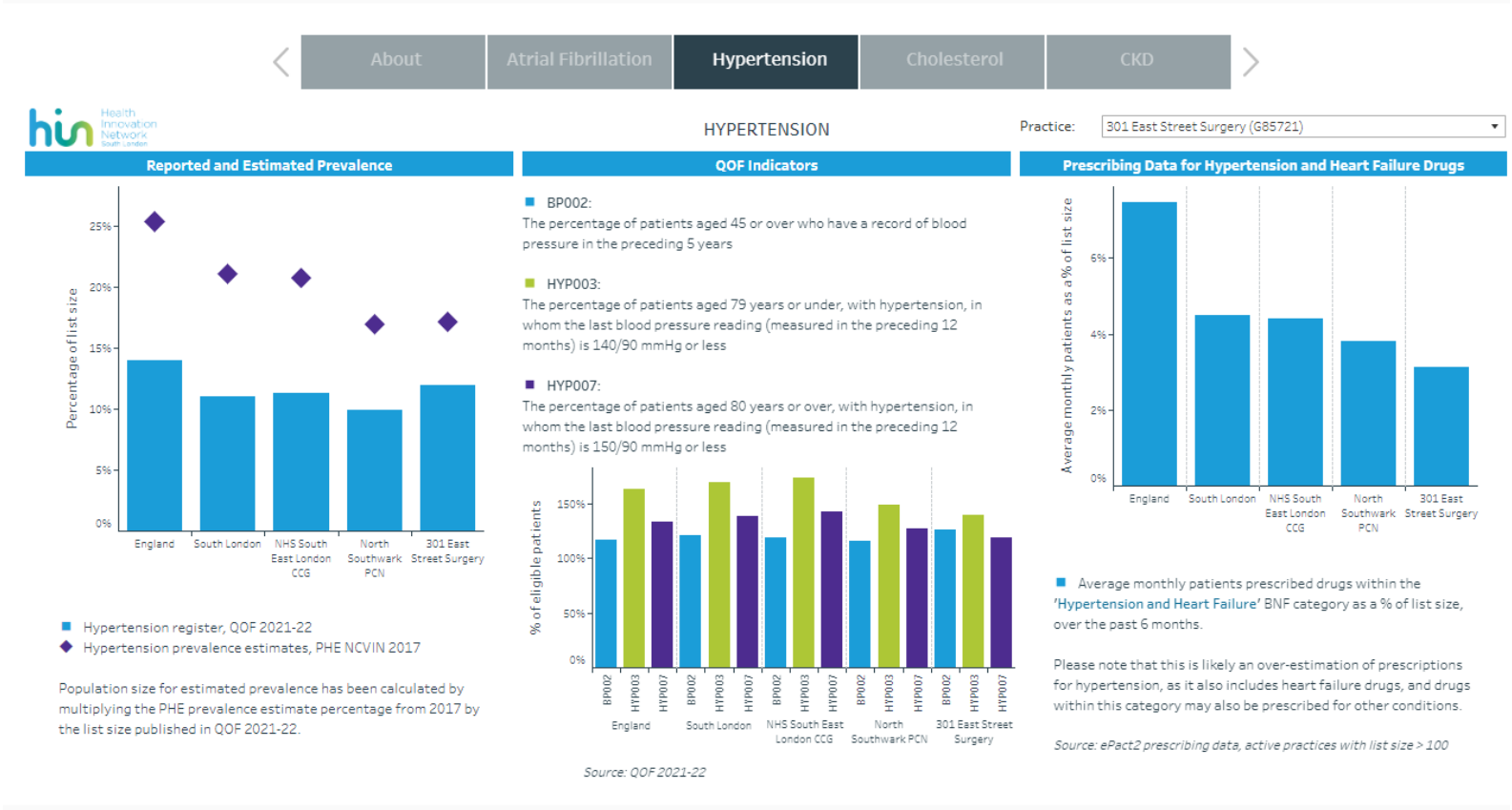


Tableau Dashboard

- Created by the HIN Insights team
- Practice level data

- Hypertension
- Atrial Fibrillation
- Cholesterol
- CKD
- Diabetes
- Severe Mental Health



CKD project case study from 2023 HIN CVD Fellowship programme

Fellow name: Dr Sana Shahid

PCN: Merton East

GP Practice: Cricket Green Medical Practice

Clinical area: Chronic Kidney Disease and CVD Prevention

Updating Coding for Patients with CKD to Increase CVD prevention

Problem statement

I identified a problem with CKD coding at the practice in which patients who had a previous eGFR result below normal were not coded. This was therefore affecting further CVD prevention management as the patients were not on the CKD register.

I found 135 patients who have had an eGFR <60 in the last 3 years and have not been coded.

Aim

To review the notes of all patients who have had an eGFR <60 in the last 3 years and re-code or send for testing as required, by the end of January 2024.

Project plan

Invites will be send out to patients for blood tests and then CKD coding will be done accordingly.
Contact patient via text or phone if elderly/only landline number available.
Patients with text messages will be given the opportunity to respond back to me or the Registrar if they have any queries.

Summary of results

Out of 135 patients:

- 89 were coded as CKD3
- 1 patient was coded as CKD4
- 2 patients were end stage renal failure under secondary care
- 2 unfortunately passed away during this time
- 22 patients were identified as not having CKD as their repeat bloods were normal
- 18 patients required up to date bloods to improve coding and this will be done once results become available.

Learnings from the project

- Time was the biggest inhibiting factor due to the huge pressures on General Practice.
- Due to open access to patient records, coding automatically increased contact from patients who wished to discuss this 'new' diagnosis'. We have been booking routine appointments to address this with patients and so far it has been working well.
- Consultations can be challenging especially as this 'disease' is not symptomatic. This was addressed by sharing patient leaflet from the UK Kidney Association.
- Increased awareness of CKD amongst colleagues and its significance in prevention of CVD-it is a forgotten risk factor.

Health Innovation Network South London

Contact Details

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Any questions?

04

National agenda on CVD Prevention

Dr Nazish Khan

Consultant Pharmacist CVD/Cardiovascular Clinical Research – Department of Cardiology (QEHB) - University Hospitals Birmingham NHS Foundation Trust

Cardiovascular Disease Clinical & Programme Lead - Health Innovation Network

Honorary Senior Research Fellow – Institute of Cardiovascular Sciences (College of Medical and Dental Sciences) – University of Birmingham

Conclusion

- Cardiovascular disease affects over 7 million people in the UK and is associated with annual healthcare costs of >£9 billion
- The NHS Long term plan makes CVD prevention a key priority, aiming to improve the early detection and treatment of **A**trial Fibrillation, high **B**lood Pressure and Hyper**C**holesterolaemia
- Prevention is better than cure....

What's next

- QI Training day is on 26th April
- Please RSVP to future webinars and improvement collaborative sessions. Diary invitations will be sent out shortly.
- Please contact claire.torkelson@nhs.net for any questions, concerns, or to discuss programme accommodations.

Thank you!