

HIN 2024 Cardiometabolic Fellowship – Lipids QI Project Ideas and Information

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Hypercholesterolemia primary or secondary prevention - sample project aims

- Increase primary prevention, focussing on UCLP priority group 2
 - SMART aim: To review and manage 30 UCLP priority group 2a hypercholesterolaemia (secondary prevention) patients through medication optimisation and lifestyle management by September 2024.
- Optimise medications for secondary prevention, focussing on UCLP priority group 1
 - SMART aim: Review 40% of patients in priority group 1 (primary prevention) for optimisation of medication or initiation of statin therapy by September 2024.
- Search for patients coded for FH and re-code or send for testing
 - SMART aim: To search patients coded for FH and review the medical records of 30 to send for testing or re-code appropriately before September 2024.

A SMART Aim is Specific, Measurable, Achievable, Relevant, & Timebound

Lipid optimisation

Target groups (see updated [UCLP Frameworks](#) for more details):

Secondary Prevention (pre-existing CVD)

- Priority One – CVD not on statin therapy
- Priority Two (a) – CVD on suboptimal intensity statin e.g. simvastatin
- Priority Two (b) - CVD on suboptimal statin dose e.g. on wrong dosage (mg)
- Priority Three - Sub-optimal non-HDL (>2.5mmol/l) levels despite maximal statin therapy

Primary Prevention (no pre-existing CVD)

- Priority One – One of: • QRISK $\geq 20\%$ • CKD • Type 1 Diabetes AND • Not on statin
- Priority Two – • QRISK 15-19% AND • Not on statin
- Priority Three - • QRISK 10-14% AND • Not on statin
- Priority Four - On statin for primary prevention but not high intensity

Lipids Projects – Ideas for Delivery

Following are ideas for delivery to get you started in planning your project. Your project will need to reflect ways of working in your practice, staff and patient need, and any other factors – but this can help you get started.

Primary Prevention Medication Optimisation Sample Project

To implement a medication optimisation project you might:

1. Engage with relevant staff (administrative and clinical) as well as patient representatives to co-design a process map.
2. Run the UCLP Priority groups or other searches; decide which group you will target based on the results.
3. Identify what your PDSA cycle will involve.
4. Invite a set number of these patients for review based upon what is achievable in the time frame
5. Review QRISK score , lipid results and liver function tests etc.
6. Initiate or optimise medication as required; Optimise BP and other comorbidities.
7. Use intolerance pathway and shared decision-making tools to support adherence.
8. Arrange follow-up bloods and review if needed.
9. Support patients with self-management advice and resources.
10. Track patients to assess impact.
11. Compare progress to aim - look at what is working well and what could be further improved.
12. Rerun the cycle (PDSA cycle) with the next group of patients.

Secondary Prevention Medication Optimisation Sample Project

To implement a medication optimisation project you might:

1. Engage with relevant staff (administrative and clinical) as well as patient representatives to co-design a process map and look at the user journey.
2. Run the UCLP Priority group searches; decide which group you will be targeting based on the results.
3. Invite a set number of these patients for review based upon what is achievable in the time frame
4. Review CVD risk factors, lipid results and liver function tests.
5. Initiate or optimise medication as required; Optimise BP and other comorbidities.
6. Use intolerance pathway and shared decision-making tools to support adherence.
7. Arrange follow-up bloods and review if needed.
8. Support patients with self-management advice and resources.
9. Track patients to assess impact.
10. Compare progress to aim - look at what is working well and what could be further improved.
11. Rerun the cycle (PDSA cycle) with the next set of patients.

Familial Hypercholesterolaemia Coding Sample Project

To implement a project relating to FH coding you might:

1. Identify who needs to be involved and invite them to co-design the process with you. This may include administration staff and other clinicians.
2. Construct a process map of how you would proceed with searching for the patients, contacting them, sending them for testing and then discussing the results with them. Refer to local and national guidelines and consider patient experience.
3. Engage patient representatives to help you co-design the patient facing aspects, ie communications and the process.
4. Use a search to identify how many patients are coded for FH to create your baseline group.
5. Chose a manageable amount of this group to focus on for the first PDSA cycle.
6. Review their healthcare records. Re-code any patients who appear to have been coded incorrectly.
7. Invite any patients who are coded for FH and need further testing for a review. Prepare patient information leaflets and FAQs prior to these appointments.
8. Review these patients and modify their medications if required, refer them to genetic testing and secondary clinics where needed.
9. Organise follow-up with patient for repeat blood testing, discussions etc..
10. Track patients to assess impact.
11. Compare progress to aim - look at what is working well and what could be further improved.
12. Rerun the cycle (PDSA cycle) with the next group of patients.

Lipid Projects - Other things to consider

- Who do you need to involve in your project? (Stakeholders – This could include practice and / or PCN staff, patients, carers etc)
- Who else could help project delivery? Would they need training to support?
- Who can run searches in the practice? Can anyone be trained to help?
- Do you need training to help with delivery?
- Are staff confident with coding? With escalation procedures? Local pathways and guidance?
- Is there already a call and recall system to bring in patients for regular checks? How well is this working?
- What information on self-management do you have for patients? Does it reflect your patients' diets and culture? How are they sent information?

Lipid management resources to support your project

- UCLP Framework - [Lipid Management including FH](#)
- SWL ICB: [SWL Lipid Management Guidance](#)
- SEL ICS: SEL [ICS Lipid Management Pathway](#)
- NHS England: [Summary of National Guidance for Lipid Management \(Primary and Secondary Prevention\)](#)
- NICE: [Lipid Modification Guidance](#)
- Heart UK: [Tackling Cholesterol Together](#)
- Fellowship [Data Dashboard](#)
- HIN [Protected Characteristics Dashboard](#)

CKD resources for patients

- Heart UK: [Understanding Your Results and Ultimate Cholesterol Lowering Plan](#)
- NICE UK: [Patient Decision Aid; Should I take a Statin](#)
- BHF: [High Cholesterol Patient Information](#) and [Familial Hypercholesterolaemia Information](#)
- Patient Information Leaflet: [Hypercholesterolaemia and Statins](#)

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