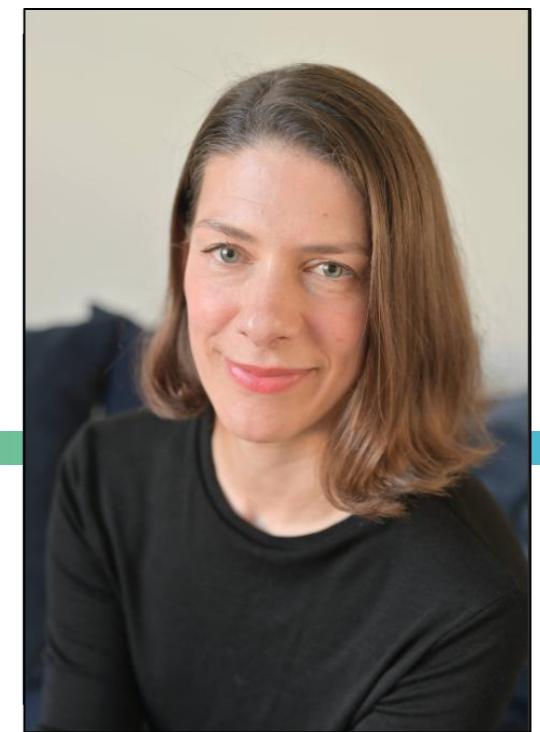


Secondary Prevention Lipid Management

A Structured Approach to Helping Patients Meet Secondary Prevention Lipid Targets



Dr Rose MacDonald, General Practitioner, South Islington PCN

Aim

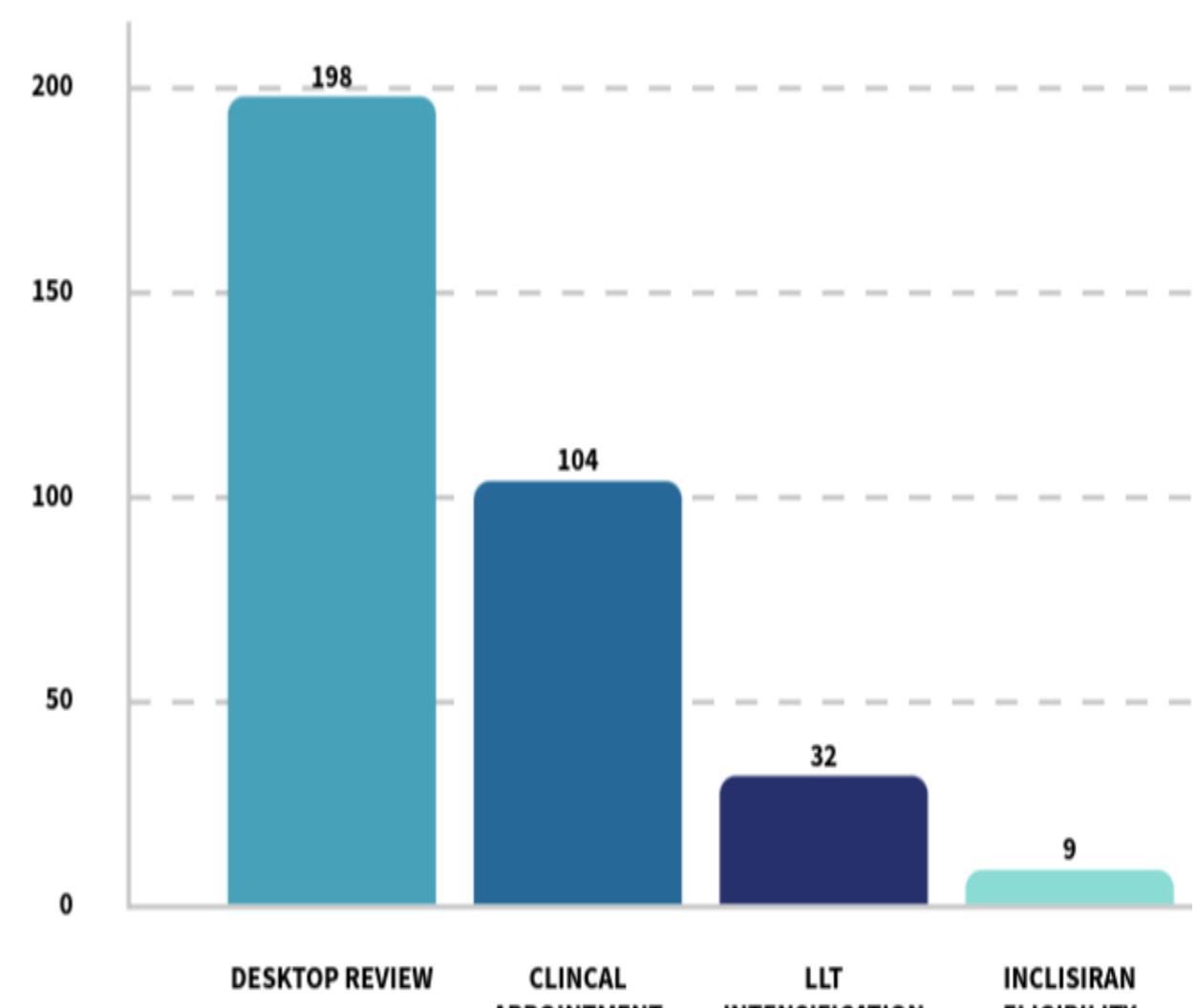
To review all patients with established Cardiovascular Disease (CVD) or Peripheral Arterial Disease, or a history of Transient Ischaemic Attack or Stroke, who are not treated to a secondary prevention lipid target, by October 2025

Method

Working as a team with the practice pharmacists and Advanced Nurse Practitioner, we undertook a desktop review for 193 secondary prevention patients who were not treated to a secondary prevention cholesterol target or had not had a lipid panel in the past 12 months. We then made an action plan for each patient.

Summary of Results

- 193 patient records were reviewed and an individualised action plan made for each.
- 105 patients went on to have a review appointment for a blood test +/- a discussion about their cholesterol management.
- 37 were found to be at target.
- 32 had their lipid lowering therapy intensified.
- 9 patients were identified who were eligible for inclisiran.



Sustaining the Change

Over the course of the year, using learning from education sessions and colleagues in the Academy, I updated the practice long term condition care system to make it safer, more sustainable and more effective. We changed our recalls process to add in extra high risk patient specific recalls, we moved the clinical work from the GP's to the pharmacy and nursing teams, and we met as a Long Term Condition (LTC) team at regular intervals to troubleshoot and further refine the process. This work created a self sustaining system which will identify and manage all LTC patients including those needing help to meet both primary and secondary prevention lipid targets.

Learnings

The change bought into the practice as a result of the Academy work went well beyond the QI project. Supporting staff education across the clinical team was essential to ensure that CVD prevention work was done to a high standard and in an evidence-based manner. The audit work helped identify learning needs in the GP team regards identifying patients not at a primary or secondary prevention targets and being confident to act. It also stimulated discussion about tricky cases, identified miscodes and focussed clinical activity where it was needed most for higher risk patients. Team working involving all non-clinical and clinical staff involved in recalls and CVD risk reduction reviews, and acting on feedback to iterate systems, was key.

Staff feedback

"I feel confident that our patients with vascular disease are treated better than they ever have been before."
"We are educating ourselves and patients about their CVS health."

Patient feedback

"I want to take whatever is recommended to get my cholesterol to the recommended level."

Contact Details

@UCLPartners

@UCLPartners

@UCLPartners

uclpartners.com



Boehringer
Ingelheim

