CVDACTION implementation: K&W South PCN

Name: K&W South PCN
Structure: 7 GP practices, 68,000 patients
Approach: PCN level Clinical Pharmacist clinics, supported by Secondary Care Specialist Pharmacist. Holistic group consultations offered alongside follow-ups.
Specific focus: over 65s, Black and ethnic minorities, hypertension, lipids
Technical implementation: K&W South PCN accessed the CVDACTION dashboard through North West London's population health management platform, WSIC.
Key operational support and oversight:

- CVDACTION delivery team
- NWL ICB - Programme Delivery Manager, GP Lead for cardiovascular disease
- K&W - Clinical Director, Senior Project Manager, Lead Clinical Pharmacist

Context

The K&W South Primary Care Network (PCN) in Brent, London, consists of seven GP practices serving 68,000 patients. Brent has large pockets of deprivation and has the second-highest rate of long-term conditions in North West London (NWL). According to the 2021 census, Brent has a young and highly diverse population, with an average age of 35, and around 31% of residents identify as non-UK nationals. The major ethnic groups include White (34.6%), Asian (32.8%), Black (17.5%), and Other (10%).

Brent is the fourth most deprived borough in London, with areas like Stonebridge, Harlesden, Kilburn, and Dollis Hill facing significant challenges. Access to primary care is a longstanding concern, as Brent was once ranked the seventh most under-staffed area for doctors in London and has the highest number of patients per nurse.

Dr Nigel De Kare-Silver, Clinical Director of K&W South PCN, along with the wider clinical team, wanted to improve clinical outcomes for patients with cardiovascular disease (CVD) using CVDACTION, building on their experience of leading other programmes in Brent.

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Implementation journey

Focusing on high-risk groups for maximum impact:

The CVDACTION Demonstrator sites were encouraged to focus on patients in the highest risk hypertension and cholesterol cohorts, such as those with systolic blood pressure above 160 and those with pre-existing CVD not receiving lipid lowering therapy. According to 'Size of the Prize' modelling, targeting these groups has the greatest potential to prevent heart attacks and strokes in a short time frame. This approach allowed the sites to easily breakdown routine care into manageable steps, enabling faster and more effective treatment optimisation.

K&W South used their funding to hire a Secondary Care Specialist Pharmacist to work alongside the PCN team. This senior pharmacist brought valuable expertise, supporting the programme: by running clinics to optimise high-risk patients, reviewing patient lists to ensure they were clinically appropriate and assisting the practice pharmacists with their clinical workloads.

This collaborative multi-sector approach enabled the spread and adoption of best practices among clinicians. By upskilling the workforce, it also ensured that the implementation of CVDACTION remains sustainable in the long term.

Using the CVDACTION tool:

PCN staff accessed CVDACTION through the local Population Health Management (WSIC) dashboard, centrally hosted by the North West London ICB. The platform's existing governance structure provided secure, role-specific access to patient information with appropriate authentication.

On a monthly basis, the project facilitator would access the CVDACTION dashboard to review updated cohorts of high-risk patients and disseminate targeted lists to the wider team to begin call and recall.

Taking a personalised approach:

Pharmacists found that CVDACTION's focus on optimisation and holistic care helped them adapt their communication styles to build stronger relationships with patients and provide tailored support. By focusing on specific priority subgroups one at a time, the clinical team could connect with each patient individually during their optimisation journey, building trust and rapport—particularly with patients initially hesitant to engage. To support this approach, the team also created templates and scripts for pharmacists to use during initial patient outreach. These materials introduced the programme and explained that patients were contacted because they had been identified as benefiting from one-on-one personalised support from a healthcare professional.

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Implementation journey cont.

Programme Facilitator – a critical role:

Lead Pharmacist, Blessing Maunganidze, took on the critical role of facilitator for CVDACTION, overseeing and managing implementation with structured support for practice teams.

He supported clinical and operational leads to understand dashboard data, coordinated lists of patients in priority groups for optimisation and ensured the PCN adopted the wider Proactive Care Framework approach – ensuring that as well as clinical optimisation, teams also deployed the wider workforce to deliver structured support for education, behaviour change, and self-management.

A critical part of his work was mapping out and coordinating the patient care pathway to establish a systematic approach. This focused on the accelerated optimisation of blood pressure and cholesterol management for those identified as high priority.

Blessing conducted a workforce mapping exercise to identify team members qualified to optimise clinical care for patients identified through CVDACTION, as well as those who could offer wider lifestyle and self-management support. Where a skills or competency gap was identified, he organised training to address them.

The facilitator also worked with staff to encourage use of the supporting resources embedded within CVDACTION. These provide clinicians with simplified overviews of clinical management including NICE guidance and aids to manage common challenges like proteinuria management in CKD, medication choices in diabetes, statin hesitancy, muscle symptoms etc.

A resource that was found to be of particular value is the proactive care consultation guide, developed for ARRS1 staff so they can provide structured support for education, behaviour change and self-management.

Support from local Health Innovation Network (HIN), Imperial Health College Partners (ICHP), enabled the team to recruit patients with lived experience. These patients shared their experiences and insights, which were integrated into the ongoing refinement of the programme. For example, a key insight was around how patients want to access their care and, as a result, the PCN began to offer treatment via a group consultation – read more on this in the 'Stimulating creativity and new ways of working' section below.

The PCN quickly realised the value of dedicated facilitator. Blessing's role unlocked the full potential of CVDACTION by coordinating and upskilling staff to manage high-risk patients through new care pathways, share valuable resources, and champion the programme's implementation on the ground.

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Impacts

Improvement in treatment:

Quantitative data was available for a 6-month period. Despite the short time frame, which also included the set-up phase for the project, significant improvement was seen in blood pressure and cholesterol management.

- Blood pressure optimisation: in 361 patients, blood pressure improved enough to move them to a lower hypertension stage. Of these, 161 patients were newly treated to target.
- Cholesterol optimisation: 22 patients with established CVD were newly started on statins.

Clinical staff found the rapid optimisation approach highly effective, recalling patients every two weeks to adjust treatment until their blood pressure normalised. This method achieved faster blood pressure control, reduced patient risk, and increased job satisfaction for the team.

Focus on patient engagement and support

K&W South staff have reported the positive impact of CVDACTION on patients as they have become more engaged in managing their blood pressure and cholesterol, with many expressing an appreciation for the personalised support. They reported better understanding of their health, leading to improved self-care and visible reductions in blood pressure. Where some patients were initially resistant to medication or follow-ups or struggled with self-monitoring, they found that the additional time with the clinical staff allowed them to take control of their health. The clinical team found that patient education is crucial to the improvements seen, as some patients would previously normalised their high blood pressure and not recognise the need for treatment.

Invigorated workforce:

For staff, particularly pharmacists, the programme boosted job satisfaction as they built stronger relationships with patients and saw noticeable improvements in health outcomes. Clinicians highlighted how they adapted their communication styles to better engage patients with their blood pressure management. They expressed enthusiasm about the opportunity to build rapport with patients driven by CVDACTION's focus on hypertension and lipid management. Pharmacists emphasised their commitment to ensuring that every patient's blood pressure was under control before concluding their care.

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Impacts cont.

Stimulating creativity and new ways of working:

Building on their experience with CVDACTION, the PCN introduced a new group clinic offering education and optimisation support for their patients with hypertension. Patients are invited at convenient times and encouraged to bring questions about their diagnosis, condition and medications. They spent time as a group learning about the condition, how it affects them and to manage it. This helps to build connections with others in the same situation. They also have the opportunity to have a one-on-one consultation with a pharmacist to have their medications reviewed and optimised if required. This approach to patient education, behaviour change, and self-management is new to the PCN but has been well received by patients. To enhance the experience, the team has also created an educational video resource to share with patients before attending the clinic. This helps address common questions and themes, making the sessions more efficient and impactful.

Other learnings:

- Data challenges: Initial data glitches slowed progress at the start – emphasising the need for proactive technical support.
- Team engagement: Investing time in engaging the wider PCN team was essential to communicate the vision and gain staff buy-in.
- Support and resources: Guidance and resources from the CVDACTION team were crucial for helping primary care teams to do things differently.
- Local flexibility: Allowing local adaptation of CVDACTION proved beneficial for successful implementation.
- Community pharmacy role: There is potential to involve community pharmacies in optimising treatment, which could enhance patient care further.

Additional information

Who to contact:

Blessing Maunganidze – Lead Pharmacist and project facilitator, K&W South PCN (blessing.maunganidze@nhs.net)

Resources:

- CVDACTION - Making prevention happen
- UCLPartners Proactive Care Frameworks