**Practice Medicines Cardiovascular Optimisation Resources 2022/23**

**North Cumbria Sub-ICB Location**

**Supporting Local and National Incentive Schemes**

Medicines are the most commonly deployed intervention throughout healthcare including cardiovascular disease. Medicines Optimisation is essential to ensure the best care both in terms of clinical outcome and patient safety as well as the most effective use of NHS resources as dictated by this year’s incentive schemes.

All practices receive support from a Medicines Optimisation Pharmacist and/or Technician and invitations to regular Medicines Optimisation meetings. The following people will lead on Medicines Optimisation in practice: Prescribing Lead, Practice Medicines Manager, Medicines Optimisation Pharmacist, Clinical Pharmacist, alongside the team of clinicians and support staff.

Practices should review their prescribing data, supported by the Medicines Optimisation Pharmacist, and prioritise the topics that are most applicable to them. Where a practice already performs well compared to their peers, these topics need not necessarily go into the workplan. Using the supporting information, practices will agree with their Medicines Optimisation Pharmacist a workplan that will deliver these schemes.

There are some suggested actions and resources below. Practices should use these in a cycle of continuous improvement to review their current position, make changes to their practice and monitor the outcomes. This includes use of the [‘Plan, Do, Study, Act’](https://medicines.necsu.nhs.uk/cumbria-practice-resources/) cycle. Review and update the workplan regularly, as priorities may change throughout the year, depending on work completed and prescribing data.

Patients are at the centre of care and should be supported in shared decision making, offered information and advice relevant to their medical condition(s). [NHS Choices](https://www.nhs.uk/Conditions/Pages/hub.aspx) is a good initial source of advice, information and apps to manage conditions.

In addition to the direct links to individual documents below, guidelines and resources can be accessed through the following website. This is particularly useful where security settings do not allow download of documents direct from websites.

[NECS Medicines Optimisation website](https://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/)

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| **Activity** | | **Indicators (National and local)** | **Resources** |
| **Hypertension** | * Prioritise patients who are not meeting blood pressure targets, particularly if they have co-morbidities or do not have a hypertension diagnosis. * Follow NICE hypertension guidance for lifestyle advice and/or treatment choices where appropriate. * Optimise doses of current treatments to control hypertension. | **Direct Enhanced Service (DES) Investment and Impact Fund (IIF) 2022-23**   * **CVD-01** Percentage of patients aged 18 or over with an elevated blood pressure reading (>=140/90mmHg) and not on the QOF hypertension register for whom there is evidence of clinically appropriate follow-up to confirm or exclude a diagnosis of hypertension * **CVD-02** Percentage of registered patients on the QOF hypertension register   **North Cumbria Improvement and Integration Incentive Scheme (NCIIIS)**   * Percentage of patients with QRISK above 10% consulted for a holistic CVD assessment (BP, pulse, weight, Atrial Fibrillation, Diabetes, smoking, Lipids) and onward referral to appropriate services if necessary. | **National - NICE, Academic Health Science Network (AHSN) etc.**  [Hypertension in adults: diagnosis and management](https://www.nice.org.uk/guidance/ng136)  [NICE guideline [NG136]](https://www.nice.org.uk/guidance/ng136)  [Clinical Knowledge Summaries – hypertension](https://cks.nice.org.uk/topics/hypertension/)  [Academic Health Science Network (AHSN) Hypertension – Managing High Blood Pressure and Cardiovascular Risk](https://s31836.pcdn.co/wp-content/uploads/HYPERTENSION-FINAL-V3.pdf)  [AHSN Multi-morbidity tool – remote consultation protocol](https://s31836.pcdn.co/wp-content/uploads/Protocol-for-CVD-Conditions-Version-2-June-2021-FINAL1-1.pdf)  [AHSN – digital resources for hypertension (patient centred)](https://s31836.pcdn.co/wp-content/uploads/Digital-resources-for-hypertension-Sept-2021-FINAL.pdf)  [NHS community pharmacy hypertension case-finding advanced service (NHS Community Pharmacy Blood Pressure Check Service)](https://www.england.nhs.uk/wp-content/uploads/2021/11/B0953-NHS-community-pharmacy-blood-pressure-check-service-specification.pdf)  AHSN/UCL Partners hypertension search for EMIS Web    **Local - North Cumbria and North of England Commissioning Support (NECS)**   * Ardens searches (where available) * Cumbria Enterprise Resource Searches   **Other organisations – Prescribing Quality, Innovation, Productivity & Prevention (PrescQIPP) other etc.)**  [PrescQIPP clinical masterclass hypertension update (login required, freely available to all clinicians in North Cumbria)](https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f6035%2fhypertension-talk-clinical-masterclass-mg-15th-feb-2022-45-mkinutes.pdf) – see also accompanying video.  [Hypertension Guidance for Primary Care in South-East London](https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2021/09/SEL-Hypertension-guidance-March-2022-FINAL.pdf) |

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| **Activity** | | **Indicators (National and local)** | **Resources \*continued page 4-5\*** |
| **Lipids** | * Target priority patient groups e.g., familial hypercholesterolaemia, CKD, diabetes. * Explore lifestyle and statin treatments with patients using shared decision-making tools. * For all patients, check lipid management follows guidelines at annual review, including dose and targets. * Optimise doses of current treatments to control cholesterol. | **Direct Enhanced Service (DES) Investment and Impact Fund (IIF) 2022-23**   * **CVD-03** Percentage of patients aged between 25 and 84 years and with a CVD risk score (QRISK2 or 3) greater than 20% who are currently treated with statins * **CVD-04** Percentage of patients aged 29 and under with a total cholesterol greater than 7.5 OR aged 30 and over with a total cholesterol greater than 9.0 who have been referred for assessment for familial hypercholesterolaemia.   **North Cumbria Improvement and Integration Incentive Scheme (NCIIIS)**   * Percentage of patients with QRISK above 10% consulted for a holistic CVD assessment (BP, pulse, weight, Atrial Fibrillation, Diabetes, smoking, Lipids) and onward referral to appropriate services if necessary. | **General guidelines**  **National (NICE, AHSN etc.)**  [NICE CG181 Guideline (last updated 2016)](https://www.nice.org.uk/guidance/cg181)  [Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD](https://www.england.nhs.uk/aac/publication/summary-of-national-guidance-for-lipid-management/)  [Statin intolerance pathway](https://www.england.nhs.uk/aac/wp-content/uploads/sites/50/2020/08/Statin-intolerance-pathway-January-2022.pdf)  [AHSN cardiovascular disease prevention – primary care resources](https://ahsn-nenc.org.uk/what-we-do/improving-population-health/cardiovascular-disease-prevention/resources-for-primary-care/)   * Supporting resources for 22/23 PCN DES * Inclisiran resources * PCSK9i resources * Familial hypercholesterolaemia (FH) resources   [AHSN lipid management pathway](https://ahsn-nenc.org.uk/what-we-do/improving-population-health/cardiovascular-disease-prevention/lipid-management-pathway/)   * Statins, * Ezetimibe, * Bempedoic acid, * Inclisiran, * PCSK9 inhibitors   [Optimising Lipid Management (including familial hypercholesterolaemia)](https://ahsn-nenc.org.uk/what-we-do/improving-population-health/cardiovascular-disease-prevention/disordered-lipids/)   * Standard operating procedure (SOP) * Handbook (a very comprehensive 30-page resource) * Template patient letters, * Clinical Digital Resource Collaborative (CDRC) – EMIS searches and templates   AHSN/UCL Partners EMIS Web Searches |

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| **Lipids** | **Resources** |
| **Local (North Cumbria and NECS)**  [Northern England Evaluation and Lipid Intensification guideline February 2022](https://www.heartuk.org.uk/downloads/health-professionals/neeli-guideline-february-2022.pdf)  North Cumbria Lipid pathway presentation May 2022   * Ardens searches (where available) * Cumbria Enterprise Resource Searches   **Other organisations – e.g., PrescQIPP, other CCGs**  [North Yorkshire and York Lipid Treatment Guidance](https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/12/NYY-Lipid-pathway-v1.00.pdf)  [South-East London lipid management pathway](https://selondonccg.nhs.uk/wp-content/uploads/dlm_uploads/2021/11/Lipid-management-SEL-pathways-Nov-21-FINAL.pdf)  **Statins and ezetimibe**  **National**  [Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD](https://www.england.nhs.uk/aac/publication/summary-of-national-guidance-for-lipid-management/)  [Statin intolerance pathway](https://www.england.nhs.uk/aac/wp-content/uploads/sites/50/2020/08/Statin-intolerance-pathway-January-2022.pdf)  **Local**  [Northern England Evaluation and Lipid Intensification guideline February 2022](https://www.heartuk.org.uk/downloads/health-professionals/neeli-guideline-february-2022.pdf)  North Cumbria Lipid pathway presentation May 2022  See presentation above  **Other organisations**  [Statin hesitancy](https://youtu.be/0VrsWeqfOQk) (link to video presentation) |

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| **Lipids** | Resources |
| **Inclisiran –** **Green in North of Tyne and North Cumbria formulary**  **National**  [Inclisiran NICE TA 733](https://www.nice.org.uk/guidance/ta733/documents/html-content-2)  See also the general AHSN references described above.  **Local**  [North of Tyne position statement October 2021](http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2021/10/Inclisiran-position-statememnt-20.10.21.pdf)  North Cumbria Sub-ICB Location document January 2022  North Cumbria Lipid pathway presentation May 2022  See presentation pg. 4  **Others**  [North Yorkshire and York Lipid Treatment Guidance](https://northyorkshireccg.nhs.uk/wp-content/uploads/2021/12/NYY-Lipid-pathway-v1.00.pdf)  [Novel therapies – now and future](https://youtu.be/O-MNHLhdUfQ) (link to a video presentation)    Inclisiran initiation checklist (SE London CCG)  **Bempedoic Acid - Green Plus in North of Tyne and North Cumbria formulary**  [Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia](https://www.nice.org.uk/guidance/ta694)  [NICE TA 694](https://www.nice.org.uk/guidance/ta694)  See also information on place in therapy in general resources and overviews.  **PCSK9 inhibitors - Red in North of Tyne and North Cumbria formulary**  [Overview | Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia | Guidance | NICE](https://www.nice.org.uk/guidance/ta393)  [Overview | Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia | Guidance | NICE](https://www.nice.org.uk/guidance/ta394)  See also information on place in therapy in general resources and overviews. |

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| **Activity** | | **Indicators (National and local)** | **Resources \*continued page 7\*** |
| **Atrial fibrillation** | * Identify patients with AF opportunistically or during health-checks. * Take part in the AF programme for people with AF who are not currently anticoagulated. * Treat according to guidelines using patient decision aids. * Optimise doses of current treatments to reduce stroke risk. | **Direct Enhanced Service (DES) Investment and Impact Fund (IIF) 2022-23**   * **CVD-05** Percentage of patients on the QOF Atrial Fibrillation register and with a CHA2DS2-VASc score of 2 or more (1 or more for patients that are not female), who were prescribed a direct-acting oral anticoagulant (DOAC), or, where a DOAC was declined or clinically unsuitable, a Vitamin K antagonist. * **CVD-06** Number of patients that are prescribed Edoxaban, as a percentage of patients on the QOF Atrial Fibrillation register and with a CHA2DS2-VASc score of 1 or more for men or 2 or more for women and who were prescribed a direct-acting oral anticoagulant (DOAC). * **SMR-02A** Percentage of patients aged 18 years or over prescribed both a Non-steroidal Anti-Inflammatory Drug (NSAID) and an oral anticoagulant in the 3 months to 1 April 2022, who in the 3 months to 1 April 2023 were either (i) no longer prescribed an NSAID or (ii)   prescribed a gastroprotective in addition to both an NSAID and an oral anticoagulant.   * **SMR-02C** Percentage of patients aged 18 years or over prescribed both an oral anticoagulant and an anti-platelet in the 3 months to 1 April 2022, who in the 3 months to 1 April 2023 were either (i) no longer prescribed an anti-platelet or (ii) prescribed a gastroprotective in addition to both an oral anticoagulant and an anti-platelet. * **SMR-02D** Percentage of patients aged 18 years or over prescribed aspirin and another anti-platelet in the 3 months to 1 April 2022, who in the 3 months to 1 April 2023 were either (i) no longer prescribed aspirin and/or no longer prescribed an anti-platelet or (ii) prescribed a gastroprotective in addition toboth aspirin and another anti platelet. * **SMR-03** Percentage of patients prescribed a direct oral anti-coagulant, who received a renal function test and a recording of their weight and Creatinine Clearance Rate, along with a change or confirmation of their medication dose.   **North Cumbria Improvement and Integration Incentive Scheme (NCIIIS)**   * Percentage of patients with QRISK above 10% consulted for a holistic CVD assessment (BP, pulse, weight, Atrial Fibrillation, Diabetes, smoking, Lipids) and onward referral to appropriate services if necessary. | **Overviews**  [NICE AF: diagnosis and management April 2021. NICE Guideline NG 196](https://www.nice.org.uk/guidance/ng196)  PrescQIPP Clinical Masterclass NICE CG 196 Atrial fibrillation – what’s new? S    [AHSN Atrial fibrillation toolkit](https://aftoolkit.co.uk/)  **Searches**   * Ardens searches (where available) * Cumbria Enterprise Resource searches * AHSN/UCL partners |

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| **Atrial fibrillation** | Resources |
| **Drug Therapy (in published date order)**  Yorkshire and Humber AHSN  *DOAC prescribing in AF and DVT/PE. Top tips for clinicians. September 2019*. A useful *aide memoire* on two sides of A4  NECS  [Guidelines for prescribing in primary care – non-valvular AF Version 4 October 2019.](http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2020/02/Atrial-fibrillation-Prescribing-for-Non-valvular-AF-in-Primary-Care-v2.0.pdf)  Discusses anticoagulant choice, dosing in renal impairment and drug choices for rhythm and rate control.  Specialist Pharmacy Service  [Direct Acting oral anticoagulants (DOACs) in Renal Impairment. Practice Guide. February 2020.](https://www.sps.nhs.uk/articles/direct-acting-oral-anticoagulants-doacs-in-renal-impairment-practice-guide-to-dosing-issues/)  NECS/North Cumbria Sub-ICB Location  [Warfarin Management Guidelines May 2022](https://medicines.necsu.nhs.uk/download/north-cumbria-anticoagulation-guideline-2022/)    Regional Drug & Therapeutics Centre  *Comparison of DOACS for non-valvular AF – information for prescribers June 2022.*  A comprehensive 16-page document in tabular format.  PrescQIPP  *PrescQIPP Bulletin 282 Anticoagulation June 2022*  The most comprehensive resource to date. This two-part bulletin supports DOAC initiation, review and switching. Accompanying attachments in the pack include: an AF prescriber decision aid; patient information and AF decision aid; patient DOAC leaflets; table of anticoagulant comparisons; venous thromboembolism flow chart; edoxaban commissioning position statement, vitamin K antagonists (warfarin) information and a presentation based on the resources.  Northern Treatment Advisory Group (NTAG)  [Patient Specific Factors to consider when choosing a DOAC in NVAF. June 2022.](https://ntag.nhs.uk/wp-content/uploads/2022/06/NENC-Decision-Aid-incl-Table-to-support-decison-of-DOAC-in-AF-approved-June-2022-final.pdf) |