Cardiovascular Disease Prevention:
Lipid Management, Familial Hypercholesterolaemia and Blood Pressure Optimisation Programmes

What we do
Reduce mortality from cardiovascular disease by speeding innovative processes to frontline health services

Why are we doing it?
To prevent premature death by supporting the detection and management of cardiovascular disease

The NHS Long Term Plan states that the biggest area where the NHS can save lives over the next ten years is in reducing the incidence of cardiovascular disease (CVD). CVD causes a quarter of all deaths in the UK and is the largest cause of premature death in deprived areas.

The plan aims to prevent 150,000 cases of heart attack, stroke and dementia by focusing on the A, B and C of CVD risk management; atrial fibrillation, blood pressure and cholesterol.

The AHSN Network's national programmes are commissioned to improve the detection of people at risk, reduce health inequalities through a consistent, NICE-approved clinical pathway, and to optimise medical management across high blood pressure and cholesterol.

In the UK **28%** of all deaths are due to CVD – that's one death **every 3 minutes**

More than **100,000** hospital admissions in the UK are due to heart attacks

One UK hospital admission **every 5 minutes** is due to heart attack

Stroke is the 3rd biggest killer in the UK, causing **36,000 deaths** each year

Wessex Academic Health Science Network

Part of **The AHSN** *Network*

NHS

Cardiovascular Disease Prevention:
## Lipid Management, Familial Hypercholesterolaemia and Blood Pressure Optimisation Programmes

Healthcare costs relating to CVD are estimated at

£9 billion

Overall CVD costs the UK economy approximately **£19 billion** each year

At least **150,000 people** in England are affected by familial hypercholesterolaemia **(FH)**, a genetic condition which can cause heart attacks if left untreated
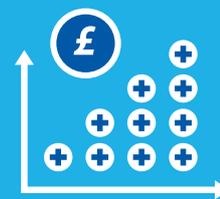
The NHS aims to increase the percentage of people identified with FH from **7%** to at least **25%** over the next five years through the NHS Genomic Medicine Service

What we delivered in 2021-22:

- Diversified working relationships with important CVD stakeholders across Wessex and maintained strategic relationship with our local Integrated Care Systems (ICSs)

- Produced and enhanced data packs for local Clinical Commissioning Groups (CCGs)

- Worked with clinicians and commissioners to explore pathway improvements

- Linked with AHSN colleagues to understand what is working well and shared these approaches to inform local practice

- Supported the launch of Tackling Cholesterol Together with HEART UK – a partnership with the NHS Accelerated Access Collaborative (AAC) and AHSN Network targeting all healthcare professionals supporting cholesterol education needs

- Established a South East and Dorset regional approach to lipids management, in partnership with Kent Surrey Sussex and Oxford AHSNs, and developed a work plan to deliver CVD webinars for the region

- Established a local CVD Advisory Group for Wessex for clinical and non-clinical leaders across the system

- Promoted the addition of two new medicines to the NICE-approved clinical pathway, via the Accelerated Access Collaborative Rapid Uptake Programme

- Continued adoption of novel approaches to improve patient case finding (FAMCAT 2 / UCLP Proactive Care Frameworks).

Plans for 2022-23:

- Launch Wessex Lipids Masterclasses, where we will support rapid sharing of early adopters across the programme themes. This will complement ongoing regional thought leadership

- Support local system to understand and implement Inclisiran as part of the lipid optimisation pathway

- Optimised treatment for people with hypercholesterolaemia through case finding and implementation of lipid optimisation pathways, including the prescribing of Inclisiran where appropriate. Develop a structured forum for all clinicians to attend, with focus on developing knowledge across CVD

- Support Primary Care Networks to implement Proactive Care Frameworks; to include hypertension alongside lipid optimisation and remote management

- Prioritise uptake of Proactive Care at Home Frameworks in practices with a high level of inequalities.

"Familial hypercholesterolaemia (FH) is under-diagnosed and under-treated, despite clear evidence-based guidelines for identification and management, and the availability of low-cost, generic, high-intensity statin treatment. Genetic cascade testing is the key to early diagnosis, which can help ensure that this treatment is no longer 'too little, too late'."

Neely et al, The importance of early diagnosis: how to identify patients with FH for diagnosis and referral, Prim Care Cardiovasc J 2014; 7:31-35

About the Academic Health Science Network

Wessex Academic Health Science Network (AHSN) is one of **15 AHSNs** across England, established by NHS England in 2013 to spread innovation at pace and scale - improving health and generating economic growth.

The region's life sciences industry employs **9,000** and has a turnover of **£2.5 billion**

10% of the workforce in Wessex is employed in the health economy

We've supported over **250 innovations** in 2021-22, including clinicians, academics and commercial innovators

The region's population of **3 million** is served by **2*** Integrated Care Systems
*Plus Salisbury and South Wilts
8 local authorities
11 NHS service providers and **7** higher education institutions

Our input has been attributed to the creation or safeguarding of **180.5 jobs** in the last two years

We've directly supported Wessex innovators to achieve over **£56 million** in sales, grants and investment in the last two years

Working with Wessex CRN we have brought together **4 academic/ commercial bid teams** for clinical research

Want to find out more?

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