

|  |  |
|--|--|
| <b>Title</b>                                     | <b>Service Redesign to Optimise Lipid &amp; FH Management in Plymouth Primary Care Group</b>   |
| <b>Organisations Involved</b>                    | Amgen Limited and Plymouth Primary Care Group  |
| <b>Collaborative Working Project Description</b> | <p>This project is to fund a Specialist Cardiovascular Clinical Nurse to work collaboratively with Amgen to redesign the service. The project will enable them to deliver a sustainable and enhanced lipid management programme. This will be achieved by: Implementing a triage system via a Senior Pharmacist led, system audit to stratify patients according to their lipid management needs and complexity and reduce inappropriate referrals, by monitoring and improving the quality of lipid management services. Establish a robust audit and evaluation system to improve the quality and outcomes of lipid management services. Patients reviewed in the Coronary Risk Prevention Clinic will have lipid management optimised according to NICE Guideline 238, referencing TA394, TA393, TA385 &amp; TA733 and European Society of Cardiology (ESC) Guidelines.</p> <ul style="list-style-type: none"> <li>• Referrals into the Coronary Risk Prevention Clinic will be routed by the referrer to the appropriate clinic, thereby improving patient flow and waiting times.</li> <li>• Improving efficiency of pathway, which will be mapped by the project group during the initiation phase of the project for Lipid Management patients who are clinically appropriate.</li> <li>• The outputs of this Collaborative Working Project will inform the development of a Business Case to secure the additional CVD CNS resource to counter ongoing increasing demands in CVD and High-Risk Hypercholesterolemia patients.</li> </ul> |
| <b>Expected Outcomes</b>                         | <ul style="list-style-type: none"> <li>• Develop an effective triage process which will facilitate patient signposting to the appropriate specialist clinic (Coronary Risk Prevention or FH specialist clinic in Secondary Care).</li> <li>• The additional 1.0 wte CNS will enable faster triage, review and lipid optimisation of the high-risk patients currently sitting in a backlog or not identified.</li> <li>• Increase the number of appropriately identified patients at high CVD risk and Hypercholesterolemia receiving lipid optimization and care plan.</li> <li>• Audit the number of high-risk hypercholesterolemia patients identified including FH (Index &amp; Cascade) case over 1 year.</li> <li>• Increase the number of Injectable Lipid Lowering Therapy (LLT) appointments with approval from Chemical Pathologist.</li> <li>• Audit patient numbers receiving Injectable LLT and on oral therapies over 1 year.</li> <li>• Aim to reduce the current waiting times for patients to receive review, testing and appropriate lipid management.</li> </ul>   |

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• Audit number and adherence of patients maintained on injectable LLT and % reduction in LDLc over 1 year.</li><li>• Develop a Business Case highlighting the Collaborative Working Project outputs. to secure future investment to maintain this additional CNS workforce.</li></ul> |
|--|---|

GBR-NP-0225-80013 February 2025