

<b>Title</b>	<b>Optimisation of LDL Cholesterol after Acute Coronary Syndromes</b>
Organisations Involved	Amgen Limited and University Hospitals Birmingham NHS Foundation Trust
Collaborative Working Project Description	<p>Develop a pilot specialist service “Optimisation of LDL Cholesterol after Acute Coronary Syndromes” for LDL management post Acute Coronary Syndrome (ACS).</p> <ul style="list-style-type: none"> <li>Initially in a subset of ACS patients.</li> <li>Audit adherence to NICE TA394 and TA393 and European Society of Cardiology Guidelines (ESC) pre- and post-initiation of service and compare to patients that are not treated by specialist service.</li> <li>Audit will be used to produce a business case to provide NHS funding for service for all ACS patients and to expand the service to other centres.</li> </ul>
Expected Outcomes	<ul style="list-style-type: none"> <li>Develop a local guideline for LDL cholesterol management following ACS, based on the current NICE and ESC guidelines by the project group.</li> <li>Develop individualised LDL targets and treatment plans for patients, with details of available drug treatments which will be audited by the Cardiology team carrying out clinical reviews.</li> <li>Improve efficiency of pathway, which will be mapped by the project group during the initiation phase of the project for the subset of ACS patients who are clinically appropriate.</li> <li>Cardiology team carrying out clinical reviews will actively assess LDL and refer direct to specialist pharmacist who will offer the appropriate treatment intervention in line with local / NICE guidance. This approach will result in a reduction of the number of clinical touch points by at least 1-2 people compared to the standard clinical pathway.</li> <li>Improve appropriate use of PCSK9 mAb in patients in line with local guideline recommendations.</li> <li>Inpatients within the subset of patients identified in the pilot with recurrent ACS and LDL-C &gt; 3.5 mmol/L will be referred immediately so that they can be offered PCSK9 mAb initiation if clinically appropriate (these patients are generally already receiving statin therapy and may remain at very high risk of CVD as per the NICE guidance referenced above).</li> <li>Introduce routine repeat LDL cholesterol testing at 1 month post ACS for the subset of patients identified for the pilot, with subsequent review by specialist service and referral for patient to be offered PCSK9 mAb if LDL above target NICE/ESC referenced above. This will be measured and included as part of the audit.</li> </ul>