

Lipid Management

**Delivering on National CVD priorities using
a Population Health Management approach**

The meeting will start at 2:00pm

May 2021



01

Welcome to the first of three Lipid Management Briefings from the Accelerated Access Collaborative (AAC)

Dr Tracey Vell MBE

Medical Director of Health Innovation Manchester, and Executive Lead
for Primary Care at GM Health and Social Care Partnership

Lead Facilitator



Housekeeping

-
- This meeting will be recorded

 - Any questions you provided during registration will be covered at the end of the session

 - Feel free to ask questions or make comments in the chat function when it becomes available

 - Any questions that we are not able to cover in the Q&A section today will be addressed in an FAQ document following the event

 - Today's slides will also be made available with the FAQ following the event



Welcome

Good afternoon and thank you for joining us for the first of three Lipid Management Briefings from the AAC

THIS FIRST BRIEFING WILL FOCUS ON:

- An overview of cardiovascular disease (CVD) and lipid management in England today
- The AAC and innovation in lipid management
- An introduction to implementation science research underway in Manchester: implementing novel therapies via a Population Health Management (PHM) approach

Disclaimer: This meeting is part of a collaborative working agreement for lipid management between Novartis and NHS England and Improvement. Both Novartis and NHS England and Improvement contribute resources in the form of skills, expertise, project management and administrative activity. Funding for the collaborative working programme is provided by Novartis. NHS England and Improvement retained editorial control of the agenda and content for this meeting.



Objectives of today's webinar

01

Understand effective lipid management for patients in the context of national priorities for the NHS in England in the prevention and management of CVD

02

Gain an understanding of innovation already underway from the AAC and Academic Health Science Networks (AHSN) in Lipid Management

03

Insight into implementation science research underway in Manchester and the opportunities presented for addressing CVD through PHM

04

Opportunity to discuss key issues in CVD and lipid management with our speakers



Agenda

Topic	Presenter
01 Welcome and Introductions	Dr Tracey Vell MBE
02 CVD and Lipid Management in England Today	Dr Shahed Ahmad
03 The Accelerated Access Collaborative: Driving Innovation in Lipid Management	Matt Whitty
04 Population Health Management: Learning from Implementation Science Research in Manchester	Dr Tracey Vell MBE
05 Panel discussion and FAQ	–
06 Close and next steps	Dr Tracey Vell MBE





02

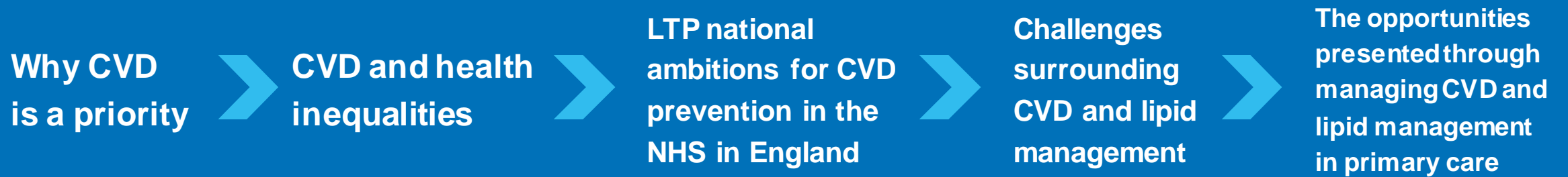
CVD and Lipid Management in England Today

Dr Shahed Ahmad

National Clinical Director for Cardiovascular Disease
Prevention at NHS England and Improvement

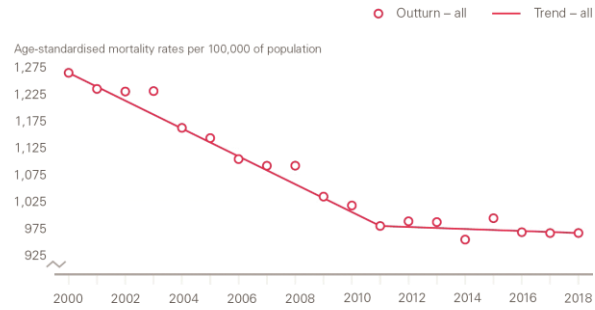


We will cover:

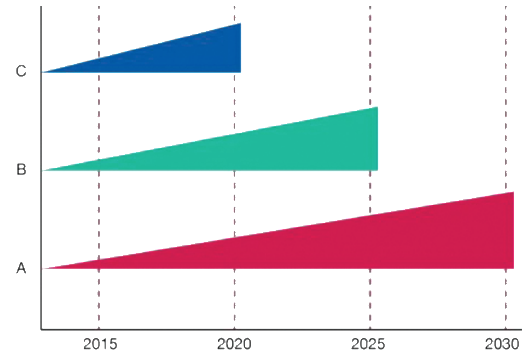
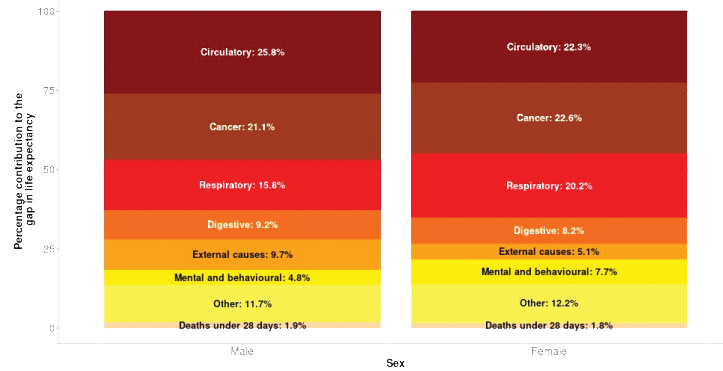
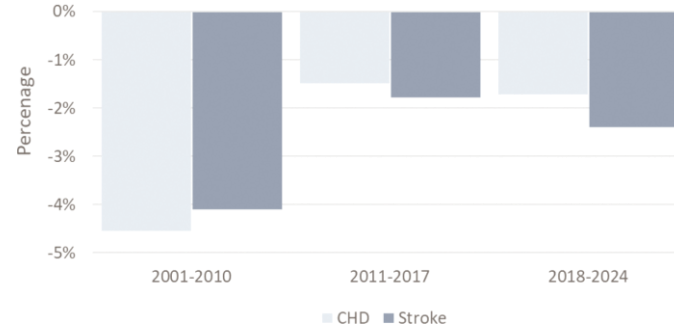


Why is CVD a priority?

Figure 6: The changed trend in mortality rate improvements: England and Wales, 2000-2018



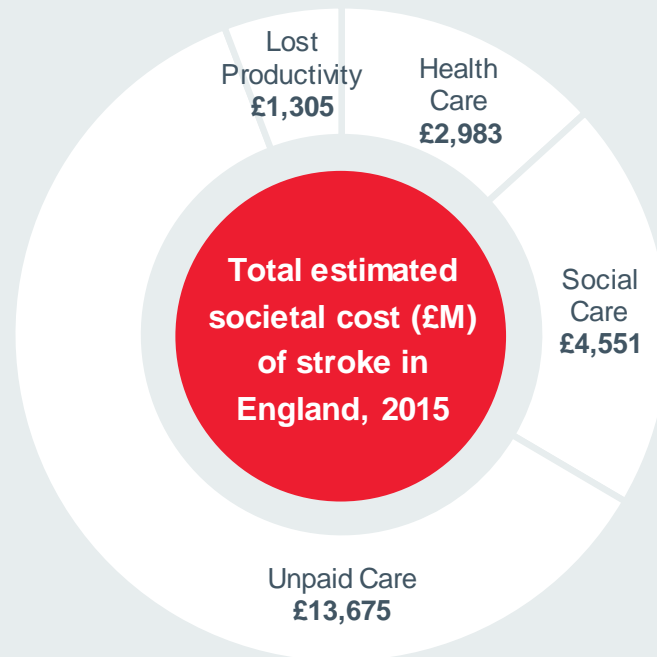
Annual mortality (age-standardised) change, CHD and stroke, England, 2001-2017, forecast to 2024



Why is CVD a priority?

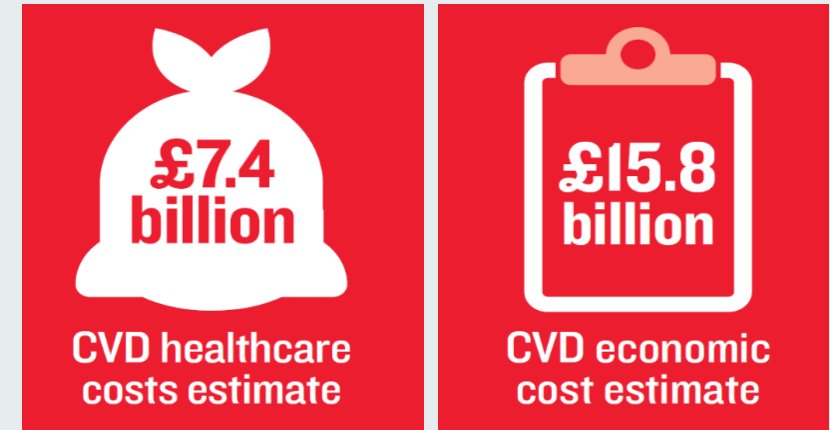
- CVD kills 136,000 people a year
- CVD differentially targets ethnic minority communities
- CVD differentially targets deprived communities
- As well as death, CVD can cause significant disability
- **CVD can be prevented**

STROKE IS THE LARGEST CAUSE OF ADULT DISABILITY



Source: Stroke Association. Current, future and avoidable costs of stroke

CVD IS EXPENSIVE



Source: BHF analysis of European Heart Network (2017)
European Cardiovascular Disease Statistics 2017



Cardiovascular disease: A major cause of health inequalities



- CVD remains the leading cause of premature mortality in England, and the rate of improvement seen in recent years has slowed
- It is also one of the conditions most strongly associated with health inequalities, with people living in England's most deprived areas being almost four times more likely to die prematurely of CVD than those in the least deprived areas
- As well as living shorter lives on average, people in more deprived areas are affected by a range of conditions that significantly impact on their quality of life
- For example, those in the most deprived communities are 30% more likely to have high blood pressure, which is the largest single risk factor for heart attack and stroke



Cardiovascular disease is a major cause of health inequalities

People living in the most deprived areas of England are almost **4 times as likely to die prematurely from CVD** than those in the least deprived areas

NHS Long Term Plan

- The [NHS Long Term Plan](#) provides a platform to transform the way we tackle CVD in England and pledges a rejuvenated call to address CVD inequalities
- Prevention is at the heart of the [NHS Long Term Plan](#)
- The plan includes a major ambition to **prevent 150,000 strokes, heart attacks and dementia cases over the next 10 years** by improving the treatment of high-risk conditions – **hypertension, high cholesterol and atrial fibrillation**, which leave patients a greater risk of developing CVD



CVD prevention ambitions: NHS Long Term Plan

Prevention

Prevent up to **150,000** heart attacks, strokes and dementia cases

Treatment

Improve the treatment of high-risk conditions – hypertension, high cholesterol and atrial fibrillation

Goal

Reduce the gap in avoidable CVD deaths between the most and least deprived areas for every year over 10 years

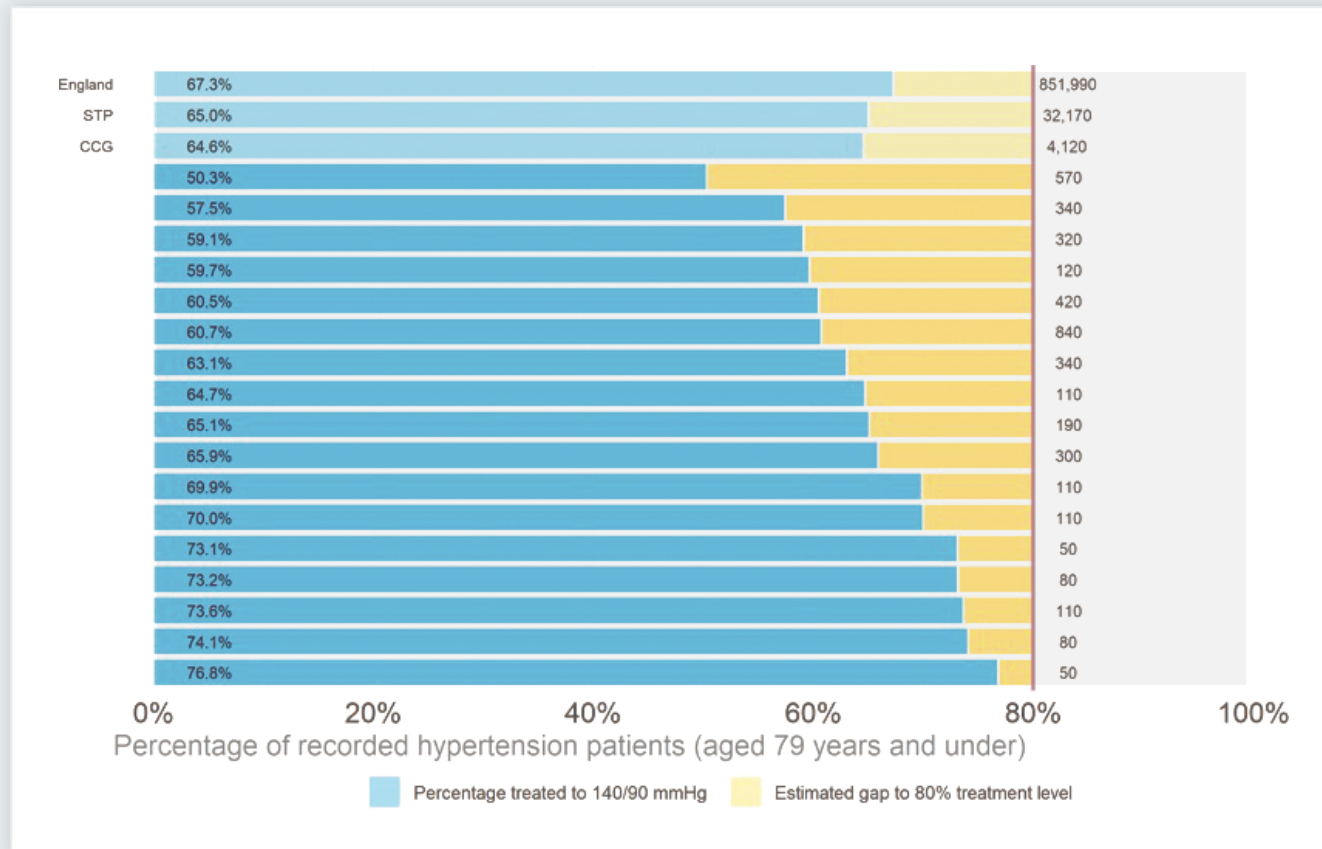


Transforming CVD and lipid management as a national agenda

- The [NHS Long Term Plan](#) states that the biggest area where the NHS can save lives over the next 10 years is in reducing the incidence of CVD
- CVD causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas
- To help tackle the challenges with CVD management and to support the [Long Term Plan ambition](#), NHS England Improvement have commissioned a national primary care audit – CVD_{PREVENT}



Public Health England CVD Prevention Packs



HYPERTENSION TREAT: CLINICAL COMMISSIONING GROUPS

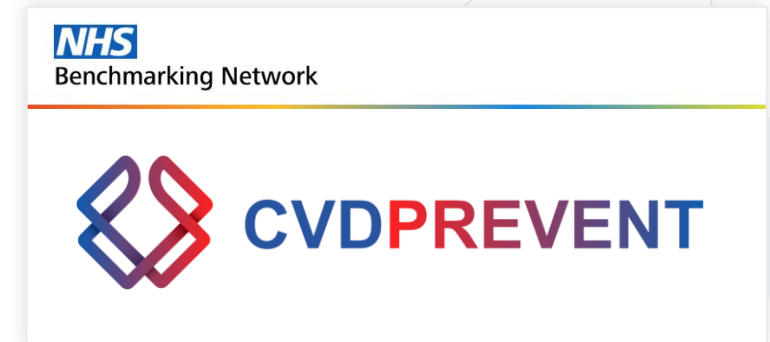
Estimated additional number of patients aged 79 years and under with recorded hypertension who need to achieve a blood pressure of 140/90, to reach the 80% treatment level, by GP practice, 2019/20

Source: QOF 2019/20 treatment figures. Number rounded to the nearest 10.m



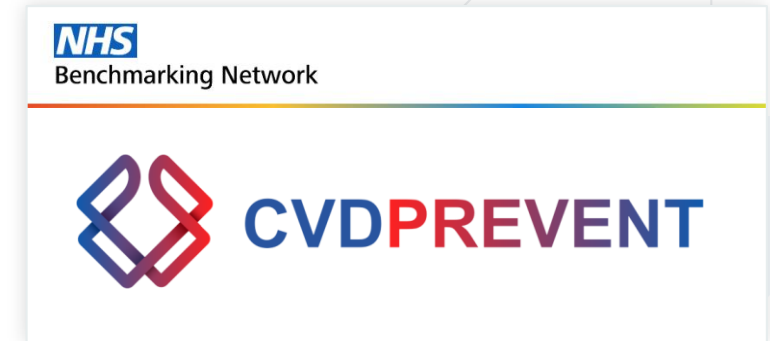
Lipid management and the national CVD agenda: CVD_{PREVENT}

- **CVD_{PREVENT}** is a national primary care audit that automatically extracts routinely held GP data covering diagnosis and management of six high-risk conditions that cause stroke, heart attack and dementia: atrial fibrillation, high blood pressure, high cholesterol, diabetes, non-diabetic hyperglycaemia and chronic kidney disease
- **CVD_{PREVENT}** will provide a foundation for professionally led quality improvement in individual GP practices across Primary Care Networks (PCNs). It will support primary care in understanding how many patients with CVD and/or other high-risk conditions are potentially undiagnosed, or under or over treated
- The audit will provide data to highlight gaps, and identify inequalities and opportunities for improvement. Progress made in improving the diagnosis and treatment of those at risk of CVD will be monitored by the audit



Lipid management and the national CVD agenda: CVD_{PREVENT}

- The audit will support the CVD prevention ambitions of the NHS Long Term Plan, by helping areas to identify where high-risk conditions are sub-optimally managed, either through non diagnosis, under treatment or over treatment
- **Outputs will include quarterly:** national, regional, PCN, practice and clinical commissioning group-level anonymised data and reports across a broad range of metrics derived from NICE guidance
- **Timeline:** The first reports should be available winter 2021-2022
- The audit offers opportunities to progress CVD prevention if mechanisms for regular reporting and improvement plans within STP/ICS and system leadership forums are agreed



Lipid management in England: The challenge



- Improving the effective use of lipid lowering therapies by identifying patients at increased risk of CVD and ensuring that all patients with an increased risk have the opportunity to discuss the benefits and risks of the treatment options
- Greater attention must be paid to ensuring that patients are adherent to their lipid lowering therapies and to optimising the regimen when patients are intolerant or respond poorly to initial management



Opportunities presented through managing CVD and lipid management in primary care

STPs & ICSs

STPs and ICSs are positioned to lead on development of place-based care, with the strategic intention to take forward aspirations for prevention

The Long Term Plan

The Long Term Plan sets out a clear resourcing commitment to CVD prevention in the new GP contract

PCNs

PCNs have been established across England to enable greater provision of proactive, personalised, coordinated and more integrated health and social care



03

The Accelerated Access Collaborative (AAC): Driving Innovation in Lipid Management

Matt Whitty

Director of Innovation Research and Life Sciences at NHS England and Improvement, and CEO of the Accelerated Access Collaborative

@AACInnovation



We will cover:

Introduction
to the AAC



The AAC's
current
priorities



CVD as a priority
clinical area
for innovation



Who we are



Lord Darzi



Sir Simon Stevens



Matt Whitty



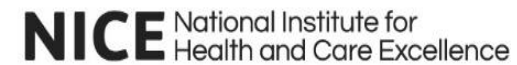
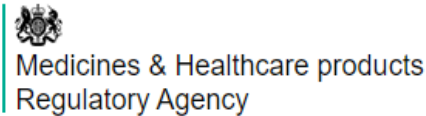
Prof. Gill Leng



Prof. Chris Whitty



Dr Louise Wood



Accelerated Access Collaborative



- The [Accelerated Access Collaborative](#) brings together industry, government, regulators, patients and the NHS to remove barriers and accelerate the introduction of ground-breaking innovations which can transform care
- This supports the NHS to more quickly adopt clinically- and cost-effective innovations, to ensure patients get access to the best new treatments and technologies
- The AAC is a single umbrella body across the UK health innovation ecosystem to improve adoption of medicines, diagnostics, devices, digital products, pathway changes and new workforce models



The AAC's current priorities



Identifying and communicating a **clear pipeline of innovations** that will make the biggest difference to **patient outcomes**, with a focus on supporting the system and clear prioritisation



Continued industry collaboration and supporting the new commercial and managed access environment



Increase the NHS's adoption and spread of best practice innovations – with an increasingly local focus and emphasis on tackling unwarranted variation and health inequality



Empower a frontline culture of innovation



Embed research within everyday practice and support the restart and resilience of research within the NHS



Putting patient, public and frontline involvement at the core of our innovation work

AAC does this through both systemic change projects e.g., supporting new access pathways or new horizon scanning infrastructure, and individual product identification and support



Overview of key programmes

In the AAC delivery unit (IRLS; Innovation, Research and Life Sciences), we have a range of programmes that aim to deliver on these priorities

IDENTIFYING A PIPELINE OF INNOVATION	EMBED RESEARCH INTO EVERYDAY NHS ACTIVITY	INCREASE ADOPTION AND SPREAD OF KEY INNOVATIONS	EMPOWER FRONTLINE CULTURE OF INNOVATION	BUILD A COLLABORATIVE COMMERCIAL ENVIRONMENT	PUT PATIENTS AT THE HEART OF ALL OUR WORK
<ul style="list-style-type: none"> • Mainstream our horizon scanning through NIHRIO joint HS approach and build better soft intelligence with NHSE teams • Expand demand signalling for research and innovation workshops • Align early-stage funding with priorities – AI, SBRI, NIA, CE, AHSNs • AHSCs designation 	<ul style="list-style-type: none"> • Support new research vision, and the restart and resilience of clinical research • Deliver and align patient participation and recruitment projects • Establish cross-NHS research approach 	<ul style="list-style-type: none"> • Continue and expand support for products through Rapid Uptake Products and PTF programmes, and Early Stage Products work • New MedTech funding mandate from April 2021 • On the ground support through AHSNs • New Adoption and Spread Strategy • Work with ICs on innovation objectives • Agree new national innovation metrics 	<ul style="list-style-type: none"> • Run the Clinical Entrepreneurs and National Innovation Accelerator programmes • Working with CQC on innovation as part of a well-led regime • HEE Innovation training course in development • Embed learning from COVID-19 on innovation adoption through BCN • Explore innovation as part of people plan refresh 	<ul style="list-style-type: none"> • New innovation service launching this year • Increasing our commercial deal support capacity • EAMS development and alignment with wider early access work • New access pathway for innovative Medtech 	<ul style="list-style-type: none"> • Increased PPI in all of our programmes • New PPI strategy to launch later this year



What success looks like: AAC's impact to date

742,975

patients accessing
our innovations
(50% of eligible patients)

12,633 (approx.)

fewer admissions
to hospital

125,289 (approx.)

fewer days spent
in hospital

2,708

innovations are
receiving support
(2,683 early stage, 25 late stage)

2,782

innovators are
being worked with

£51.5M

of in-year savings
to the health system

£463.5M

of investment secured

1,857

jobs created
or safeguarded
(979 created, 878 safeguarded)



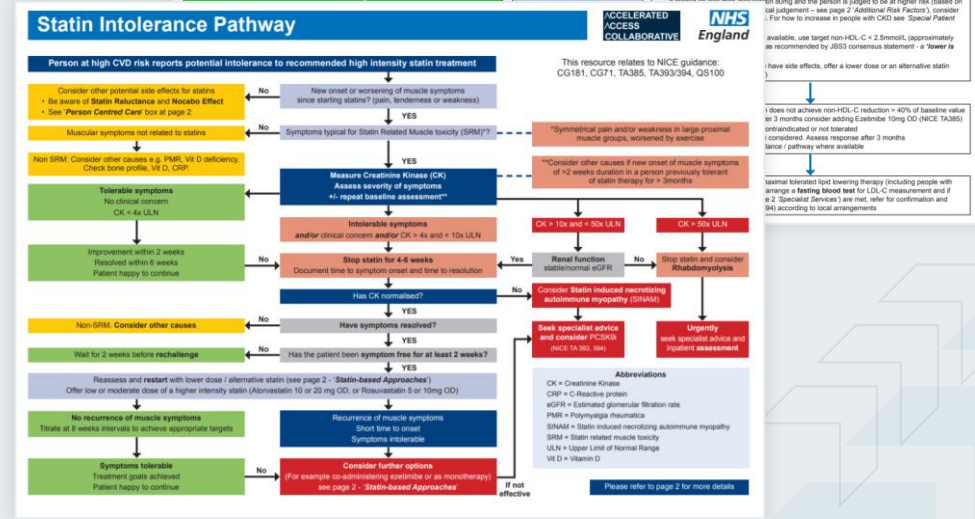
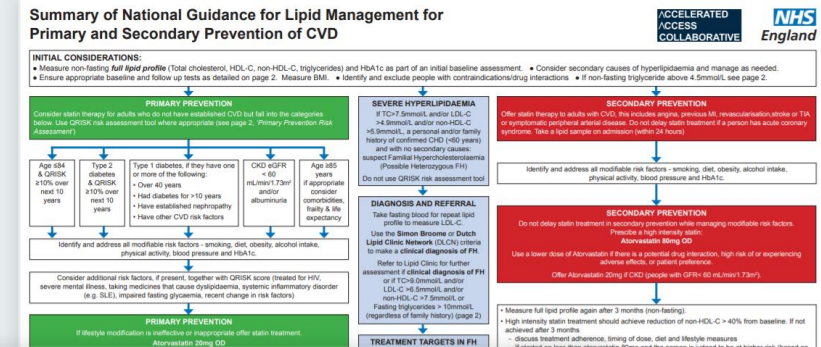
CVD: A priority clinical area for innovation

- The AAC, in partnership with the AHSN, promotes innovation in CVD through two national programmes:
 - **Rapid Uptake Products (RUPs):** The AAC supports the NHS to adopt NICE-endorsed clinical and cost-effective innovations more quickly, to ensure patients can access the best new treatments and technologies. These initiatives focus on secondary prevention
 - **AHSN Network Lipid Management and FH Programme:** This focusses on Familial Hypercholesterolaemia (FH) detection and lipid management optimisation to reduce death and disability due to premature CVD, in primary and secondary prevention
- In January 2020, the [government announced an in-principle agreement with Novartis](#) to make inclisiran, a cholesterol-lowering treatment, available to patients in primary care through a population level agreement:
 - Drive ambitions of the Long Term Plan, alongside a growing focus on health inequalities
 - Prepare ahead for the NHS to respond (subject to NICE) where we see uptake challenges
 - Deliver broader benefits to the NHS, including an innovative manufacturing research collaboration and a roadmap to deliver innovation to patients faster and more cost effectively



Spotlight: Lipid Management Clinical Pathway

- The AAC has developed a lipid management algorithm for primary and secondary prevention of CVD. This clinical pathway has been endorsed by NICE for the optimal management of patients with hypercholesterolaemia
- There are three classes of lipid-lowering medicines in the pathway:
 - high intensity statins (HISTs) availability as generic medicines which can be prescribed and administered in primary care;
 - ezetimibe for use as an adjunct when statin monotherapy is ineffective, or monotherapy for those intolerant to statins; and
 - PCSK9 inhibitors which are cholesterol absorption inhibitors and offer an added LDL cholesterol reduction of 15-20%. PCSK9i can be used with statins or independently for those intolerant to statins. They can be self-administered by patients with free homecare service available
- This pathway is subject to change to take into account an evolving range of treatment options as and when new medicines receive NICE approval (e.g., bempedoic acid TA694)



The full pathways can be accessed here: <https://www.england.nhs.uk/aac/what-we-do/what-innovations-do-we-support/rapid-uptake-products/lipid-management/>



04

Population Health Management: Learning from Implementation Science Research in Manchester

Dr Tracey Vell MBE

Medical Director of Health Innovation Manchester, and Executive Lead
for Primary Care at GM Health and Social Care Partnership

Lead Facilitator



We will cover:

Greater Manchester:
Lipid Management
and FH programme



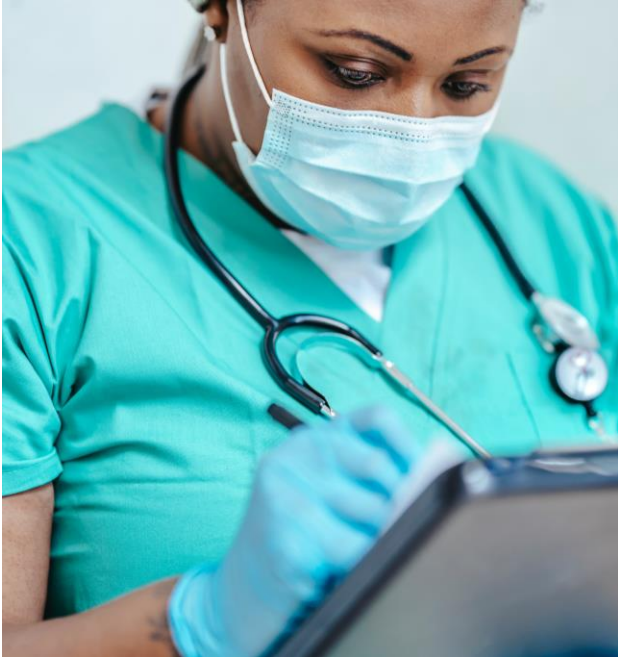
Implementation
Science Research in
Lipid Management



CVD: A Population
Health Management
Approach



Lipid Management and FH programmes



- All AHSNs are working on a two-year national programme with the aim of improving patient care and outcomes by effectively treating patients with hypercholesterolaemia
- Health Innovation Manchester has amalgamated existing activity into an overarching Lipid Management Programme
- This work will form the Health Innovation Manchester approach to detecting FH and optimising lipid management across its geographical footprint



The aim of the Lipid Management Programme for Health Innovation Manchester

The aim of this innovation programme will be to improve patient care and outcomes by effectively identifying and treating patients with hypercholesterolaemia including those with the genetic condition FH

The objectives of the programme will be:

- 1** To reduce the risk of heart attacks and strokes, by improving lipid management across its AHSN geographical area
- 2** To reduce the risk of admissions and readmissions associated with CVD
- 3** To reduce health inequalities by ensuring a consistent, local approach to lipid management, using the NICE approved clinical pathway
- 4** To provide a pathway to optimise the identification of those with the genetic condition FH, by completing the FH cascade service proof of value and commencing roll-out
- 5** To provide more treatment options to high-risk patients who remain at risk despite maximum tolerated statin therapy, via new novel technologies and existing unused treatment options



Testing innovation through implementation science: Inclisiran (Leqvio)

Press release

New heart disease drug to be made available for NHS patients

The government is collaborating with pharmaceutical company Novartis to launch a clinical trial for new cholesterol treatment.

From: [Department of Health and Social Care](#), [Department for International Trade](#), [NHS England](#), and [Office for Life Sciences](#)

Published 13 January 2020

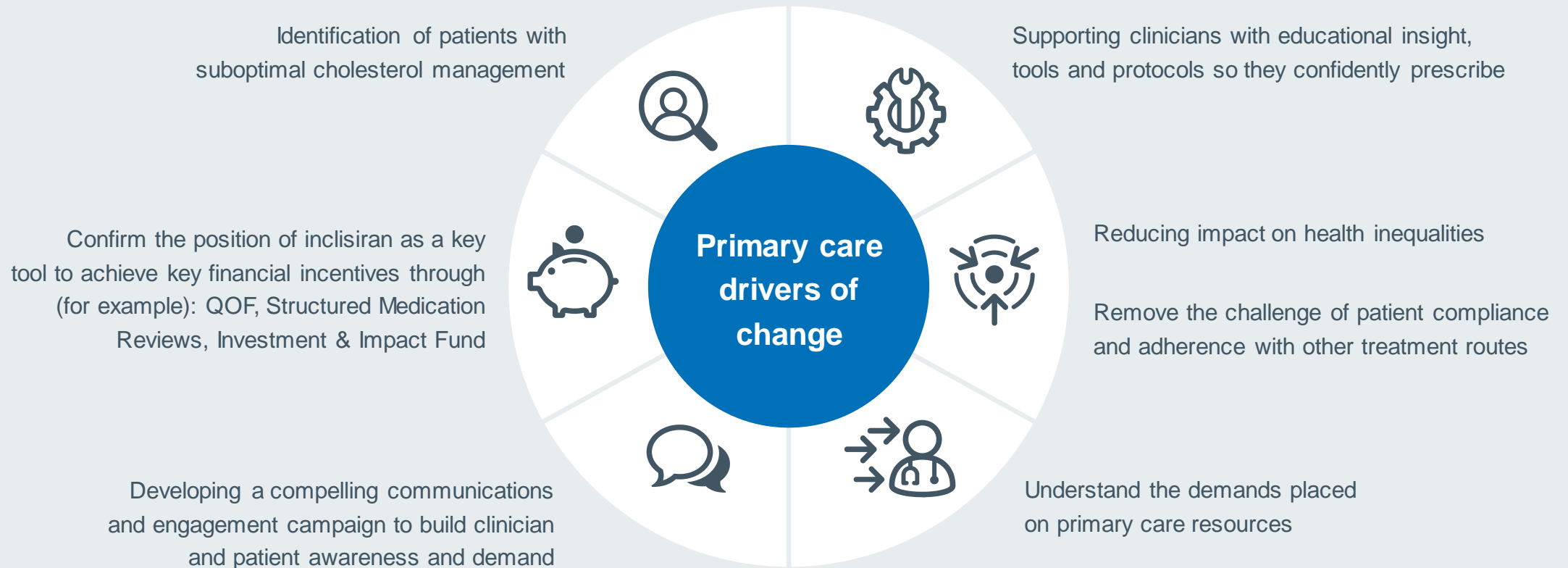


- In January 2020, under a PHM framework to help tackle CVD as part of the NHS Long Term Plan, NHS England and Improvement announced a partnership with Novartis Pharmaceuticals UK, to launch inclisiran (Leqvio) in England
- This framework aims to act as an exemplar for the launch of new treatments to address large scale health needs of patients and health systems that have previously not been able to be met on a large scale
- GM is using implementation research methodology to elucidate the adoption of inclisiran (Leqvio) within a PHM approach
- An implementation research study is underway to provide and assess evidence for the implementation of inclisiran (Leqvio) within a primary care setting that enables a PHM approach



Primary care mobilisation is critical to our population-level scale of ambition

We are already working closely with primary care operational and commissioning leaders to develop the levers for change



CVD: A PHM approach

- By leading the way on implementation research science GM aim to positively disrupt how CVD care is delivered for its citizens at scale
- The study aims to provide recommendations on integrated care delivery models in a primary care setting using inclisiran (Leqvio), as part of a suite of NICE approved treatments and non-pharmacological interventions, to reduce LDL cholesterol. This PHM model could then be deployed nationally to deliver large scale outcomes for those at risk of CVD
- The ambition is that this study also creates a future 'Blueprint' that enables early and equitable access to innovative treatments for its citizens
 - Please note the application of the study and the implementation of inclisiran (Leqvio) is subject to NICE approval and finalisation of the 'in principle' agreement between Novartis and NHS England
 - Further updates about the progress of the study and the collaboration will be communicated at future Town Hall events



05

Panel discussion and FAQ



06

Closing comments and next steps

Dr Tracey Vell MBE

Medical Director of Health Innovation Manchester, and Executive Lead
for Primary Care at GM Health and Social Care Partnership

Lead Facilitator



How you can get involved

PRIMARY CARE:

- Help drive the Lipid/FH programme forward
- Engage with your AHSN early
- Begin to plan how a PHM approach would work within your practice/PCN
- Contact your AHSN for a discussion

SECONDARY CARE:

- Champion this primary care led programme across your area
- Be the specialist support that primary care needs
- Contact your AHSN or ICS to look for synergies

COMMISSIONERS AND SYSTEM LEADERS:

- Support PCNs
- Support shared-decision making and execution of the lipid FH activity across the AHSN geographical area
- Encourage dialogue on PHM approaches to LTC within their system



Next steps

Find out more
about the work
underway nationally:

[CVD prevention](#)
[Lipid Management Pathway](#)
[Lipid management](#)
[AHSN Network](#)

Consider your
unique role in
improving lipid
management

Click [here](#) to contact
your local AHSN

For additional
information click
here to [contact the](#)
[AAC](#)

For more information on our collaboration with Novartis, please contact lipidsPHM@nhs.net



Town Hall feedback

Your feedback to the following questions will be greatly appreciated:

Q1 What did you like the most about the event?

Q2 What, if anything, did you dislike about this event?

Q3 Are you likely to participate in one of our events in the future?

Q4 Following the session, to what extent do you feel more informed about the national priorities for, and innovation in, CVD and lipid management?

Q5 Is there anything else you would like us to know?

Please go to www.menti.com on your phone or browser and enter the code **9403 3250** or scan the QR code



Thank you

**This meeting has now finished
You are free to leave**

For additional support please contact:
lipidsPHM@nhs.net

Today's slides and FAQ will be shared with you after the webinar

