Implementation of an Integrated Lipid Nurse Specialist service for patients with established cardiovascular disease

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BACKGROUND

Lincolnshire has a high incidence of atherosclerotic cardiovascular disease (ASCVD) and we thought we MUST do better. We formed a system wide steering group including representatives from patients, commissioning, primary, community and secondary care and began looking at our pathways. Having achieved a significant improvement in heart failure management we then looked at LIPIDS based on Health Innovation East Midlands (HIEM)

Health Innovation East Midlands (HIEM) estimates showed that improving cholesterol management and optimising treatment, could result in a 33% reduction in non-fatal CVD events, 22% reduction CVD mortality and save the NHS £1.06m per 10,000 patients annually

Estimation for 1 year	No. events avoided	% events reduction	Cost events avoided
Myocardial Infarction	42	35%	£100,122
Unstable Angina	45	35%	£75,530
Stroke	30	28%	£142,627
Revascularisation	101	33%	£682,315
Total non-fatal events	*218*	*33%*	*£1,000,594*
CV death	44	22%	£55,774
Total CVD events	**262**	**30%**	**£1,056,368**

Lincolnshire has a high incidence of ASCVD. We were successful for a £100,000 grant from NHSE, as part of the "Going Further, Faster" programme, to test the concept of an Integrated Lipid Nurse Specialist service. CVD prevent data in March 2023 for cholesterol management showed Lincolnshire ICB was at 37.17% patients who have a cardiovascaular disease were achieving their recommended cholesterol targets (<2.5mmols in non-HDL or <1.8mmols in LDL, bloods in the last 12 months). Whilst this figure is higher compared to other ICBs, its does still reflect the small number of people achieving their LDL targets which is consistent with the evidence.

AIMS

The service aims to bridge the gap between Primary, Community and Secondary Care, and improve patient outcomes at greatest cardiovascular risk from high levels of Low-Density Lipoprotein (LDL) cholesterol by:

1. Review, Update and Agree the Secondary Prevention Pathway
2. Implementation of Clinics in Secondary Care
3. Provision of Primary Care Support
4. Reducing risk in Secondary Prevention Patients

CHALLENGES

Lincolnshire has a population size of 778,000 residents and is the second largest county in England (2,687 square miles). It is made up of 14 Primary care networks and 84 GP Practices. The deprivation scale is mixed across the county with the coastal regions being amongst the most deprived 10% of neighbourhoods nationally. Secondary care had identified a wait time on initial appointment (52 weeks) and under use of their ask and guidance service. Cardiovascular services within secondary care were being very proactive with initiating Lipid lowering therapy. However waiting time delayed reviews and optimisation. Primary care had limited resources to provide reviews and, in some cases, unaware of best practice.

IMPLEMENTATION

Following our successful expression of interest to NHSE, we were able to:

- Recruit x2 Band 7 nursing posts (1.8 WTE posts in total) non-medical prescribers with relevant experience from Lincolnshire Community Health Services (LCHS).
- Honorary contracts, clinical governance, and training was provided by a consultant endocrinologist with responsibility for the lipidology service within United Lincolnshire Hospital Trust (ULHT).
- Line management responsibilities were provided within the Community Cardiology service, in effect expanding this service from traditional heart failure and cardiac rehabilitation services, into a cardio-metabolic service.
- A steering group was established to oversee the development of the programme, with group membership comprising of; Two Expert Patients, Lead Consultant Endocrinologist (ULHT), Senior Consultant Nurse from Cardiology with responsibility for ACP development (ULHT), Head of Community Cardiology (LCHS), Programme Lead for Long Term Conditions (Lincs ICB), two GPs with responsibility for CVD strategic direction and initiatives (Lincs ICB) as well as the two new ILSNs, a Clinical Pharmacist (LCIB), Public Health (Lincolnshire County Council), HIEM and project support provided by Lincs ICB & LCHS.

REVIEW, UPDATE AND AGREE THE SECONDARY PREVENTION PATHWAY

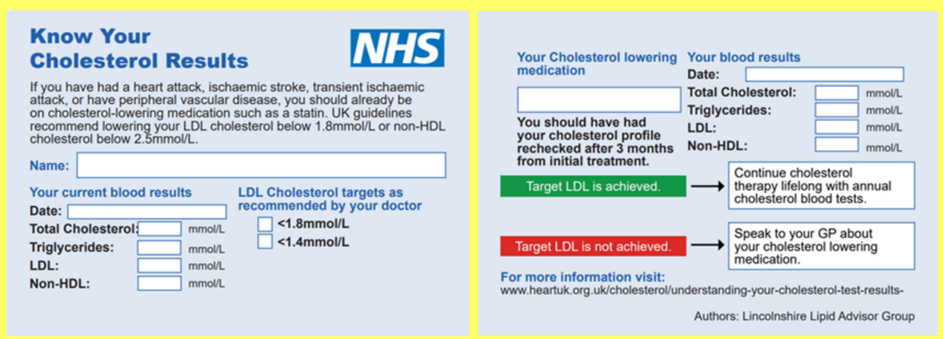
Following a review of the latest NICE and EAS/ESC guidance, the LSNs produced a bespoke Lincolnshire pathway for secondary prevention cholesterol management. The pathway was discussed and approved at the local Prescribing and Clinical Effectiveness Forum (PACEF), which is the current strategic advisory network to NHS Lincolnshire ICB. GPs welcomed the inclusion of the lipid lowering effect of various therapies and this pathway became the first item to be contained within our GP Toolkit.

IMPLEMENTATION OF CLINICS IN SECONDARY CARE

The nurses complete a 6hr telephone clinic once a week reviewing patients who are on a consultant review list. This freed up more time for consultants to complete initial patient assessments. They also have weekly access to a mini MDT, to escalate patients from their community case load for discussion with the consultant. Through a combination of adapting the referral process, and nurse led clinics, we have seen a significant reduction in patient waiting times, with a fall from a peak of 51 to 18 weeks for initial consultation.

PROVISION OF PRIMARY CARE SUPPORT

- LSNs created and disseminated a referral form across our ICB enabling primary care to refer individual patient's to our virtual clinic who met our set criteria.
- A comprehensive GP Toolkit resource which included our local pathway, referral form, information regarding the Manchester search tool. As well as informative webinars provide by our consultant endocrinologist.
- A patient tool kit to assist patient activation and engagement with their care.
- LSNs provided educational sessions (face to face/ virtual) across primary care and community services i.e local clinical committees, prescribing forums, and multiply disciplinary team within GP practices.
- Creation of the 'Know your cholesterol results' card which aimed to help patient understand their cholesterol results similar to the know your numbers campaign in BP management.



Know Your Cholesterol Results NHS

If you have had a heart attack, ischaemic stroke, transient ischaemic attack, or have peripheral vascular disease, you should already be on cholesterol-lowering medication such as a statin. UK guidelines recommend lowering your LDL cholesterol below 1.8mmol/L or non-HDL cholesterol below 2.5mmol/L.

Name:

Your current blood results
Date:
Total Cholesterol: mmol/L
Triglycerides: mmol/L
LDL: mmol/L
Non-HDL: mmol/L

LDL Cholesterol targets as recommended by your doctor
☐ <1.8mmol/L
☐ <1.4mmol/L

Your Cholesterol lowering medication

You should have had your cholesterol profile rechecked after 3 months from initial treatment.

Your blood results
Date:
Total Cholesterol: mmol/L
Triglycerides: mmol/L
LDL: mmol/L
Non-HDL: mmol/L

Target LDL is achieved. → Continue cholesterol therapy lifelong with annual cholesterol blood tests.

Target LDL is not achieved. → Speak to your GP about your cholesterol lowering medication.

For more information visit:
www.heartuk.org.uk/cholesterol/understanding-your-cholesterol-test-results-

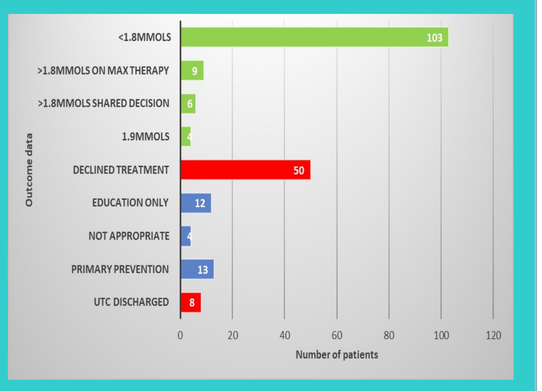
Authors: Lincolnshire Lipid Advisor Group

REDUCING RISK IN SECONDARY PREVENTION PATIENTS

LSNs utilised the 'Greater Manchester CVD Prevention—Lipid Searches' to help identify and stratify patient into manageable cohorts. This generated groups of patients to refer into the LSN clinic, they were then sent a telephone appointment letter for a 30mins initial consultation. Current clinic outputs are:

- 451 patients referred to the service during the last year with 236 patients receiving active case management, and 207 discharged from the service.
- 17 patients awaiting an initial assessment
- Initial assessment DNA rate is 7% - Patients were given a further opportunity to rebook their appointment before being discharged back to their primary care provider.
- 52 patients identified for injectable therapy
- Of 105 patients identified as statin intolerant, 26 commenced on a statin
- 296 patients reviewed in lipidology clinics hosted by ULHT
- A significant reduction in waiting times for consultant led Lipidology clinics for ULHT

Evaluation of LSN clinic



BENEFITS

- We have solidified relationships across the ICS between partners undertaking transformation.
- Increased level of trust and confidence in all parties to be able to deliver best practice.
- Improved knowledge and expertise facilitated into the Primary Care, improving opportunities for learning and education, with faster access to specialist advice in relation to cholesterol management.
- Improved GP activation with practical support, limiting the burden of unnecessary admin, fostering good relationships, and making the subject matter interesting.
- Proving the concept of 'the Group Model' by integrating providers across Primary, Community and Secondary care.
- Provision of new and interesting career options, that develop our workforce, improving the likelihood of retention.

CONCLUSION

Reflecting on the amount of work undertaken, and patients receiving benefit from this service, we believe this is a great example of what can be achieved through better integrated working, and leadership at all levels across systems.

Following the NHSE funding, we successfully applied for pharmaceutical sponsor, which has helped commit to extending this provision of this service for an additional year. This gives us time to perform a more extensive analysis, to consider QOF attainment, and assess for early indications the service is reducing repeated ASCVD events in secondary prevention patients. The ultimate goal will now be to build on the foundations we have laid, and create the business case for substantive funding of the service from April 2025.