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Patient Search Tool Resource Review

06 January 2023

*The***AHSN***Network*



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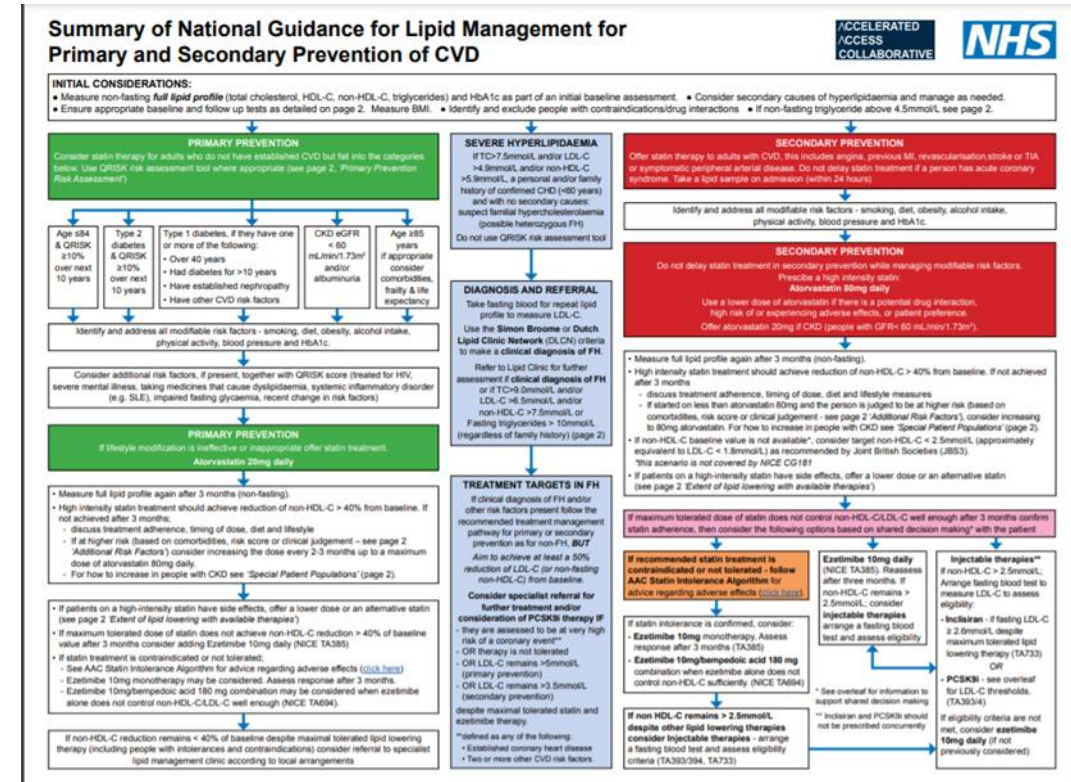
UCLPartners

Other sources of information

Appendix: Lipid pathways

Cardiovascular disease and lipid management

- CVD kills 136,000 people a year
- CVD mortality improvement has decreased
- CVD differentially targets ethnic minority communities
- CVD differentially targets deprived communities
- CVD can be prevented
- The NHS Long Term Plan aims to prevent 150,000 strokes and heart attacks over the next 10 years by improving the treatment of high-risk conditions: Atrial Fibrillation (AF), Blood Pressure & High Cholesterol
- Many people are still living with undetected raised cholesterol: early detection and treatment of CVD is key to addressing inequalities, improving outcomes and reducing mortality
- We need to improve the effective use of lipid lowering therapies and improve understanding of different treatment options, including diet and lifestyle
- Patient finding tools are a key tool in supporting clinicians to
 - Identify at risk patients
 - Identify patients in need of review
 - Consider treatment options and alternatives as pathways expand and new options become available



The aim of this pack and suppliers included

Aims:

Provide clinicians with an overview of some of the key existing search tools available to support them in identifying at risk patients, treatment options and review points

Provide supporting contextual information on other sources of information relating to the lipids pathway and lipids management

Clinical Digital Resource Collaborative (CDRC)

Greater Manchester Integrated Care Partnership

Ardens

NHS Digital

UCLPartners

Aims and Objectives of our 3 Year Programme

*The***AHSN***Network*

The AAC/AHSN Lipids & FH National Programme is **an innovative approach aimed at improving patient care** and outcomes **by effectively identifying and treating patients with hypercholesterolaemia** including those with the genetic condition **familial hypercholesterolemia (FH)**.

The objectives are:

- To **reduce the risk for heart attacks and strokes** occurring.
- To **reduce the risk of admissions and re-admissions** associated with cardiovascular disease.
- To provide a pathway to **optimise the identification of those with the genetic condition familial hypercholesterolaemia (FH)**, and
- To provide more treatment options to high-risk patients who remain at risk **despite maximum tolerated statin therapy** (through NICE approved Novel Therapies);
- To **reduce health inequalities** by ensuring a consistent, national approach to lipid management, **using a NICE approved clinical pathway**.

What is CVDPREVENT?

Aim: CVDPREVENT supports the NHS Long Term Plan ambition to prevent 150,000 strokes, heart attacks and cases of dementia over the next ten years

CVDPREVENT is a national primary care audit which investigates the identification, diagnosis and management of the six high-risk conditions for CVD, as recorded on GP systems:

- Atrial fibrillation
- Hypertension
- Hypercholesterolaemia including familial hypercholesterolaemia
- Chronic kidney disease
- Non-diabetic hyperglycaemia
- Type 1/type 2 diabetes mellitus

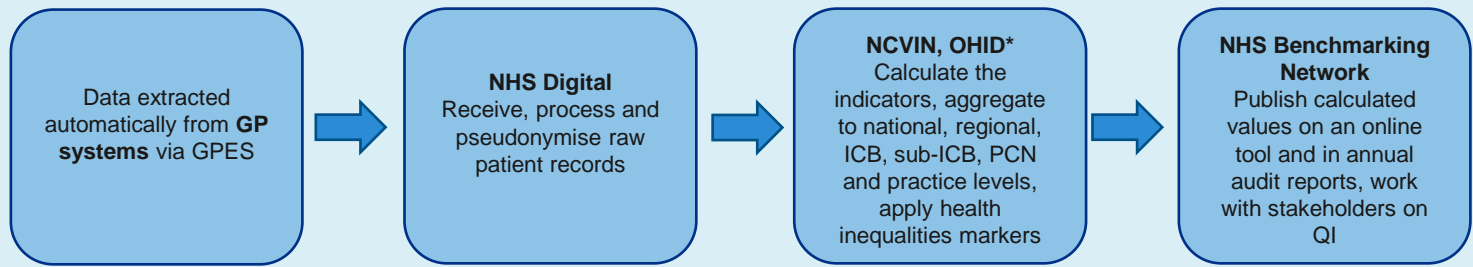
Over **95%** of GP practices in England take part in the audit

The Data & Improvement Tool

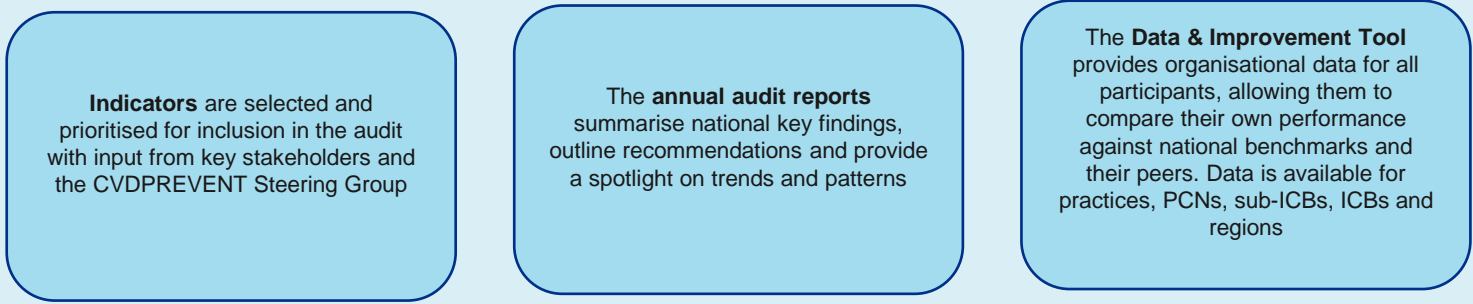
- Publicly available online tool: <https://www.cvdprevent.nhs.uk/home>
- Data aggregated to England, region, ICB, sub-ICB, PCN and practice
- Benchmarked against national values, system medians and local peers
- Health inequalities charts
- Spark lines to show trends
- Regular data updates – soon to be quarterly
- Allows users to identify clinical areas, geographical areas, and demographic groups which require a focused QI effort

How does it work?

The process:



The outputs:



Clinical Digital Resource Collaborative (CDRC)

	Questions	Information
1	Name of the tool	
2	Brief description of what the tool does	<p>A comprehensive suite of resources to support practices with Lipid Management. Patient searches in this tool can; show current Lipid Management performance (practice level or higher level), identify patients to target for optimisation of treatment and identify significant statin safety issues. Templates that provide an overview of lipid management, target setting, appropriate warnings/alerts, exception reporting, lipid checklists alongside detailed information on lipid lowering therapy, prescribing safety alerts and warning and support for medication initiation. Protocols to improve lipid management, coding and prescribing safety.</p> <p>Specific tools help with implementation such as online questionnaires to facilitate bulk intensification of treatment</p> <p>Patient choice and decisions are embedded into the tool</p> <p>This tool also provide QoF/IIF/local enhanced service support</p> <p>The tool is fully integrated into a comprehensive CVD prevention system so lipid are considered with other CVD conditions and risk factors.</p>
3	What is the desired outcome of the tool?	<ol style="list-style-type: none"> 1. Reduced incidence of CVD 2. Improved medication safety 3. Improved financial performance (practice, ICB, NHS) 4. Increase uptake of novel therapies 5. Ability to concentrate limited resources on those most likely to benefit
4	Which clinical systems does it work on?	SystemOne and EMIS
5	Is there any cost to the user	No
6	What categories of patients are identified?	<ol style="list-style-type: none"> 1. People who are at risk of CVD and should be offered a CVD risk assessment (including subdivision for NHS health checks) 2. People who may have Familial Hypercholesterolaemia 3. People who should be offered lipid lowering therapy (LLT) <ul style="list-style-type: none"> Primary prevention Secondary prevention 4. People who may need lipid lowering optimisation e.g. intensification of LLT, inclisiran, PCSK9i 5. May need specialist lipid management such as PSCK9i, people with multiple ADRs 6. People who do not appear to be taking their medication 7. People who are at risk of harm from their LLT 8. People who should have a target lipid level set
7	Are categories of patients stratified or filtered to identify patients with most to gain first.	<p>CVD Risks assessments filtered by risk level</p> <p>LLT initiation filtered by risk level or by primary/secondary prevention</p> <p>LLT intensification filtered by risk level</p> <p>Can be combined with overall CVD management system to look at those who would benefit most from all CVD prevention interventions, not just CVD</p>

Clinical Digital Resource Collaborative (CDRC)

	Questions	Information
8	What lab results does this tool utilise?	Total cholesterol, LDL-C, HDL-C, nonHDLc, triglycerides
9	Is it operationally integrated into the clinical system or standalone?	<u>SystemOne</u> : All resources are integrated into the clinical system. <u>EMIS</u> : Clinical Templates are integrated clinical templates,. Population Reporting searches are downloaded from the website
10	Are the business rules openly available online - if yes, please provide a web link	Not currently but they could be made available.
11	Does the tool include patient prompts?	Yes. Prompts include: Target setting prompts when LLT started Safety prompts when LLT started Prompts when filing blood test results (currently only available in SystemOne due to limitations in EMIS software. Prompts include: Consider starting LLT Consider poor concordance Consider setting target lipids Consider treatment intensification Consider PCSK9i, inclisiran
12	Does it include treatment prompts?	Yes - statins, ezetimibe, bempedoic acid, inclisiran, PCSK9i, icosapent
13	What clinical safety compliance has the tool got in place e.g. ISO/ DTAC?	The tool is not a medical device. Clinical safety compliance is provided by North East Commissioning Support (NECS)
14	Is this tool part of a wider suit of tools that practices may already be familiar with?	Yes - CDRC provides a wide range of resources which are currently used by a significant number of practices across NENC.
15	How is the tool downloaded /how does someone find the tool?	<u>SystemOne</u> : Integrated into SystemOne, practices will have to join the DCS group in order to gain access to resources - information on how to do this can be found on the CDRC Support Pages, see link in Q17. <u>EMIS</u> : A sharing agreement needs to be set-up and activated between CBC Health Ltd and the practice to access Templates via CDRC Resource Publisher. Population Reporting Searches are available to download and import from: https://cdrc.nhs.uk/support-faqs/emis-support-centre/emis-specialties/emis-cardiovascular-overview/lipids-familial-hypercholesterolaemia-fh-and-pcsk9i-guide-for-emis/
16	Where to find support material for downloads and use of the audit tool?	Support Pages, for SystemOne and EMIS, is available on the CDRC website which provides you with a guide on how to access and use all CDRC resources: https://cdrc.nhs.uk/support-faqs/
17	Are there any available tutorials / videos for users to show how to access and use the tool?	Support Pages, for SystemOne and EMIS, is available on the CDRC website which provides you with a guide on how to access and use all CDRC resources: https://cdrc.nhs.uk/support-faqs/

Greater Manchester Integrated Care Partnership

	Questions	Information
1	Name of the tool	Greater Manchester CVD Prevention- Lipids Searches
2	Brief description of what the tool does	This tool stratifies the secondary prevention CVD population of the practice into some clear actionable cohorts. These are accompanied with supportive guidance to the user on appropriate actions as per national pathways and with feedback loops to ensure patients' are moved along the lipid management pathway until they reach target or have exhausted all therapy options.
3	What is the desired outcome of the tool?	Increase the % of patients reaching nationally approved target levels as per CVDPrevent in order to reduce the risk of further CV events and utilisation of the various innovative therapies available.
4	Which clinical systems does it work on?	EMIS, SYSTEMONE and VISION
5	Is there any cost to the user	unlikely however GM practices pay into GMSS for development of such case finding tools so will need to check with them re governance and approval for dissemination - this check is in progress a
6	What categories of patients are identified?	<p>Included: Secondary Prevention CVD patients with latest lipids above NHS/AAC/JBS3 targets of LDLC >1.8mmol/L or non-HDL >2.5 mmol/L</p> <p><u>PRACTICE REPORTS</u></p> <p>1)BLOODS - PATIENT LIST - BRING IN FOR BLOODS (LAST LIPIDS OVER 12m AGO) If cholesterol results <u>ARE</u> available within the last 12 months, and are above target, the patients are deemed to require further management and so are stratified into the following cohorts:</p> <p>1)COHORT 1 - PATIENT LIST - Not on a Statin (No statin coded in the last 6 months)</p> <p>2)COHORT 2 - PATIENT LIST - On Suboptimal Statin (Patient coded with non-High intensity statin in last 6 months)</p> <p>3)COHORT 3 - PATIENT LIST - On Suboptimal Statin Dose (Patient coded with low dose High intensity statin in last 6 months)</p> <p>4a)COHORT 4a - PATIENT LIST –Statins Maximised – Eligible for Injectables (Patient on Atorvastatin 80mg/Rosuvastatin 40mg or coded statin intolerant/statin contraindicated/maximally tolerated statin and with LDLC >2.6mmol/L or non-HDL equivalent >3.4mmol/L)</p> <p>4b)COHORT 4b - PATIENT LIST –Statins Maximised – Not Eligible for Injectables (Patient on Atorvastatin 80mg/Rosuvastatin 40mg or coded as statin intolerant/statin contraindicated/maximally tolerated statin and with LDLC<2.6mmol/L or non-HDL equivalent <3.4mmol/L but above target)</p> <p>5)COHORT 5 - PATIENT LIST -Remaining Patients (Any patients not picked up in the above - Not expected - safety netting)</p> <p>In addition to these practice reports, the base searches also contain useful information such as the overall size of the adult CVD population and the numbers of those patients who are at target.</p>
7	Are categories of patients stratified or filtered to identify patients with most to gain first.	Patient categories are stratified according to action rather than risk, as background therapy does not necessarily correlate with outstanding risk. Within each patient list it is very easy to organise the patients by latest lipid result, from highest to lowest, which may be a fair representation of risk. Given co-morbidities and inequalities it is impossible to accurately stratify by risk.

Greater Manchester Integrated Care Partnership

	Questions	Information
8	What lab results does this tool utilise?	This tool utilises both low density lipoprotein cholesterol (LDL-C) and non-High Density Lipoprotein Cholesterol (Non-HDL-C) measurements in line with NHS/AAC/JBS3 guidance/targets.
9	Is it operationally integrated into the clinical system or standalone?	Integrated into Clinical System
10	Are the business rules openly available online - if yes, please provide a web link	Search rationale explained in supportive document on website below. Detail within searches themselves
11	Does the tool include patient prompts?	No
12	Does it include treatment prompts?	Yes. The cohorts are accompanied by clinical advice as to the treatment options available to that patient and appropriate actions for coding etc to help the patient along the pathway.
13	What clinical safety compliance has the tool got in place e.g. ISO/ DTAC?	DTAC
14	Is this tool part of a wider suit of tools that practices may already be familiar with?	they are familiar with using templates in this way to search for specific patient cohorts but this one is newly created for the lipids pathway work
15	How is the tool downloaded /how does someone find the tool?	It is my understanding that all EPR templates created are then shared automatically but will check this?
16	Where to find support material for downloads and use of the audit tool?	CVD Prevention: Lipid Pathway - Resources for Health and Care - Health Innovation Manchester
17	Are there any available tutorials / videos for users to show how to access and use the tool?	Plan to film a demonstration which will then be circulated via the core channels we use to support this programme namely HInM website, PCN CD leads group, cardiac network and ICB agreed governance routes

Ardens

	Questions	Information
1	Name of the tool	<p>Ardens CVD Prevention template (SystmOne), Ardens Hyperlipidaemia template (SystmOne and EMIS) and Ardens CVD Primary Prevention & CVD Secondary Prevention Formularies (SystmOne). Simon Broome and Dutch Lipid Clinic Network scores are also part of Ardens Scores templates (SystmOne) used in the Ardens Hyperlipidaemia template SystmOne and EMIS). Ardens Target Values template (SystmOne) Ardens Inclisiran search (EMIS & SystmOne)</p>
2	Brief description of what the tool does	<p>The Ardens CVD Prevention template assists clinical assessment, classification and management of lifestyle, BP and lipid levels of patients according to their risk of CVD. The Ardens Hyperlipidaemia template helps guide further assessment and referral of patients with known abnormal lipid profiles by helping to identify patients with possible familial hypercholesterolaemia. The Ardens Simon Broome and Dutch Lipid Clinic Network scores - are Ardens Scores templates that are incorporated onto the Hyperlipidaemia template. They are used to conduct a much closer inspection by assessing factors including total cholesterol, LDL-C, family history of premature MI, family history of raised cholesterol, tendinous xanthoma, corneal arcus to give the likelihood or diagnosis of familial hypercholesterolaemia. The Ardens Target Values template tool is incorporated into the CVD Prevention template (SystmOne) and this pulls through the most recent lipid results and has a 'Ready Reckoner' to guide users on the what the target lipid level should be, for CVD primary prevention, CVD secondary prevention, and familial hypercholesterolaemia. Ardens includes a search for '?Inclisiran ind as CVD + LDL>2.5 or non-HDL >3.4 + not max. tol lipid lowering' which can identify patients who might be eligible for consideration of Inclisiran therapy for additional secondary prevention.</p>
3	What is the desired outcome of the tool?	<p>CVD Prevention template - Guides optimal assessment and reduction of CVD risk factors, of which lipid management is one of the key areas of focus, in order to prevent CVD events. Hyperlipidaemia template - Clear guidance on the interpretation of abnormal lipid results according to the level of abnormality and guides if repeat lipids or further assessment for familial hypercholesterolaemia are indicated. Simon Broome and Dutch Lipid Clinic Network scores - by providing a much closer inspection of lipid values in conjunction with other factors, and will guide clinicians as to which patients require referral to lipid clinics for patients who have possible or definite familial hypercholesterolaemia. The Ardens Target Values template - clarifies target lipid levels so both clinician and patient are aware of the goals lipid lowering therapies. The Ardens Inclisiran search can identify patients who might be eligible for consideration of Inclisiran therapy for additional secondary CVD prevention.</p>
4	Which clinical systems does it work on?	SystmOne and EMIS
5	Is there any cost to the user	Ardens offers a free 3 month trial, thereafter a subscription, cost according to list size of practice and the type of package desired.
6	What categories of patients are identified?	Within EMIS and S1, we have an extensive suite of reports to identify and appropriately manage CVD primary/secondary prevention, patients who should be considered for statins, patients on statins, suboptimal statin doses, patients who should be considered for inclisiran, and patients who may have familial hypercholesterolaemia. We have a suite of cardiovascular case finders, performance indicators and prescribing searches.

Questions	Information
7 Are categories of patients stratified or filtered to identify patients with most to gain first.	<p>Risk stratification is based upon reports and allows users to focus on the relevant clinical priorities. The categories/risks identified depends on the definition of the report run from the various suites as listed above. However, we would expect the clinician to use QRISK value, or previous CVD events to appropriately risk stratify patients; links to this are within the templates. We also have links within templates to the Simon Broome and Dutch Lipid Network criteria, to assess the risk of familial hypercholesterolaemia in much further detail.</p> <p>In SystmOne, the CVD prevention template provides traffic light systems to help clinicians risk stratify according to history of CVD, Q-risk, age > 85y, CKD, familial hypercholesterolaemia and diabetes mellitus. The SystmOne Target Values template tool is linked to the CVD Prevention template and this pulls through the most recent lipid results to help risk stratify e.g those who may be considerably 'off target' with the aid of a 'Ready Reckoner' to highlight target lipid level for CVD primary/secondary prevention and familial hypercholesterolaemia.</p> <p>SystmOne has a traffic light system on its Hyperlipidaemia template which risk stratifies those at risk of familial hypercholesterolaemia. SystmOne incorporates the Simon Broome and Dutch Lipid Clinic Network criteria as 'Scores' templates into this Hyperlipidaemia template, and these 'Score' templates (with traffic lights) conducts a much closer risk stratification according to total cholesterol, LDL-C, family history of premature MI, family history of raised cholesterol, tendinous xanthoma and corneal arcus. All templates are based upon national (usually NICE/CKS and NHSE) guidance.</p>
8 What lab results does this tool utilise?	non-HDL cholesterol, LDL cholesterol, total cholesterol, triglycerides
9 Is it operationally integrated into the clinical system or standalone?	Integrated into SystmOne and EMIS Web
10 Are the business rules openly available online - if yes, please provide a web link	<p>There are no business rules available at this stage, we base our reports on national guidance (NICE/CKS/NHSE) and clinical best practice, but are in the process of compiling business reports. Templates are self-explanatory and evidence based, with all resources used listed as weblinks. Please note that we also have a large suite of support articles to aid the use of our tools. Example weblinks of support articles from SystmOne:</p> <p>https://support.ardens.org.uk/support/solutions/articles/31000120344-cvd-screening-prevention</p> <p>https://support.ardens.org.uk/support/solutions/articles/31000168641-cardiovascular-disease-cvd-</p> <p>https://support.ardens.org.uk/support/solutions/articles/31000132832-drug-optimisation</p>
11 Does the tool include patient prompts?	Yes - The 'Home' page of the Cardiovascular Disease Prevention template encourages the clinician to accurately classify a patients' CVD risk. The template acts as a decision aid in CVD primary prevention by highlighting management according to Low or High risk for CVD. Also, at the bottom of the page, alerts are set up to look at the patients medical history and so alert clinicians to relevant CVD risk factors e.g smoking, raised BMI, pre-existing conditions e.g diabetes, hypertension, CKD etc

	Questions	Information
12	Does it include treatment prompts?	<p>Yes on SystmOne - Lipid lowering therapy and a direct link to the lipid lowering formulary. The management sections of the CVD Prevention template prompt consideration of lipid lowering therapy, medication review and setting a cholesterol target alongside advice for modifiable risk factors and follow up, including a personalised care plan.</p> <p>The Ardens EMIS Hyperlipidaemia template does not have a treatment prompt as it is not linked to a formulary. Instead, there are links to NICE, CKS and NHS England lipid management guidance.</p> <p>The CVD Primary and Secondary prevention formularies are developed and maintained in line with current national guidance as published by NICE/CKS. First and second line therapies are suggested, with advice on treatment augmentation to achieve maximal tolerated lipid lowering therapy. Read codes for this can be added at this point, as well as coding for why treatment hasn't been given/declined/not tolerated. The formularies include criteria for newer lipid lowering therapies such as icosapent ethyl and injectable treatments, to support appropriate prescribing of these newer products in line with their NICE Technology Appraisals. Our formularies are evidenced with links to the guidance used to govern the content as well as useful materials to support patients to get the most from their treatment.</p> <p>Ardens have pre-populated letters that can be launched from the template merging patient details, so prescribers can provide appropriate information with a few clicks. Letters detailing relevant lifestyle advice, or starting a statin according to their QRISK. Our suite of resources includes a monitoring template to record reviews appropriately and code this in a standardised way.</p> <p>The secondary prevention template provides useful links to other condition formularies eg. hypertension, stroke/transient ischaemic attack, coronary heart disease and peripheral arterial disease so that treatment for the relevant condition is medically managed in line with current recommendations. This is one of the many ways Ardens supports prescribers to provide patient centred care.</p> <p>To underpin the appropriate initiation of lipid lowering therapies, we have monitoring and alert reports to identify patients that may need bloods tests or other monitoring to support good cardiovascular health. An example of one report is to check LFTs have been completed within three months of starting a statin. If a patient falls into this report an alert will appear on the homescreen to prompt clinicians that a drug review is required. This will also appear as text in a view on many of the templates. As a safety net, we have a report to identify patients who have cardiovascular medications on their repeat template that haven't been issued in the preceding three months.</p>
13	What clinical safety compliance has the tool got in place e.g. ISO/ DTAC?	<p>Ardens is aligned with the DCB0129 standards for clinical risk management. As a clinically led organisation, all our resources are designed, built and reviewed by a multidisciplinary team including experienced clinical staff. https://www.ardens.org.uk/clinical-governance/</p>
14	Is this tool part of a wider suit of tools that practices may already be familiar with?	<p>Yes, Ardens SystmOne and Ardens EMIS resources are used by over 5,800 practices in England so clinicians nationwide are in general quite familiar with the format of Ardens tools which are broadly, clinical templates, formularies/prescribing aids, documents and reports.</p>
15	How is the tool downloaded /how does someone find the tool?	<p>For SystmOne, once subscribed to Ardens, a simple actioning of a task by the practice administration team integrates all the resources onto the clinical system. See also this link: https://support.ardens.org.uk/support/solutions/articles/31000111833-set-up</p> <p>For EMIS Web, once subscription is confirmed, the Ardens deployment team will arrange for the tools to be made available on the customer's clinical system.</p>

Ardens

	Questions	Information
16	Where to find support material for downloads and use of the audit tool?	https://support.ardens.org.uk/support/home
17	Are there any available tutorials / videos for users to show how to access and use the tool?	https://support.ardens.org.uk/support/solutions/articles/31000120344-cvd-screening-prevention

	Questions	Information
1	Name of the tool	NHSD Lipid Management Audit
2	Brief description of what the tool does	Identifies patients with ASCVD who would benefit for review for lipid therapy optimisation
3	What is the desired outcome of the tool?	To decrease ASCVD through better prevention
4	Which clinical systems does it work on?	EMIS with plans for SystemOne
5	Is there any cost to the user	No
6	What categories of patients are identified?	Patients with ASCVD whose most recent non-HDL-c is greater than 2.5mmol/l, or if no non-NHDL is available a LDL of > 1.8mmol/l or where there is no non HDL or LDL level in the last 12 months. The later are recommended to have a lipid level measured, the former to be reviewed for optimisation of their lipid control. There are some sub filters based on treatments the patient may already be on, or have been recorded as intolerant to which helps suggest next steps and follows the NICE approved AAC lipid management guidelines
7	Are categories of patients stratified or filtered to identify patients with most to gain first.	In EMIS for each group the last lipid level can be seen which allows the clinicians to target those with highest levels first

	Questions	Information
8	What lab results does this tool utilise?	Non-HDL-c if absent LDL-c and if both are absent in the last 12 months suggests getting an upto date lipid profile
9	Is it operationally integrated into the clinical system or standalone?	Integrated
10	Are the business rules openly available online - if yes, please provide a web link	Yes
11	Does the tool include patient prompts?	No (but could be incorporated)
12	Does it include treatment prompts?	The audit prompts for review and groups patients based on their current medication and recorded intolerances as to what options may be considered next. It follows the NICE approved AAC lipid management guidelines 2022 which cover all the currently licenced drugs for lipid management in secondary prevention. The decision as to which therapy or therapies may be most appropriate for each individual patient is a clinician decision made with the patient using the principles of shared decision making.
13	What clinical safety compliance has the tool got in place e.g. ISO/ DTAC?	Tested by system suppliers & NHSD
14	Is this tool part of a wider suit of tools that practices may already be familiar with?	Works in the same way other audits work on clinical systems
15	How is the tool downloaded /how does someone find the tool?	Tool is in the clinical system in the clinical audits
16	Where to find support material for downloads and use of the audit tool?	NHSD Lipid Management Audit - https://digital.nhs.uk/services/lipid-management-searches
17	Are there any available tutorials / videos for users to show how to access and use the tool?	User guide on NHSD website also system suppliers

	Questions	Information
1	Name of the tool	UCLPartners Proactive Care Framework: Lipid Management including Familial Hypercholesterolaemia
2	Brief description of what the tool does	A comprehensive simple to use resource for the whole primary care workforce to support patient identification, risk stratification and intervention to improve lipid management
3	What is the desired outcome of the tool?	Initiation, optimisation and intensification of lipid lowering therapy alongside lifestyle and behaviour change support to reduce cardiovascular risk
4	Which clinical systems does it work on?	EMIS and SystmOne. Also embedded into Ardens
5	Is there any cost to the user	No - free to all users
6	What categories of patients are identified?	<p>For secondary prevention:</p> <ol style="list-style-type: none"> 1. Patients with CVD not on a statin. 2. Patients with CVD sub-optimal intensity statins 3. Patients with CVD on a sub-optimal dose of statin 4. Patients with CVD on maximal statin therapy with non-HDL \geq 2.5mmol/L. <p>For primary prevention:</p> <ol style="list-style-type: none"> 1. QRisk\geq20% or diabetes type II or CKD not on a statin. 2. QRisk 15-20% not on a statin 3. QRisk 10-15% not on a statin 4. On a statin primary prevention but not a high intensity statin. <p>For FH case finding patients <30yrs with total chol > 7.5mmol/L and patients 30 yrs plus with total Chol > 9mmol/L at any time.</p>
7	Are categories of patients stratified or filtered to identify patients with most to gain first.	Patients are stratified so that clinicians can decide where to prioritise as per the groups highlighted above - for example: In secondary prevention, patients with CVD not on a statin are prioritised before those not on a high intensity statin or on a sub-optimal. Finally patients on maximal statin therapy not at the non-HDL cholesterol target.

	Questions	Information
8	What lab results does this tool utilise?	In line with NICE guidance, non-HDL cholesterol primarily; but also equivalent LDL levels
9	Is it operationally integrated into the clinical system or standalone?	Downloadable searches which run within EMIS and SystemOne
10	Are the business rules openly available online - if yes, please provide a web link	Search descriptions can be found here: https://uclpartners.com/proactive-care/search-and-risk-stratification-tools/supporting-resources/ A full list of the codes for each search is currently being compiled.
11	Does the tool include patient prompts?	The frameworks are targeted to clinicians but include links to resources for patients such as HEART-UK and BHF
12	Does it include treatment prompts?	Yes - the overarching frameworks contain pathways and other resources to support interventions
13	What clinical safety compliance has the tool got in place e.g. ISO/ DTAC?	DTAC in progress
14	Is this tool part of a wider suit of tools that practices may already be familiar with?	Part of the wider UCLPartners Proactive Care Frameworks suite of resources which are being widely used across the system
15	How is the tool downloaded /how does someone find the tool?	Can be downloaded directly from: https://uclpartners.com/proactive-care/search-and-risk-stratification-tools/ and from: https://uclpartners.com/proactive-care/cvd-resources/ Also fully integrated into the Ardens package which is widely used across primary care
16	Where to find support material for downloads and use of the audit tool?	https://uclpartners.com/proactive-care/cvd-resources/
17	Are there any available tutorials / videos for users to show how to access and use the tool?	https://uclpartners.com/proactive-care/implementation-support/implementation/

Useful references for further information around wider CVD programmes of work including useful resources such as CVD Prevent and national guidance on lipid management

AHSN Network - [Optimising Lipid Management - AHSN NENC \(ahsn-nenc.org.uk\)](https://www.ahsn-nenc.org.uk)

NHS England AAC - [NHS Accelerated Access Collaborative » Summary of national guidance for lipid management \(england.nhs.uk\)](https://www.nhs.uk/accelerated-access-collaborative/summary-national-guidance-lipid-management)

CVD Prevent Data Tool - <https://www.cvdprevent.nhs.uk/home>

NHS England CVD Programme - [NHS England » Cardiovascular disease \(CVD\)](https://www.nhs.uk/accelerated-access-collaborative/cvd)

Health matters: preventing cardiovascular disease - [Health matters: preventing cardiovascular disease - GOV.UK \(www.gov.uk\)](https://www.gov.uk/health-matters-preventing-cardiovascular-disease)

Heart UK - [Cholesterol & Cholesterol levels | HEART UK - The Cholesterol Charity](https://www.heartuk-uk.org/cholesterol)

British Heart Foundation - [Cardiovascular Disease \(CVD\) - types, causes & symptoms - BHF](https://www.bhf.org.uk/heart-health/heart-conditions/cvd)

To be included before Webinar