



BRADFORD'S HEALTHY HEARTS



Bradford Districts
Clinical Commissioning Group

Bradford Healthy Hearts

Programme updates

Dr Chris Harris

Programme update

1. Great achievement to date with statin switches project (project will close today)
2. Great progress in SPAF project and launch of phase 2 today
3. Clinical assembly work progress to date
4. Website development. A few examples will be presented later today
5. Launch of work stream 5a-CVD risk reduction in patients with QRISK2>20%

Programme update

6. Quality premiums (QP) for 14/15 and 15/16
7. Funding for BHH 15/16 obtained
8. Hypertension planning phase and hypertension in QP
9. Application for the GP pulse award “CVD team of the year” on behalf of all practices
10. Professor Huon Gray- visit in the summer



BRADFORD'S HEALTHY HEARTS



Bradford Districts
Clinical Commissioning Group

Bradford Healthy Hearts

Statin switches project update

Maciek & Youssef

Statin Switches

1. Started in Nov 2014
2. Practices switched patients using bulk operation or quick reviews
3. 01.04.15 over 78% of patients were switched

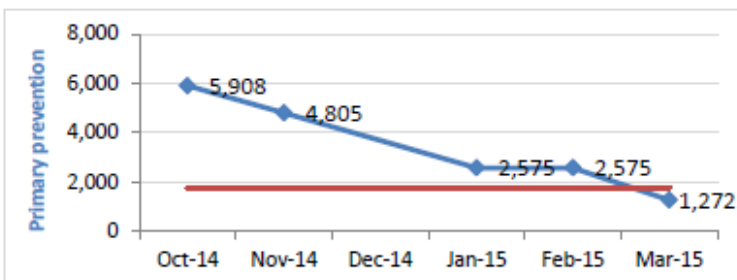
Statin Switches 1st April 2015

Statin Switches Feedback Report - March 2015

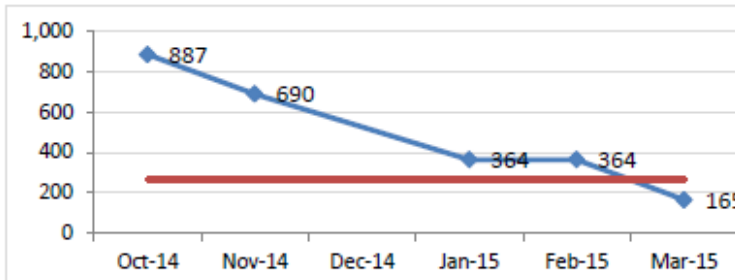
Summary Feedback

The aim is to switch a minimum of 70% of patients who are currently on simvastatin and cholesterol above 4 to either atorvastatin 40mg for primary prevention or 80mg for secondary prevention.

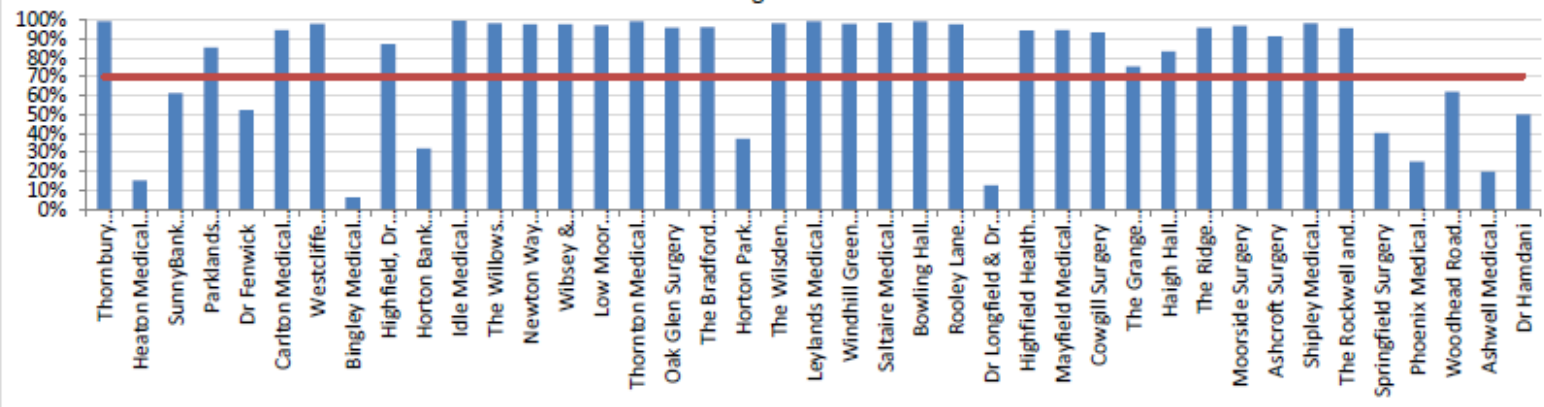
Patients needed to switch = **-500**



Patients needed to switch = **-101**



Target = 70%



Statin Switches 1st April 2015

Over

5000 patients switched

5234 to be exact !!!

Local cardiologist

Dr. Lindsay

This is pretty impressive achievement. *Is there any prospect of being able to look at CVD events over next year cf last and see if we see any difference. I know there are loads of caveats but if there was a real reduction in total nos events it would be noteworthy and worth an attempt at writing up. The whole endeavour is probably worth writing up as **an example of how to execute a wholesale change across a health community anyway***

Did you make any difference

Unanswered question?

Atorvastatin 40mg

vs Simvastatin 40mg

BHH statin guide



Primary prevention

Atorvastatin 40mg

Patients with:

CKD 3 and above (regardless of cholesterol level or risk of CVD).

Aim for cholesterol <4mmol/l with up-titration to 80mg

Atorvastatin if required)

QRISK2>20% 10 year Cardiovascular Risk

Diabetes Type 1

- who are older than 40 or
- nephropathy or
- had DM for more than 10 years or
- other CVD risk factors

Diabetes Type 2 aim for cholesterol <4mmol/l with up-titration to 80mg Atorvastatin if required)

Before starting lipid modification therapy take full lipid profile

Atorvastatin 40mg

Repeat lipid profile after 3 months and never after if not indicated

Be aware of

- Familial Hyperlipidaemia (FH) in anyone with a cholesterol >7.5mmol/l
- Persistent Triglyceride levels >10
- End stage renal disease
- Consider Diabetes e-consultation or Renal e-consultation in these cases

Secondary prevention

Atorvastatin 80mg

Patients with:

established CVD
CHD, Stroke & TIA, PAD

Before starting lipid modification therapy take full lipid profile

Atorvastatin 80mg

Repeat lipid profile after 3 months and never after if not indicated

If min 40% reduction of non HDL not achieved discuss adherence and diet and life style interventions

This guide was developed and agreed with

- Dr Stoves- Consultant in renal medicine
- Dr Lindsay- Consultant cardiologist
- Dr Patterson –Consultant in Stroke medicine
- Consultants in Diabetes medicine
- Mr Mercer Consultant vascular surgeons
- Dr Harris GPSI cardiology
- Dr Beaini GPSI cardiology
- Mr Fell Public Health Consultant
- Dr Whitelaw Consultant in Diabetes

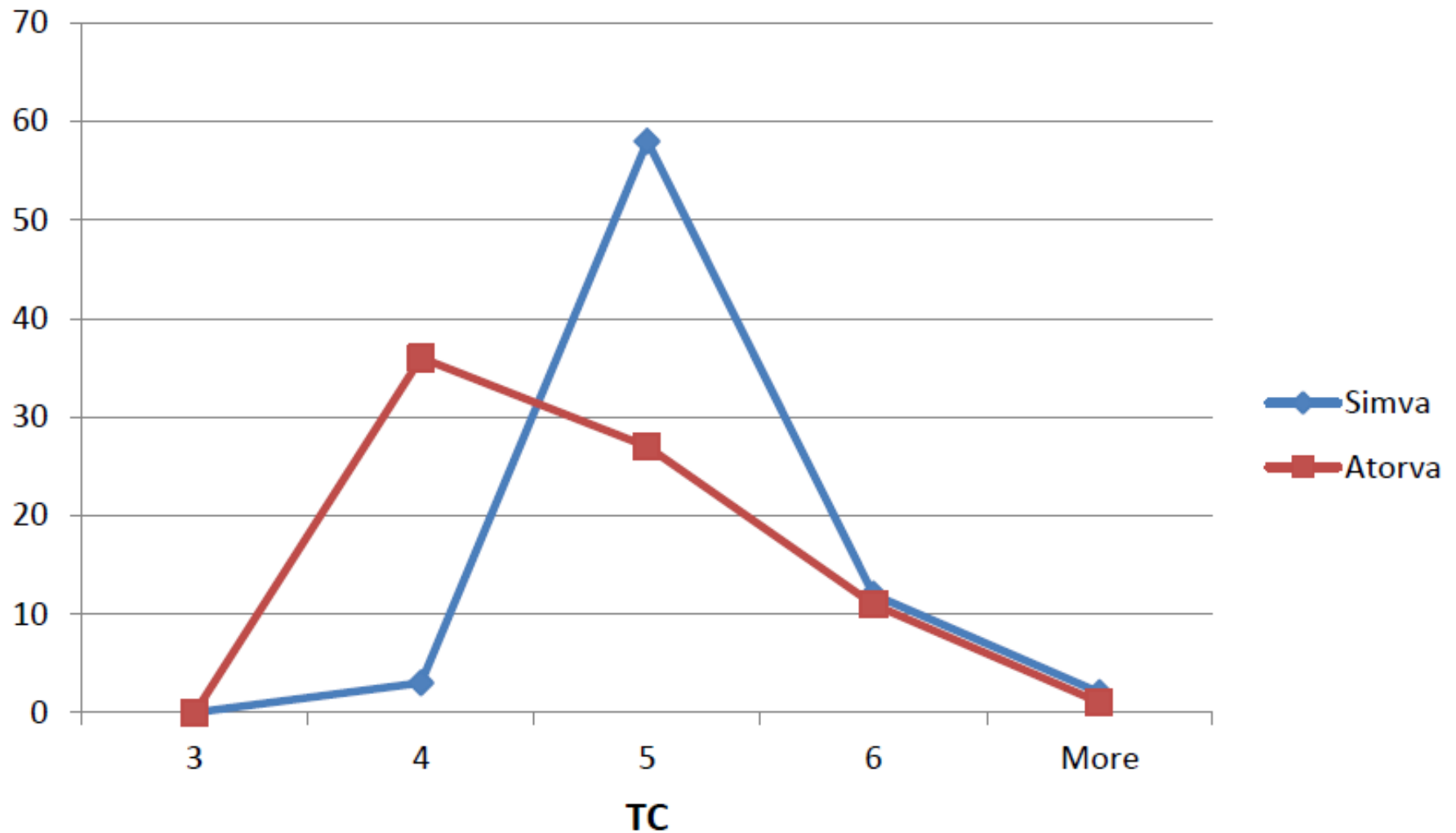
BHH practices answered the question

A sample of 75 patients selected to check TC after they were switched:

4.6 mmol/l on simvastatin

4.2 mmol/l on atorvastatin **p>0.001**

Atorvastatin vs Simvastatin



Health outcomes ?

Patient numbers x treatment uptake x relative mortality reduction x one-year case fatality

□ 0.5mmol/ reduction = $1097 \times 78\% \times 11\% \times 5.4\% =$ potential 5 deaths prevented or postponed

□ 0.5mmol/ reduction = $6000 \times 78\% \times 11\% \times 3\% =$ potential **15 deaths prevented or postponed.**

potential 20 deaths prevented or postponed in one year

Congratulation to all practices!

Next steps

- ☐ We will close this project
- ☐ The search will be available in S1 for 3 months for practices that did not switch all patients
- ☐ You will not receive a feedback report for this project
- ☐ After 3 and 6 months we will send you a feedback report that shows a reduction of TC in your practice



BRADFORD'S HEALTHY HEARTS



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Bradford Healthy Hearts

Stroke prevention in AF project update and launch of phase 2

Kath & Youssef & Maciek

SPAF update

- ❑ Phase 1 of the project launched in Oct.
Practices booked APODI clinics
- ❑ Over 30 clinics held in Bradford
- ❑ Some practices reviewed patients and offered OAC
- ❑ BHH team developed tools for phase 2 of the project that will be launched today

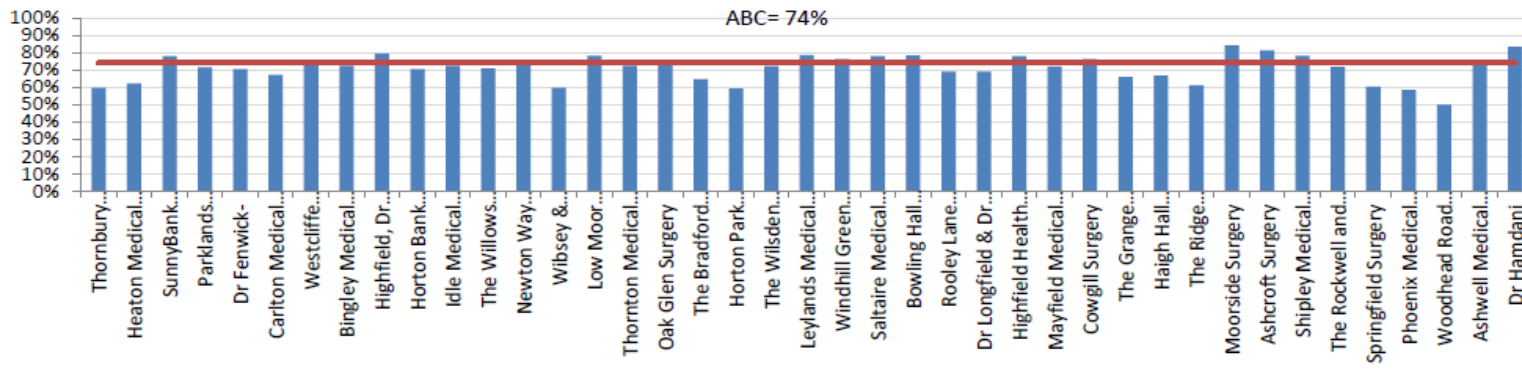
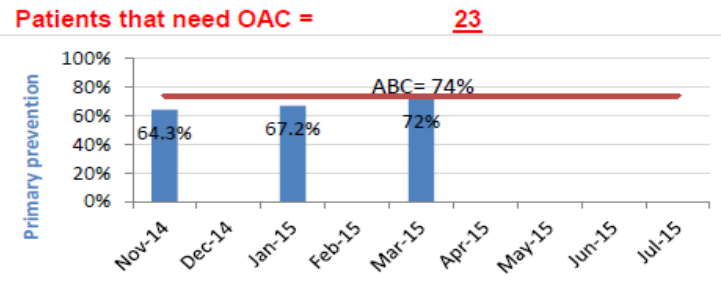
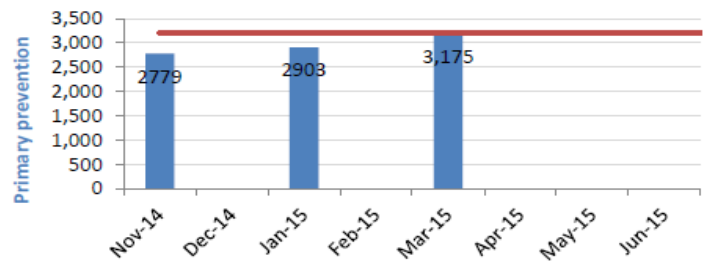
SPAF achievement to date

Almost 400 patients started on OAC !

AF Feedback Report - March 2015

Summary Feedback

Aim of BHH SPAF is to anticoagulate a minimum of 74% of patients with CHA2DS2-VAS \geq 1 in the next 15 months.



*ABC - Achievable benchmark of care was calculated using the local data hence it should be attainable by all.

Health outcomes

If patients stay on OAC for a year

**this can potentially prevent or
postpone 15 strokes**

SPAF phase 2

- We will present a system that may help you offer OAC on an opportunistic basis
- If you want to review all your patients with CHADVAS >1 and not on OAC we have developed a search that identifies all patients with CHADVAS ≥ 2 based on the clinic information not a read code

Achievable benchmark of care for Phase 2 of SPAF

We calculated ABC for phase 2 of SPAF

The aims of BHH SPAF is to anticoagulate a minimum of 81% of patients with $\text{CHA}_2\text{DS}_2\text{-VAS} \geq 1$ in the next 12 months.

Date for your feedback report does not include patients that declined hence we are not aiming to achieve 100%

The denominator (patients $\text{CHA}_2\text{DS}_2\text{-VAS} \geq 1$) is live and is changing each month.

CHA2DS2-VASc \geq 1 not on OAC

- ❑ The search is located in BHH folder in S1
- ❑ It excludes any patients with CHA2DS2-VASc=1 if CHA2DS2-VASc=1 is only due to patient sex
- ❑ The search uses QOF rules to highlight right patients
- ❑ We can develop a search that does not use QOF rules and highlights all patients that would benefit from OAC ???

SPAF opportunistic approach

Patients alerts

Patients alerts. Note QOF rules only accurate in a QOF year.

DetailsPathologyDrawingAuto-ConsultationSettings

Patient Home

Continue Configure

Reminders

I GIVE PERMISSION FOR MY WIFE TINA EVANS AND DAUGHTER EMILY EVANS, TO DEAL WITH ANY NHS MATTER, ON MY BEHALF, IE SUCH AS PRESCRIPTIONS, BOOKING APP'S, AND ANYTHING ELSE. SG 21.6.14 [Cancel](#) [More](#)

Recalls

15 May 2014 Impaired glucose tolerance Pending [Seen](#) [Cancel](#) [Awaiting Results](#) [Follow-on / Supersede](#) [More](#)

Patient Status Alerts



Memory Assessment: Dementia DES needs Memory Assessment [Action](#) [More](#)
 CHADS VASc = 2 not on OAC: Patient's CHADS VASc = 2, OAC RECOMMENDED.
Annual risk of stroke = 2.9% Annual risk of stroke when on OAC = 1.2% [Action](#) [More](#)
 Sharing In consent not recorded: No sharing in consent/dissent has been recorded for this patient. Data recorded at other organisations may not be visible. [Action](#) [More](#)

CHADS VASc = 2 not on OAC
Patient's CHADS VASc = 2, OAC RECOMMENDED.
Annual risk of stroke = 2.9% Annual risk of stroke when on OAC = 1.2%

3
QOF
3

AF template page one

YHCS - BMP AF

Other Details... Exact date & time Wed 29 Apr 2015 10:25  

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Anticoagulation for AF

FAQs


NOACs in AF

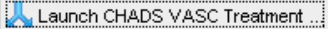
HAS BLEED

Anticoagulation for AF & PAF


Your patient has AF (or PAF) and is at a significant risk of a major stroke.
(see their Home Page for an estimate of their current risk)

The risk of stroke is significantly reduced by anticoagulation, and this usually outweighs the small increased risk of significant haemorrhage.

 [CHADSVASc calculator online](#)



outcome of discussion:

☐ Referral for warfarin monitoring (XaK6c) 


☐ Warfarin declined (XaIn)

☐ Warfarin contraindicated (XaFsz)

For patients where Warfarin is not suitable (eg labile INR or personal preference) you may consider using Rivaroxaban or Apixaban but note that these drugs are less tried and tested than Warfarin, their anticoagulation effect is not easily reversible, and should not be used in patients with renal impairment (Creatinine Clearance).

[click here for further prescribing advice...](#)

outcome of discussion:

☐ Novel oral anticoagulant contraindicated (X... 

☐ Novel oral anticoagulant declined (XabEe)

☐ Novel oral anticoagulant not tolerated (XabE...

Launch CHADS VASC Treatment options

Launch the CHADS VASC Treatment options protocol

☒ Show recordings from other templates

☐ Show empty recordings

Information

Print

Suspend

Ok

Cancel

Other Details...

Exact date & time ▾

Wed 29 Apr 2015 ▾

10:25



Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Anticoagulation for AF | **FAQs** | NOACs in AF | HAS BLEED

Below you can find a list of NOACs. And some information that may help you in selecting a NOAC. NOACs have never been compared against each other and they are as effective as warfarin if INR kept in range.

Apixaban

5 mg twice daily

contraindicated for Creatinine
clearance

Rivaroxaban

once daily dose

contraindicated for Creatinine
clearance

Monitoring while on NOAC.


Yearly-Haemoglobin, renal and liver function

6 monthly-Renal function if CrCl 30-60 ml/min, or if on dabigatran and 75 years or fragile

3 monthly-If CrCl 15-30 ml/min

On indication- If intercurring condition that may impact renal or hepatic function

Please check creatinine clearance before prescribing a NOAC

 Renal Disease Calculations...

To change from warfarin to NOAC:

Stop warfarin and start NOAC when INR < 2 (pragmatically, this is usually after 2-3 days).

To change from NOAC to warfarin:

Start warfarin and stop NOAC when INR > 2

Renal Disease Calculations...

*Calculate GFR and Creatinine Clearance
Rate*

☒ Show recordings from other templates

☐ Show empty recordings

Information

Print

Suspend

Ok

Cancel


HESBLED S1 vs BHH version

CHADSVASc / CHADS


This tool is only applicable to patients who are diagnosed with either Atrial Fibrillation or Atrial Flutter

Calculate ☒ CHADSVASc ☐ CHADS

C ☐ Congestive heart failure (1 pt)
H ☒ Hypertensive (1 pt)
A ☐ Age ≥ 75 (2 pts)
D ☐ Diabetic (1 pt)
S ☐ Stroke or TIA (2 pts)
V ☒ Vascular disease (1 pt)
A ☐ Age 65-74 (1 pt)
Sc ☐ Sex category female (1 pt, only if another factor)

Score = 2  Save to Record

High Risk of Stroke Save the score into the patient record
Consider oral anticoagulant

 About

!! Reminders

I GIVE PERMISSION FOR MY WIFE TINA EVANS AND DAUGHTER EMILY EVANS, TO DEAL WITH ANY NHS MATTER, ON MY BEHALF, AND ANYTHING ELSE. SG 21.6.14

CHADS₂VASc / CHADS₂
This tool is only applicable to patients who are diagnosed with either Atrial Fibrillation or Atrial Flutter

Recalls

15 May 2014 Impaired g

⚠ Patient Status Alerts

Memory Assessment

CHADS₂VASc = 2 no
Annual risk of stroke = 2

Sharing In consent n
other organisations may

QOF Alerts Process G

Secondary Prevent
or consider therapy
Hypertension - HYF
Smoking - SMOK00

About



HAS-BLED Score Protocol for Major Bleeding Risk

This Protocol estimates the risk of major bleeding for patients on anticoagulation to assess risk-benefit in Atrial Fibrillation care.

There are recommendations to use the HAS-BLED score with the CHA₂DS₂-VASc score to help determine if anticoagulation is in the best interest of a particular patient.

In some instances this Protocol will automatically check the patient record to confirm whether certain criteria is met.

However, this Protocol is only intended to aid and

supplement, not substitute for, the expertise and judgement



Pause

About

Reset

Close

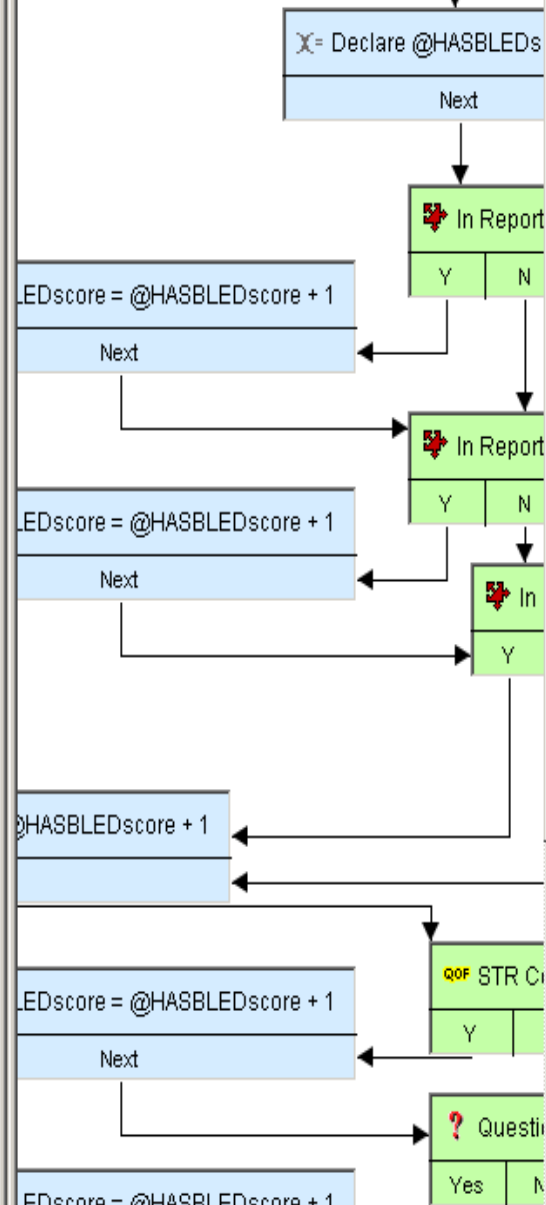
1

1

3

QOF

3



Other Details...

Exact date & time

Wed 29 Apr 2015

10:31



Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Anticoagulation for AF FAQs NOACs in AF HAS BLEED

HESBLED is used to assess risk of bleeding before you start OAC. There is no agreed score at which OAC should not be commenced. Higher risk patients (HESBLED ≥ 3) should undergo regular clinical review following the initiation of oral anticoagulation.

Stroke history**Systolic BP readings**

1234 567 Systolic BP 113 mmHg 19 Apr 2013...

Readings of GFR calculated abbreviated MDRD

1234 567 GFR calculated abbrevia... > 90 mL/m... 19 Apr 2013...

Liver function

▶ 19 Apr 20... Serum electrolyte levels; Liver funct...

All Read coded entries below Gastrointestinal haemorrhage (J6)**Drugs**

▶ Aspirin 75mg... 13 A...ta... 28...

All recordings in the Alcohol consumption codes (ALC) QOF clus

▶ 19 Apr 2013... Alcohol intake (136..) 0 Unit... QOF

BP > 160 mmHg = 1pt

Dialysis, transplant,
Cr > 2.6mg/dl or > 200umol/L

Renal Disease Calculation...

Cirrhosis or Bilirubin > 2x
Normal or AST/ALT/AP > 3x
normalUnstable/high INRs,
TTR < 60%Please stop NSAIDs if
starting OAC. For
antiplatelets, can be
stopped if > 1 year post
ACS/PCI/CABG if stable.**HAS-BLED score** (to save HAS-BLED score add value and click OK)

Hyperten, abnorm renal/liver funct, stroke, BLED score



Launch HAS-BLED

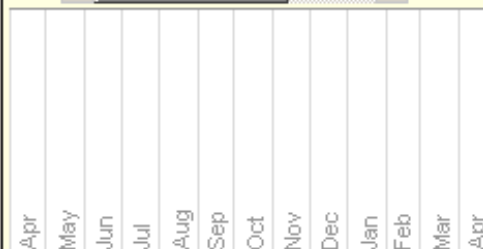
CHADSVASc / CHADS...

Hyperten, abnorm renal/liver funct, stroke, BLED score

Date

Units

No previous values

☒ Show recordings from other templates☐ Show empty recordings

Information

Print

Suspend



Ok

Cancel

Treatment options

Spark tool

BMP AF

ails... Exact date & time Wed 29 Apr 2015 10:25  


Changing the consultation date will affect all other data entered. To avoid this, cancel and press the ↵

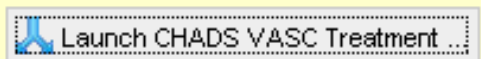
agulation for AF FAQs NOACs in AF HAS BLEED

Anticoagulation for AF & PAF

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 [CHADSVASc calculator online](#)



Exact date & time

Exact date & time Wed 29 Apr 2015

10:31



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[Hide Warning](#)

Anticoagulation for AF

FAQs

NOACs in AF

HAS BLED

About



CHADS VASC score = 2

Annual risk of stroke without therapy = 5.6%

* Annual risk of stroke with warfarin = 1.8% (NNT = 28 in one year, NNH=63)

* Annual risk of stroke with apixaban = 1.4% (NNT = 25 in one year, NNH=109)

Ok

Pause

[click here for further prescribing advice...](#)

outcome of discussion: ☒ Novel oral anticoagulant contraindicated (X...)

- Novel oral anticoagulant declined (XabEe)

- Novel oral anticoagulant not tolerated (XabE...)



Launch CHADS VASC Treatment options

Launch the CHADS VASC Treatment options protocol

☒ Show recordings from other templates

AF QOF 15/16

The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more)



YHCS - BMP AF

Other Details...

Exact date & time

Wed 29 Apr 2015

10:38

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Anticoagulation for AF

FAQs


NOACs in AF


HAS BLEED

Anticoagulation for AF & PAF


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 [CHADSVASc calculator online](#)

 Launch CHADS VASC Treatment ...

outcome of discussion:

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outcome of discussion:

☐ Novel oral anticoagulant contraindicated (X...

☐ Novel oral anticoagulant declined (XabEe) 

☐ Novel oral anticoagulant not tolerated (XabE...

Launch CHADS VASC Treatment options

Launch the CHADS VASC Treatment options protocol

MG on 29 Apr 2015
CHA2DS2 - vascular disease, age, sex
category score (XaY6i) 2

☒ Show recordings from other templates

☐ Show empty recordings

Information

Print

Suspend

Ok

Cancel

The treatment options button will do your QOF for you

The protocol adds CHA2DS2-VASc is not in patient's record in that QOF year.

If the CHA2DS2-VASc exists in the patient record in that QOF year however it has changed e.g.

Patient with previous stroke CHA2DS2-VASc=3 (5.4%)

Patient had a birthday and are 75 years old

CHA2DS2-VASc=4 (6.5%)

The protocol will add another CHA2DS2-VASc with a new score

Information for patients and BHH website

The template will include a patient information flyer with a brief information about AF and information where they can read more about AF and educate themselves.

The main website that will be promoted will be BHH where patients can see local GPs and consultants answering FAQ about SPAF.

If patients wants to start warfarin they can come back to Warfarin clinics and start OAC.

How to access all this

Join BHH organisation in S1

The screenshot shows a software interface with a toolbar at the top containing various icons. Below the toolbar is a table with columns: Updated, By, For, Patient, Task, and Status. The first row of the table is highlighted in blue and contains the text: "28 Apr 2015 CP", "Organisation Group Membership In...", and "Not Started". A context menu is open over the first row, displaying the following options: Action, Update, Retrieve Patient, Change Status, Assign, Set Flag, Print Task, Create Rule..., and Table. Below the table, there is a status bar that reads "1 Task". At the bottom of the interface, there is a text area containing the following information:

Tue 28 Apr 14:59 - Mr Christopher Jackson at Airedale PCT
Airedale PCT (Bradford And Airedale Teaching Pct) has invited you to join the Bradford Healthy Hearts organisation group.
Action this task to approve or delete the invite.

The SPAF championship



The SPAF championship

Stroke prevention in AF Challenge (twice during the SPAF project)

❑ First clinic champion/team will be announced 6 months from now (Mid project challenge)

❑ At the end of the project we will announce a clinic champion/team of the SPAF Challenge

iPad mini



Ipad Air 2





BRADFORD'S HEALTHY HEARTS



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Bradford Healthy Hearts

CVD risk reduction in population of patients with QRISK2>20% not on a station

Work stream 5

Youssef & Maciek

QRISK2>20% no on a statin

In BDCCG there is over 4000 patients with a known QRISK2>20% not on a statin.

The search for QRISK2>20% (QRISK2>20% ever)

How can we address this gap?

a few options.

QRISK2>20% not on a statin

- ❑ We develop a search for patients with a read code of QRISK2>20% not on a statin .
- ❑ We considered offering a statin at scale using opt in model as discussed before
- ❑ We developed the following exclusion criteria

QRISK2>20% not on a statin

1. On a statin in the last 12 months
2. All BNF drugs that could interact with Atorvastatin
3. **Do not have BMI or eGFR or ALT in the last 12 months**
4. On warfarin
5. 18+
6. ALT >120
7. Egfr<15
8. BMI<18

QRISK2>20% not on a statin

- 9. Statin declined/ in the last 12 months
- 10. Statin contraindicated ever
- 11. Palliative care and LD register
- 12. Haemorrhagic stroke
- 13. t4

And we faced a problem

QRISK2>20% not on a statin potential approach

- ❑ Split those patients in two groups
- ❑ 1 patients that can be offered statin (all exceptions)
- ❑ 2 Patients who need blood tests doing
- ❑ After blood test are done and eGFR and ALT are ok patient requests statin and confirms they are not a pregnant female etc

Thoughts/discussion ?



BRADFORD'S HEALTHY HEARTS



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Clinical Commissioning Group

Bradford Healthy Hearts

Quality premiums

Chris

QP 14/15

Presented at the last BHH session

Out of 4 options presented you selected 2 to focus on

- 1. Patients not on a hypertension register but prescribed any hypertensive medications**
- 2. Patients with more than 2 raised BP but not on Hypertensive medication**

Not on register but on Medication

Special thanks to Dr Patty Lloret for helping to develop and test searches

We searched for 1 most common ACE and CCB

The search looks for all patients on a rx of Ramipril or Amlodipine

Who had more than 3 raised BP

And not on HTN register

Exclusion: Any patients who had ACR >3.5 ever

Total number = 2189

Not on register 2 BP raised

We searched for 2x BP raised in the last 15 years

Total numbers= 11000

Potential approaches ?

On medication but not on HTA

3 independent GPs review randomly 10-15 patients and for 99% of patients agree that hypertension codes should be added

Code can be added as a bulk as it takes less than 1 min

Or each patient's code can be added individually and the code can be backdated before medications were started

Thoughts /Discussion ?

Potential approaches ?

For raised BP more than 2x

Search for very high SBP >160 or >170 or 180

We can highlight those patients and you can review them

For the rest of the patients we could develop a patient alert so if you see them you will get a prompt on a screen to check their BP and consider further action if needed

Thoughts /Discussion ?

Quality premiums for 15/16

For this year clinic board agreed 2 quality premiums

- 1. QRSIK 2>10%<20% and not on a statin (new NICE guidelines)**
- 2. Hypertension reduction by reducing alcohol intake**

Quality premiums for 15/16

- BDCCG has xx (TBC) number of patients with QRISK2>10<20% who are on a statin
- The target agreed with NHS England is a 10% increase
- We are in the process of developing tools to be able to offer statin at scale

BHAIT

Bradford Hypertension and Alcohol
Intervention Trial

DR YOUSSEF BEAINI



Next steps

As we provided a lot of information you have what next sheet in your pack

1. **QRISK2>20% not on a statin** – Based on the feedback today we will develop a how to guide and all tools in S1 so you can offer statin to those patients, using bulk operation or do it individually
2. **SPAF-** We will send a request to join BHH group in S1. Please accept the request/join BHH group and we will be able to active all the tools for SPAF
3. **QP14/15 patients on medication but not on register-** we will send a how to guide next week and you can decide if to add codes as bulk or do it individually
4. **QP14/15 2x raised BP-**based on the feedback today we will develop all the tools and patients reminders and how to guide for this work.

Next steps

5. **QP15/16 QRISK2>10%<not on a statin** – Based on the feedback today we will develop a how to guide and all tools in S1 so you can offer statin to those patients, using bulk operation or do it individually
6. **QP 15/16** – Carsten will send information re the study and what you need to join it, access funding.

If you will get stuck at any point or require support or want to a book practice visit please contact us.

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Kath Kath.Helliwell@Bradford.nhs.uk

Youssef Youssef.Beaini@bradford.nhs.uk