Prescribing and Medicines Optimisation Guidance

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CVD Special Edition

Cardiovascular Disease (CVD) remains a significant challenge in our area, but through collaborative working, innovation, and proactive prevention, we are making progress.

We have recently developed a new CVD section on our website, designed to support healthcare professionals and aiming to streamline access to essential materials that inform and enhance patient care: Cardiovascular Disease - Medicines Optimisation :: NHS Hampshire and Isle of Wight

How do I find our CVD prevention data?

The Cardiovascular Disease Prevention Audit (CVDPREVENT) is a national primary care audit that automatically extracts data from GP clinical systems and provides clear data and insights into our population: CVDPREVENT

In Hampshire and Isle of Wight you can also more easily access this data here: HIOW CVDPREVENT | Tableau Public

Changes to Quality Outcome Framework (QOF) requirements

Quality and Outcomes Framework guidance for 2025/26

The Quality and Outcomes Framework (QOF) for 2025-26 introduced significant enhancements to CVD prevention, aligning with NHS England's objective to reduce premature mortality from heart disease and stroke by 25% within a decade. These changes are summarised by:
- Reallocation of QOF points to CVD prevention
- Adjustment of indicator thresholds
- Incorporation of updated NICE guidelines
- Enhanced focus on lipid management

Cardiovascular disease and Health Inequalities

Cardiovascular diseases are strongly associated with health inequalities because they are rooted in the social determinants of health - education, income, environment and access to care. Addressing them requires targeted prevention, equitable access and tackling the root causes of disadvantage.

ACTION: What can my practice do?

Focus interventions on populations with higher rates of CVD, such as:

- Ethnic minorities: **South Asians** have higher risks of coronary heart disease and diabetes related heart complication and **Black populations** have higher rates of hypertension and stroke.

- People living in deprived areas: Some regions show higher CVD mortality rates linked to **deprivation** and lifestyle factors; higher rates of smoking, obesity, hypertension are more common in lower income populations. Increasing rates of obesity and diabetes have led to rising CVD risks in younger people in disadvantaged communities.

- Those with a disability or living with mental health problems: People with a **SMI** or **physical disabilities** often have higher CVD risk due to medications, poor access to care and poor lifestyle.

- Gender: **Women** often present with atypical symptoms of heart attacks leading to misdiagnosis or delayed treatment.

If you would like a deeper dive into your practice specific data or help focusing on a particular cohort, please contact the medicines optimisation team.

Locally Commissioned Service (LCS) for Inclisiran (Leqvio®)

NHS Hampshire and Isle of Wight now has a primary care LCS for the prescribing and administration of inclisiran (sub-cutaneous injections), in suitable patients to treat primary hypercholesterolaemia or mixed dyslipidaemia. This is in line with national lipid management pathway: lipid-management-pathway-v6.pdf

This LCS provides an annual fee to practices per patient receiving inclisiran through their GP practice, with 91% of Hampshire and Isle of Wight practices signing up. There is also some accompanying prescribing information here: inclisiran prescribing information

NHS England has renegotiated an agreement with Novartis for continued access to inclisiran at the same price for current and new NHS patients until December 2027. Letter, guidance on funding and supply arrangements and summary presentation on lipid management are provided in this: NHS England » Cardiovascular disease prevention: Lipid management including access to inclisiran

Prescribing better value DOACs Locally Commissioned Scheme (LCS)

As part of the primary care LCS package, GP practices would have signed up to the new LCS to encourage the prescribing of better value DOACs. This scheme requires practices to review patients prescribed edoxaban for stroke prevention in non-valvular AF, with a view to switching clinically appropriate patients to a better value DOAC (generic apixaban or rivaroxaban), as part of a shared decision-making consultation with the patient.

The MO team have produced a number of resources to support this LCS:
Prescribing Savings Plan :: NHS Hampshire and Isle of Wight

The medicines optimisation team will be in regular communication with practices regarding your progress with this LCS, so please be encouraged to discuss any issues, barriers or good ideas that might be helpful for other practices.

The ICS anticoagulation decision aid can be found here:
 Anticoagulation_in_AF_decision_Aid.pdf

We want to hear from you!

Have you been involved in CVD projects, pathways or models of working? We are aiming to capture and share ways in which colleagues from across the HIOW system have addressed CVD treatment and prevention. If you have examples of this, please share via this short questionnaire:

https://forms.office.com/e/DfPJqEdr8g

 Sharing good ideas and models of practice is a key responsibility of the Medicines Optimisation Team. Gosport Central PCN have kindly agreed for us to share their pathway for lipid management, which you will see utilises the pharmacy team and optimises skill mix within the team. They have also developed a video to send to patients, explaining QRISK2

Video link: QRisk2 - Patient Decision Aid v2 - YouTube

Gosport Central PCN pathway for lipid management:

PDF
Statin titration
(12).pdf

If you are unable to open the embedded document, please contact the medicines optimisation team.

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Local medicines optimisation teams can be contacted via their generic team mailbox: See LINK

Previous bulletins can be found hosted on the ICS website here: LINK