NHS
Bradford Districts
Clinical Commissioning Group

# BRADFORD'S HEALTHY HEARTS


## Live longer, better

www.bradfordshealthyhearts.co.uk

# CVD landscape in Bradford

NHS
Bradford Districts
Clinical Commissioning Group

- Still one of the **leading causes of death** in the UK and in the CCG – 350k population, 40 practices
- Bradford Districts CCG has the **7th worst CVD mortality rate under 75** in England
- Over **28% of all deaths under 75**
- **14.3%** of people have **hypertension**
- Over **21k have cholesterol above 4mmol/l**

# BRADFORD'S HEALTHY HEARTS

## Bold and clear ambition

- By 2020, we will reduce cardiovascular events by 10% which will result in 150 fewer strokes and 340 fewer heart attacks
- We will no longer be the 7th worst CCG in the country!

# Clinical leadership - strategy

NHS
Bradford Districts
Clinical Commissioning Group

- Strategic - governing body, council of representatives, clinical board
- NHS Right Care - the story, workshop, clinical assembly
- Stakeholder involvement: primary and secondary care, pharmacists, voluntary sector, local authority
- Public engagement and patient involvement throughout
- Communications and engagement ++

**Summary: wide-ranging engagement with a broad range of health care stakeholders including the hospital consultants, so GPs and consultants working together**

# Programme overview

NHS
Bradford Districts
Clinical Commissioning Group

| |
|---|
| Chest pain |
| Heart failure |
| Atrial fibrillation |

| |
|---|
| **Statin switches** – completed. Final evaluation in next two months |
| **Hypertension** – launched 2016 with first intervention |
| **Stroke prevention in atrial fibrillation** – ongoing |
| **Clinical assembly** |
| **CVD risk**<br>QRISK2>20% (end December 2015)<br>QRISK2 10-20% (5 months)<br>Prevention (smoking cessation and salt reduction) |

| |
|---|
| Quality premium 14/15 Hypertension register validation (meds not on HTN register) |
| Review patients with high blood pressure readings |
| Quality premium 15/16 QRISK2 10-20% until March 2016 |
| Alcohol & hypertension until March 2016 |

# Clinical leadership – delivering outcomes

- Credible (local clinicians, strong links to secondary care), clinical knowledge and personable
- Secondary care engagement: unified message across primary and secondary care, population approach, permissions
- Programme guidelines
- Regular educational and progress meetings, practice engagement at solution finding
- Developing clinical leadership across the system in primary and secondary care; lead clinician in practice (GP, practice nurse, pharmacist)

# Clinical leadership – delivering outcomes

- Working with regional clinical network
- Data sharing, IT interventions (searches - streamlined into “work to do” rather than overload with searches; alerts in strategic places with easy access information to explain risk to patients, pop-ups), monthly dashboard, comparative performance
- Consistency and focus – eg few measures run repeatedly and then stopped
- Incentives – collaborative money, QoF
- Primary care support at CCG level, prizes, awards

# Key success factors

NHS
Bradford Districts
Clinical Commissioning Group

- Its ‘our’ problem - CCG/practices/patients
- Primary care led solutions and owned by practices
- “Achievable benchmarks of care” [reducing unwarranted variation]
- Secondary care understanding the population
- Work at scale
- Workload-light for busy clinicians
- Proactive patient approach
- Flexibility
- Passion, enthusiasm and momentum!!

# Our key questions

NHS
Bradford Districts
Clinical Commissioning Group

What's the target outcome?

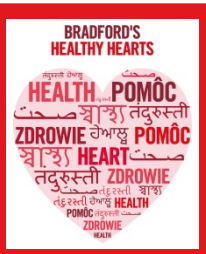
**How can we be smart about this?**

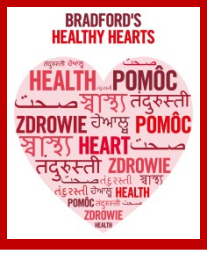
Do we need to amend local clinical guidelines to achieve this?

# So what have we done?

NHS
Bradford Districts
Clinical Commissioning Group

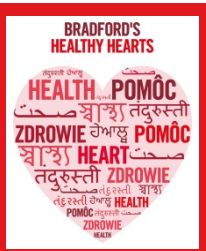
Cholesterol




Atrial fibrillation

Hypertension




# BRADFORD'S HEALTHY HEARTS


## Lipids / Statins

# Extra workload – the challenge of large scale QI

- Just for statin work, if done in traditional way with face to face appointments, would need:

  An additional **26,000-39,000 appointments!**

- Overall Qrisk work: In one medium sized city in UK, estimated >40,000 with Qrisk 10-20%! (est 4.5 million patients in England)

- So NICE guidance might result in two to three visits per patient in first year = extra 80,000 - 120,000 appointments

- NICE mention limited capacity of healthcare!

# 26,000 extra appointments? Or even 80,000??

# Examples of simplified approach - statins

- Same multi-faceted approach across the board
- Agreed protocol with secondary care, simplified, aimed at reduced primary care workload and “fire and forget” approach:
  - primary prevention: atorvastatin 40mg
  - secondary prevention: atorvastatin 80mg
- Work at scale with **letters** sent to patients rather than face-to-face consults. Supported by website, YouTube channel, wide ranging comms package, patient education sessions, patient participation groups.

# Statin switches (1)

NHS
Bradford Districts
Clinical Commissioning Group

- Over **6000 on simvastatin** with total cholesterol above 4 mmol/l or LDL >2 mmol/l were **switched to atorvastatin 40/80mg**: achieved 0.56 mmol/l reduction in LDL (and TC 0.5mmol/l) over 3 months ($p<0.001$). Some patients had cholesterol improve from 8 to 3!
- Approximately 5,000 for primary prevention and approx 1,000 for secondary prevention

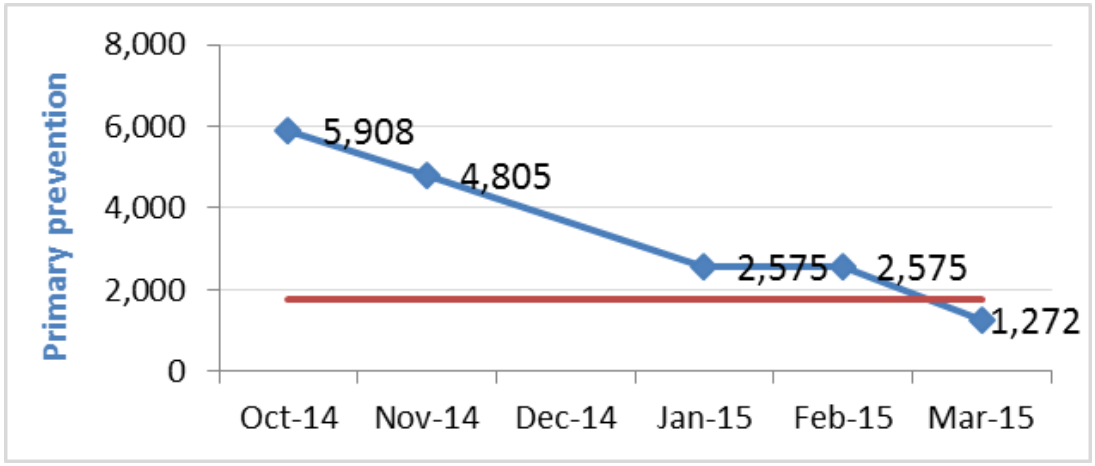
# Statin switches (2)

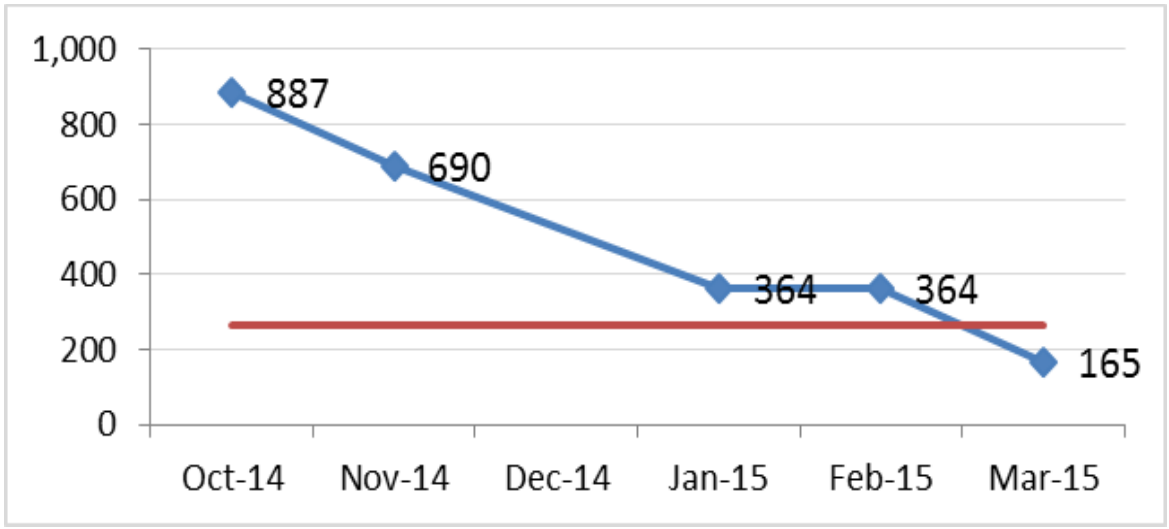
NHS
Bradford Districts
Clinical Commissioning Group

- Innovative work at scale – letters sent out, supported by website, comms, large patient education programme.
- Used complex GP computer searches but simple output – one list of patients, sent letters to these and bulk switch repeat template, **takes 1-2 minutes**.

# STATIN switch: outcomes achieved

NHS
Bradford Districts
Clinical Commissioning Group



# QRISK2

NHS
Bradford Districts
Clinical Commissioning Group

- New NICE guidance on QRISK2 10-20%
- In Bradford 4% coded with QRISK2 10-20% (14,000)
- Another estimated 30-40,000 not yet coded/assessed
- 4,600 (32%) of patients with coded QRISK2 10-20% were on statin
- Potential problems with a full implementation due to lack of resources

- **QRISK2 (10-20 and >20%): overall, 7000** patients took up offer of statin. Preliminary figures show around 70-80% uptake but follow-up figures being compiled currently to assess longer term adherence

# Total cholesterol range for QRISK2

**<u>Early results</u>:** (for QRISK 10-20% and >20%)

- n=2163
- Mean total cholesterol reduction was **0.39 mmol/l reduction in that population**
- **P<0.001 for change**


# Stroke prevention in AF



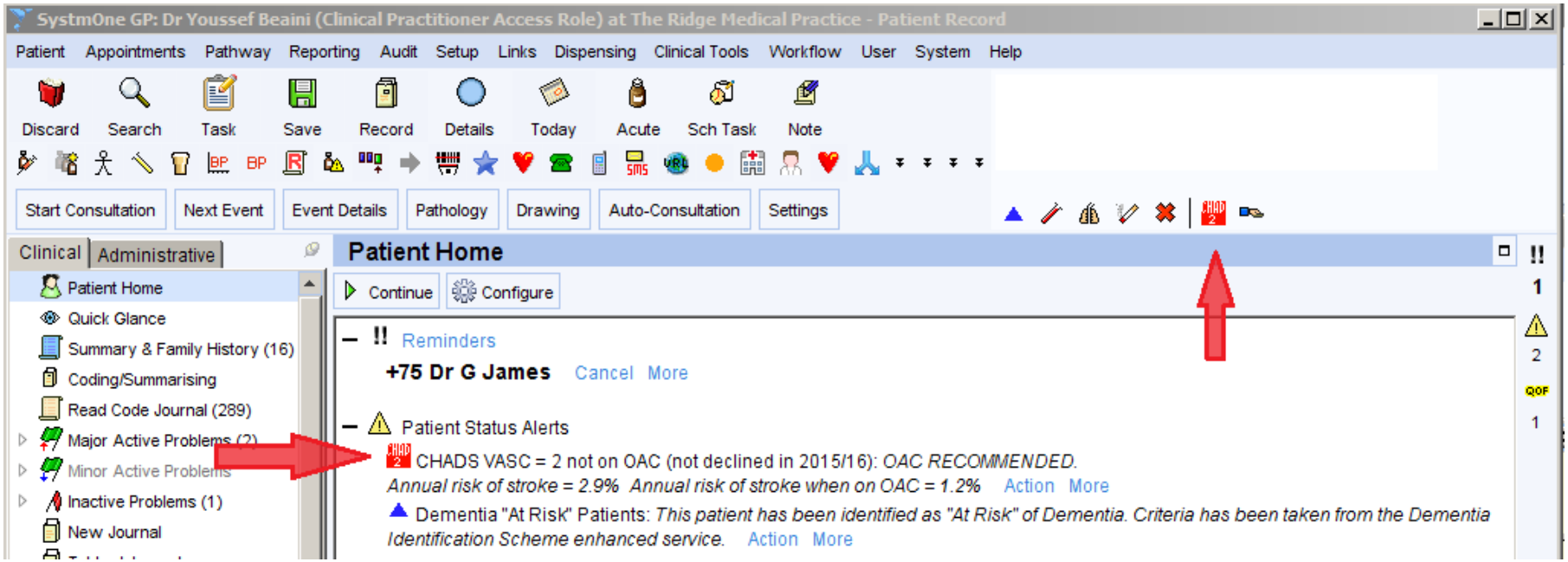
NHS
Bradford Districts
Clinical Commissioning Group

# Examples of simplified approach: AF

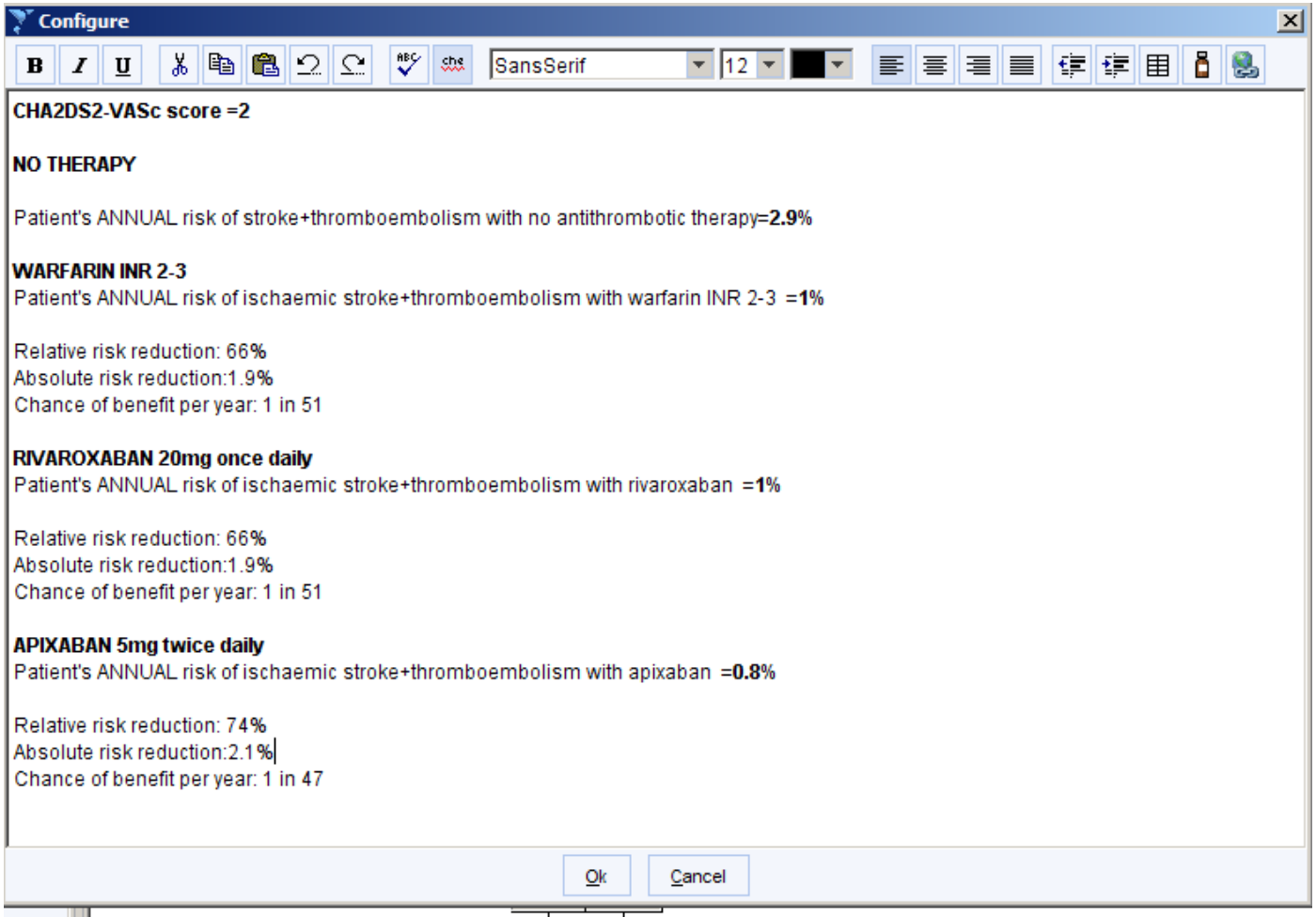
- Education and mentoring programme based on NICE guidance. Nominated clinical champion in every practice in CCG. Regular meetings and public benchmarking against targets. Competitions.
- Complex searches in SystmOne but simple output: just one list of "work to do" for patients not on OAC
- Alerts on home screen and icon alerts in record with CHADSVASc score, stroke risk and also stroke reduction that would be gained by OAC (see screenshot). NNTs.
- Template (see screenshot)
- Use of pharmacists
- Use of industry-supported but independent education and review programmes such as APODI for those practices who wanted it (strict clinical governance framework)

# CHADSVASc screenshot

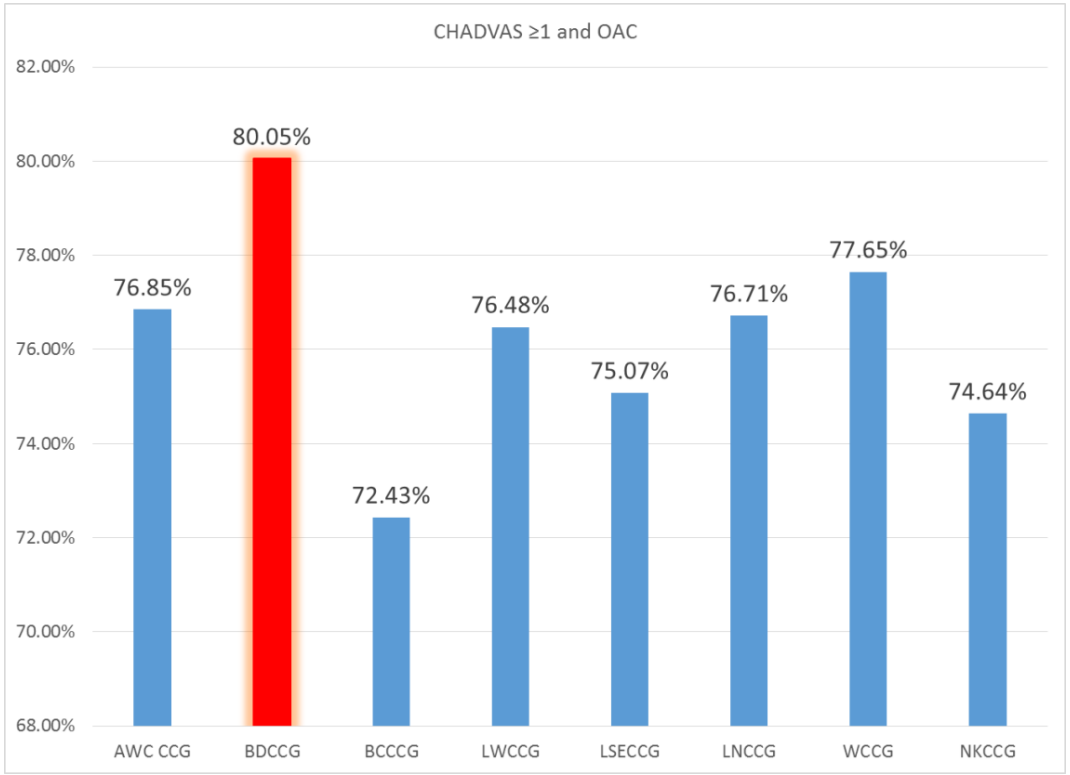
NHS
Bradford Districts
Clinical Commissioning Group



# Summary of OAC treatment options personalised for patient's score



# AF across West Yorkshire (Feb 2016)




BD CCG: The highest achievement across West Yorkshire (which is 300-400 GP practices, total pop 1.5 million people). **May 2016**: even higher at **82% anticoagulated** and still rising.

# Population impact

NHS
Bradford Districts
Clinical Commissioning Group

Mean CHADVASc = 4, NNT to prevent one stroke = 11

Potentially programme could prevent 82 strokes (per 1.5-1.7 years depending on study)

Using NICE's assumption, cost of stroke = £11,000

This could potentially save £900,000

Also frees up 2,200 "bed days" per year in hospital

# BRADFORD'S HEALTHY HEARTS


## Hypertension

# Undiagnosed hypertension

NHS
Bradford Districts
Clinical Commissioning Group

- Estimated 37,000 with **undiagnosed** hypertension in the CCG.
- Started collaboration with the CDC in USA and developed two initiatives

**Patients With Undiagnosed Hypertension**
**Hiding in Plain Sight**

Hilary K. Wall, MPH[1]; Judy A. Hannan, RN, MPH[1]; Janet S. Wright, MD[1]

JAMA 2014

- Developed a system to:
  - ❖ Flag any patients with undiagnosed hypertension "hiding in plain sight"
  - ❖ Identify people on anti-hypertensive medication and not on a hypertension register – about 1% increase in prevalence achieved with just a few clicks of GP software. Completed over around 1-2 months

# Aim of hypertension workstream

- Aim to achieve blood pressure control for a minimum 76% of patients in the next 2 years
- Current achievement 63%; in order to get to 76% over 4400 patients need to get their blood pressure under 140/90
- Already improved by 700 patients over just a few weeks!
- Service recently procured:
- Education programme for all new hypertensives
- Self-monitoring [with machine] instruction
- Self titration of medication

# Combined outcomes

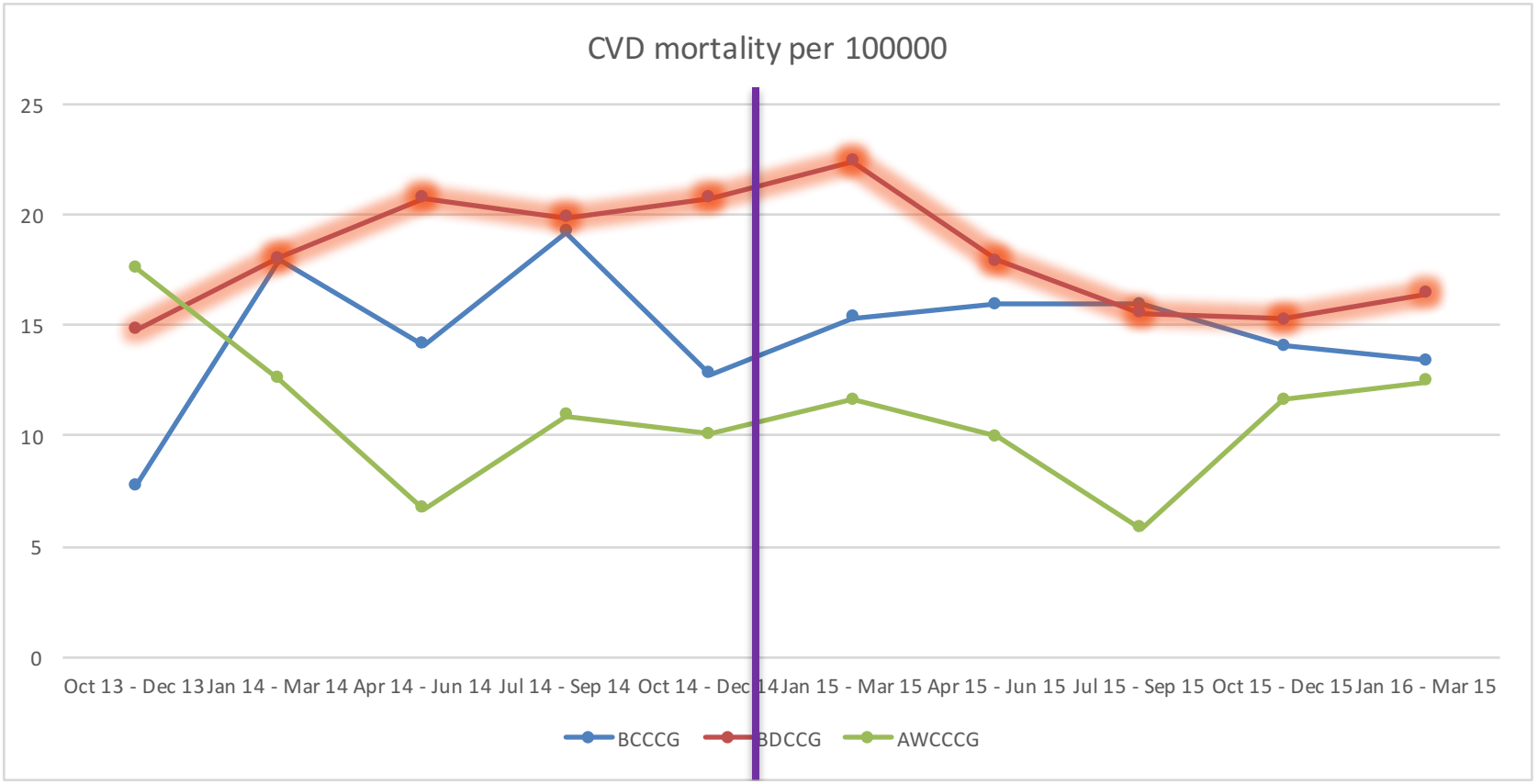
NHS
Bradford Districts
Clinical Commissioning Group

## To date for Bradford's Healthy Hearts:

- Switched 6000 statins
- QRISK >20%: 4000 started on statins
- QRISK 10-20%: 3000 started on statins
- AF: >1000 started on OAC
- Hypertension: over 2,500 newly diagnosed, nearly 1% increase in prevalence. Nearly 700 with BP newly to target

**Over 15 months, more than 17,000 people had an intervention that improved their health.**

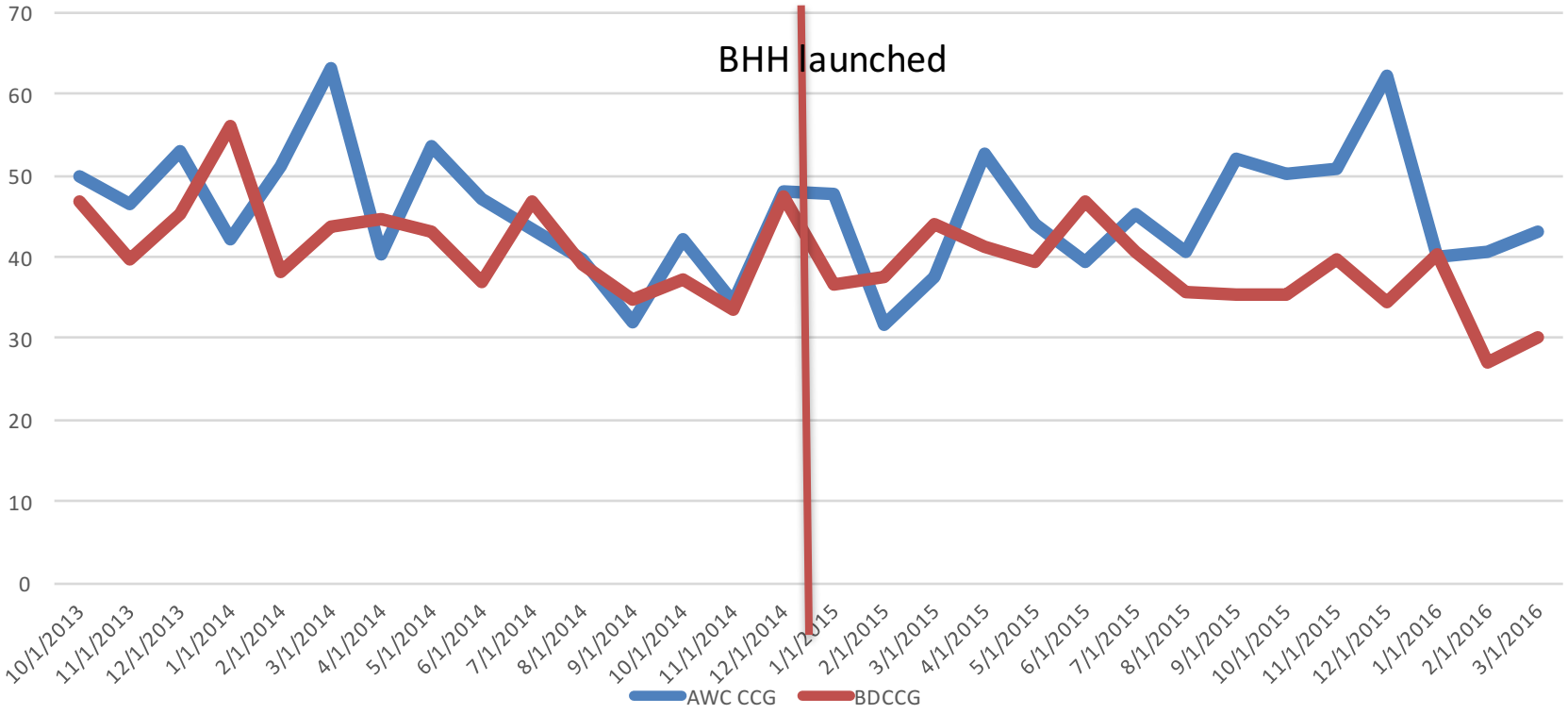
# CVD mortality rate under 75 per 100,000 population pre-BHH versus post-BHH



# Percentage change in CVD mortality under 75 (absolute numbers)

| Airedale, Wharfedale & Craven CCG | Bradford City CCG | Bradford Districts CCG |
|---|---|---|
| • Increased 3% | • Reduced 6.5% | • Reduced 6.6% |

# Under 75 non-elective admissions for CVD (MI and stroke)



# Non-elective admissions before BHH intervention vs "control group", AWC CCG

| Airedale, Wharfedale & Craven CCG | Bradford Districts CCG |
| --- | --- |
| • Mean CVD non-elective per month per 100,000 population = 46.4/m/100,000 | • Mean CVD non-elective per month per 100,000 population = 42.8/m/100,000 |

**P = 0.1 for difference between groups**

**No statistical difference between groups**

# Non-elective admissions after BHH intervention vs "control" group

| Airedale, Wharfedale & Craven CCG | Bradford Districts CCG |
| --- | --- |
| • Mean CVD non-elective per month per 100,000 population = 45.7/m/100,000 | • Mean CVD non-elective per month per 100,000 population = 37.6/m/100,000 |

**P=0.003 for difference between groups**

**8.1 fewer admissions per month per 100,000**

# Non-elective admissions: change over time*

NHS
Bradford Districts
Clinical Commissioning Group

## Airedale, Wharfedale & Craven CCG

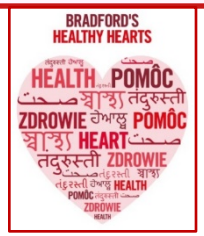
- CVD non-elective admissions change over time = -1% (-8 fewer CVD events)

## Bradford City CCG

- CVD non-elective admissions change over time = +6% (32 additional CVD events)

## Bradford Districts CCG

- CVD non-elective admissions change over time = -10% (-**211 fewer CVD events**)
- 137 fewer MIs and 74 fewer strokes





www.bradfordshealthyhearts.co.uk

*As compared to the previous 15 months

# Conservative cost savings based on real outcome figures

NHS
Bradford Districts
Clinical Commissioning Group

**Cost of stroke = £11,000**

**74*11000= £814,000**

**Cost of MI = £5,500**

**137*5500= £753,500**

**Gross savings £1,567,500**

**Net savings approximately £1,200,000 over first 15 months**

# Quote from BMJ

NHS
Bradford Districts
Clinical Commissioning Group

Winner, BMJ awards 2016:

***"Inspirational leadership at scale, taking forward ambitious targets to tackle long standing public health challenges, and the engagement with the public whilst balancing demands on the clinical workforce was impressive."***

# Summary



- Population-based mind-set and approach
- Engagement at all levels, across all organisations
- Multiple approaches to the population but not ‘please see your GP/PN to discuss further’
- Flog IT to produce what you want
- Be ambitious and brave!

# Thank you from the team of Bradford Districts CCG