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*The***AHSN***Network*

# Rapid Uptake Product programme 2021/22

Lipid Management

NHS England and NHS Improvement



Dear Colleagues,

The Rapid Uptake programme is all about ensuring we ensure as many patients as possible get access to the best treatment. Each year our programme sets an uptake trajectory for each product which sets out our ambition for the increase in uptake our work will generate. We now have our reporting in for Month 5 and thought this would be a good point to share progress on year to date trajectory.

We have seen strong performance across the board with almost all products performing at, or above, planned growth. This is testament to the incredible work of our collaborative working groups to identify high impact actions and the engagement and support of AHSNs, regions and local organisations to adopt these products and implement positive changes. We are excited to see the further growth as the Pathway Transformation Fund projects begin to come online which should further support and drive access.

Regards,

Jenny Turton

**Deputy Director of Innovation, Research and Life Sciences**  
**Accelerated Access Collaborative**

# Lipid Management Introduction

Cardiovascular disease (CVD) causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. The aim of this programme is to remove barriers to uptake of three lipid-lowering therapies for the optimal management of hypercholesterolaemia in high-risk patients with pre-existing CVD to prevent secondary CVD events:

- high intensity statins which can be prescribed and administered in primary care;
- ezetimibe for use as an adjunct when statin monotherapy is ineffective, or as a monotherapy for those intolerant to statins; and
- PCSK9 inhibitors - inhibit PCSK9 proteins which offers an added LDL cholesterol reduction of up to 60%.

## Programme priorities

1. Performance monitoring of strategies employed across all sites, including those outlier and funded sites receiving focussed support by AHSNs
2. Deliver a real-world evaluation of all funded projects.
3. Undertake a CPRD research study to gain a picture of the people with CVD who are not on optimal lipid lowering therapy
4. Explore and implement primary care incentives to improve the uptake of the medicines in the lipid management pathway (QOF, PCN DES).
5. Produce and raise awareness of the NICE endorsed lipid management pathways.
6. Promote use of standardised Blueteq national funding approval form for PCSK9i prescribing where necessary.
7. Identify and address barriers to patient compliance with and adherence to statins and other cholesterol reducing medication.
8. Develop and implement an education strategy.
9. Reduce the variation in the uptake of NICE guidance for the full range of PCSK9 inhibitors within medicine formularies.

## Uptake performance and raising awareness

### Uptake performance (next slide refers)

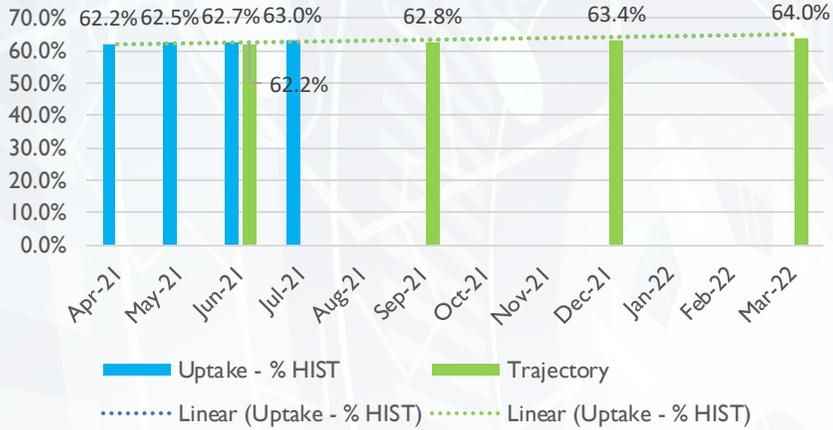
- As at July '21, high intensity statins account for 62.7% of all prescribed statins which is just above planned year to date trajectory. Uptake of ezetimibe prescriptions is also just above expected year to date trajectory. Both are on track to deliver the year end trajectories set for these medicines.
- As at August '21, PCSK9i performance has plateaued. If this continues, PCSK9i will fall short of the full year trajectory at around 80% of planned uptake. This is considered in the context of overall performance of all supported lipid lowering therapies, taking into account the strong performance of high intensity statins and ezetimibe earlier in the pathway.
- Further increase in uptake of all three therapies is expected as pathway transformation funded projects commence this month.

### Raising awareness

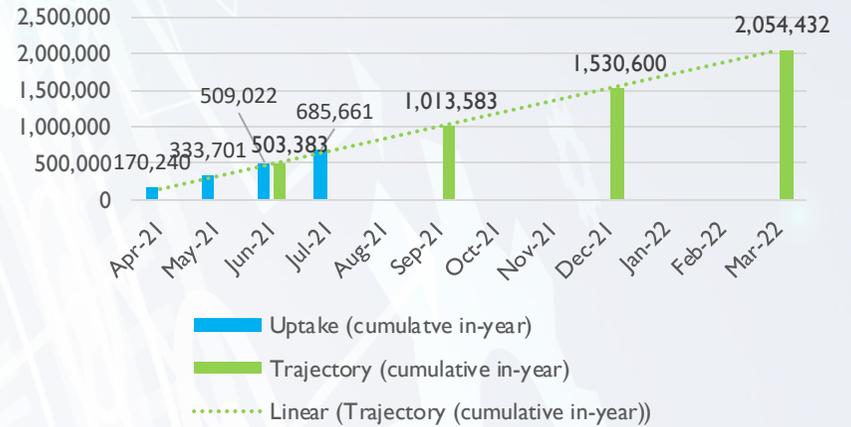
- The AAC is launching a campaign called 'Cholesterol Now' in October to coincide with National Cholesterol Month. The aim is to spread awareness of the available therapies in the lipid management pathway, including those newly approved by NICE for the treatment of patients with high cholesterol.
- The campaign is supported by HEART UK and the AHSN Network.

# Lipid Management Performance

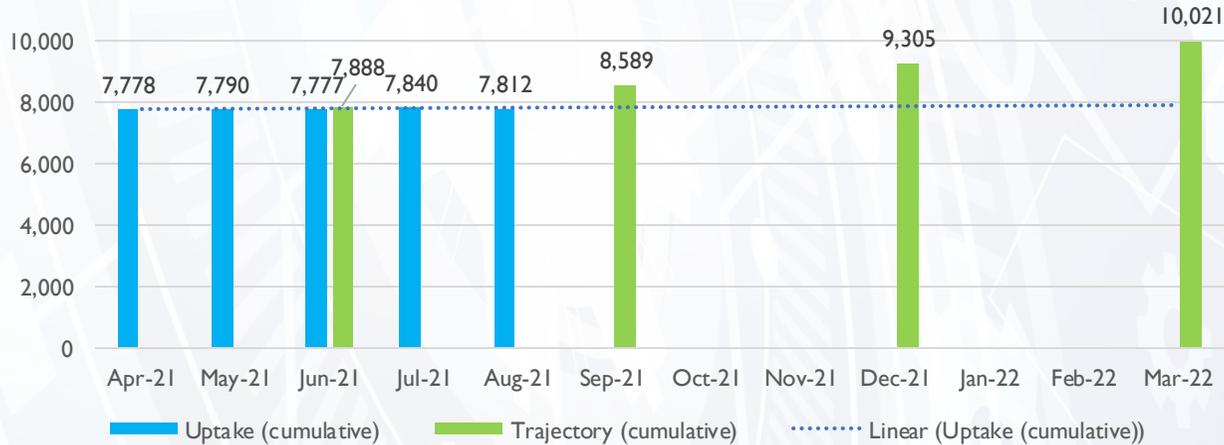
## High intensity statins



## Ezetemibe



## PCSK9i



# Lipid Management Progress

## Key progress to date

- Following publication of NICE FAD “*Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia*”, the AAC has been working to place this into the existing NICE-endorsed clinical pathway.
- 438 healthcare professionals registered for webinar 2 of the Tackling Cholesterol Together education programme which took place on 18 August ‘NICE CG181: what’s in it for me and my patients?’ The next webinar is scheduled to take place on 29th September, ‘How to implement a cholesterol framework in real world primary care’ and now open for [registration](#). CPD eLearning modules are also available to complete on the HEART UK [page](#) on how to better understand and navigate the ‘Statin Intolerance’ and ‘Lipid Management Pathway’ created by the AAC.
- The RUP Working Group completed a review of ICS joint formularies where organisations had been highlighted as being non-compliant with NICE guidance. The aim was to address unwarranted variation and restrictions to prescribing which may prevent patients being able to access appropriate treatment. All relevant formularies have provided evidence of formulary compliance and include the full range of PCSK9i medicines.
- Initial wording proposed for the Primary Care Network Directed Enhanced Service guidance to improve the uptake of the lipid management clinical pathway is currently being considered for inclusion into an Investment and Impact Fund (IIF) indicator guidance with the potential for implementation from April 2022.
- An expert clinician on the RUP Working Group has contributed to preliminary discussions on the potential development of lipid management indicators for inclusion in QOF at the meeting of the NICE Indicator Advisory Committee on 7 September. The discussion explored what is already in existence, gaps in the pathway, and stratification as a concept.

## Key challenges and issues

- The nationwide shortage of blood collection tubes is reported by stakeholder to be causing downstream limitations on optimisation.
- Healthcare professionals in general practice may be avoiding referrals to secondary care wherever possible given the pressure of COVID recovery and changes to service delivery on-line. In addition, many lipid clinicians and outpatient nurses are being otherwise deployed having an adverse impact on waiting lists for lipid clinics. The RUP Working group plan to explore the econsultation model for front line implementation of PCSK9i and develop a case study of the virtual clinic approach to share to help address these issues.
- The introduction of inclisiran and bempedoic acid into the pathway could lead to patients being appropriately optimised earlier in the clinical pathway and further reduce PCSK9i referrals to secondary care.

## Further Information

The relevant NICE guidance are:

- [Cardiovascular disease: risk assessment and reduction, including lipid modification](#)
- [Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia](#)
- [Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia](#)
- [Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia](#)

The NICE-endorsed Lipid Management Pathways can be found here:

- [Summary of national guidance for lipid management for primary and secondary prevention of cardiovascular disease \(CVD\)](#)
- [Statin intolerance pathway](#)

If you would like to discuss further with us then please reach out to the key AAC and AHSN Contacts shown below:

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- Royal College of Physicians
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- British Cardiovascular Society
- NHSEI National Cardiac Network
- UK Clinical Pharmacy Association
- British Association for Cardiac Prevention and Rehabilitation
- British Generic Manufacturers Association