



CVDPrevent Review

SHAUN GREEN

November 2023







CVDPREVENT

Cardiovascular Disease Prevention Audit (CVDPREVENT) is a national primary care audit that automatically extracts routinely held GP data. This tool provides open access to the data, with clear, actionable insights for those tasked with improving cardiovascular health in England.

Home | CVDPREVENT

High blood pressure and cholesterol are leading causes of heart attack and stroke (cardiovascular disease – CVD) in England, common conditions that account for a quarter of premature deaths. CVD is also a major driver of health inequalities, explaining around 20% of the life expectancy gap between most affluent and most deprived communities. Treatment to lower blood pressure and cholesterol is highly effective at preventing these serious events that are life changing for individuals and their families, and very expensive in terms of NHS and social care costs. Despite this, large numbers of people with high blood pressure or high cholesterol do not receive the recommended levels of treatment, and as a result remain at high risk of having a heart attack or stroke.

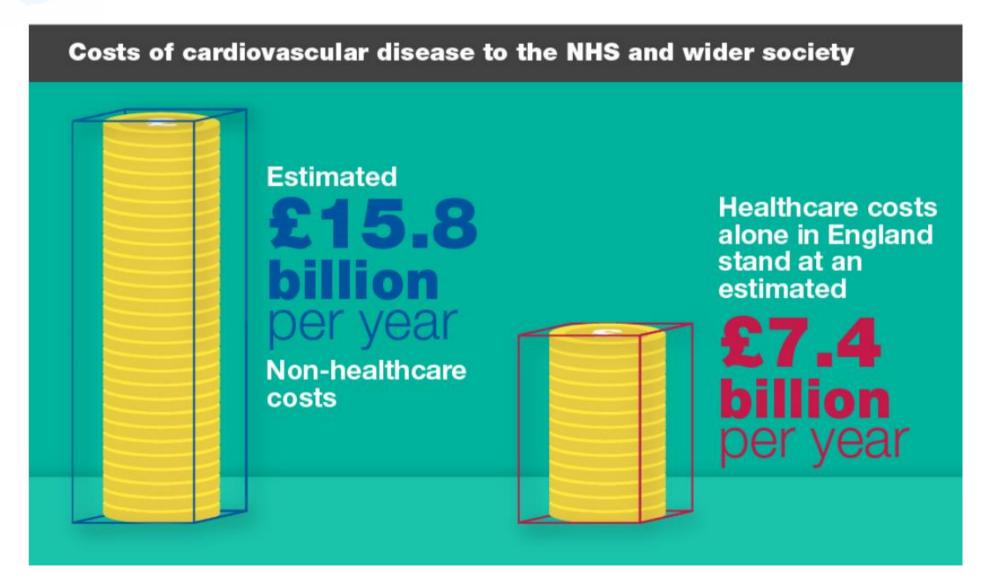






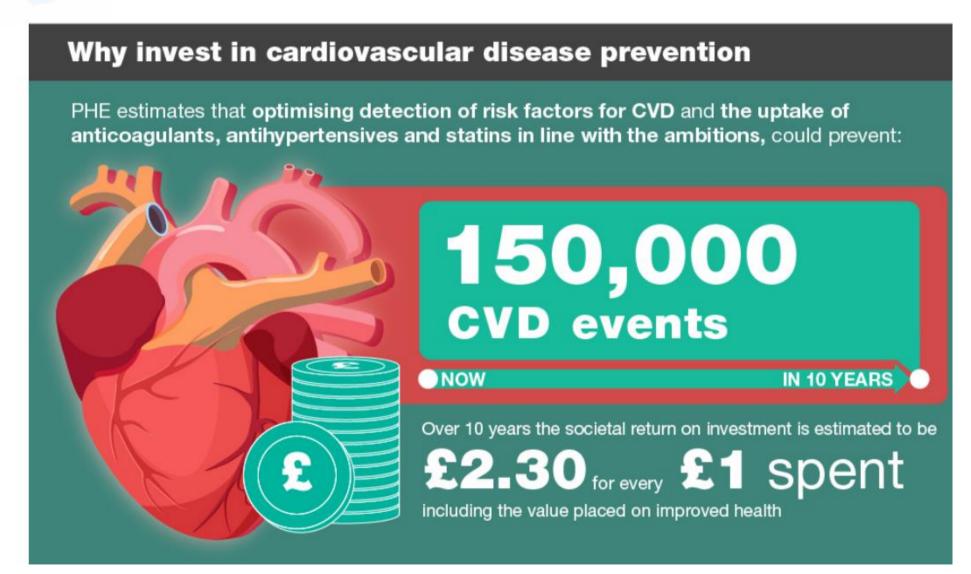








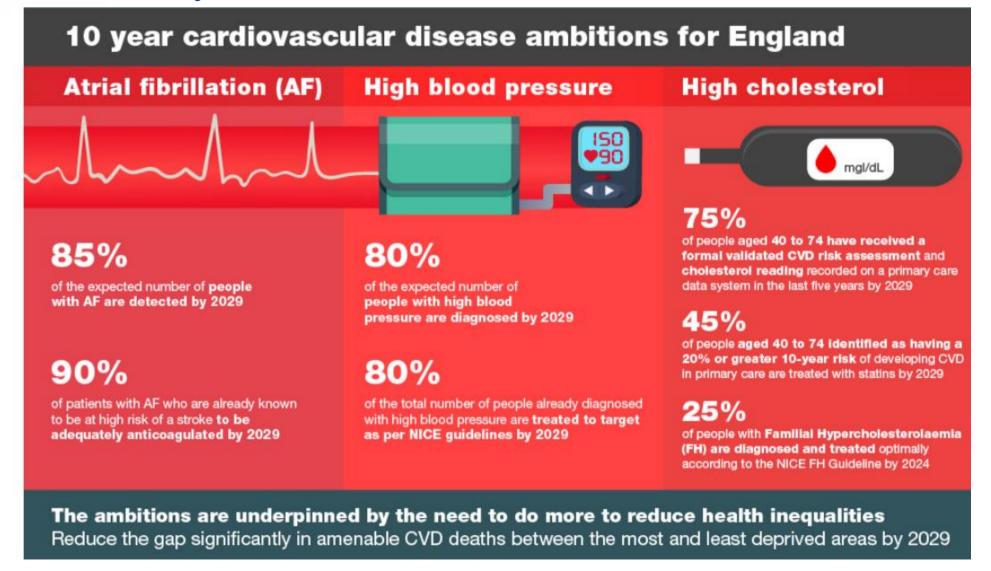






Can Somerset reach the 10 year CVD ambitions set in 2019?









CVDPREVENT

Quality Improvement Tool

See an overview of the data specific to your STP, CCG, PCN or Practice.

Filter by condition:

Filter indicator list by condition type

















Eclipse Live - NHS pathways has patient level searches set up in every practice which will identify;

Patients not currently coded with a CVD condition

Patients currently not treated to target.

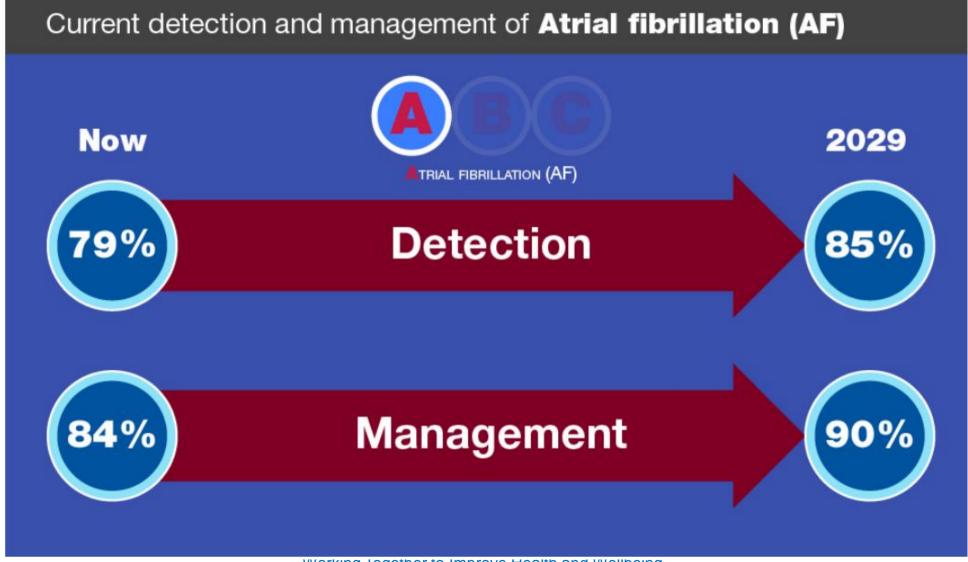
Patients with missing monitoring

Patients where treatment is potentially creating a clinical risk eg DOAC and potential GI Bleed





Untreated AF







Somerset AF prevalence

ATRIAL FIBRILATION DIAGNOSIS

CVDP001AF: Prevalence of GP recorded atrial fibrillation in patients aged 18 and over

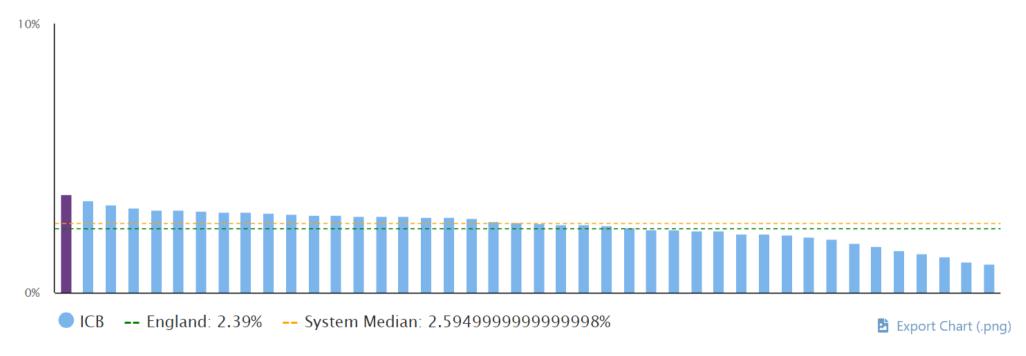
System Level Comparison: NHS Somerset Integrated Care Board against other

Chart Table

ICBs

June 2023







June 2023

Untreated AF



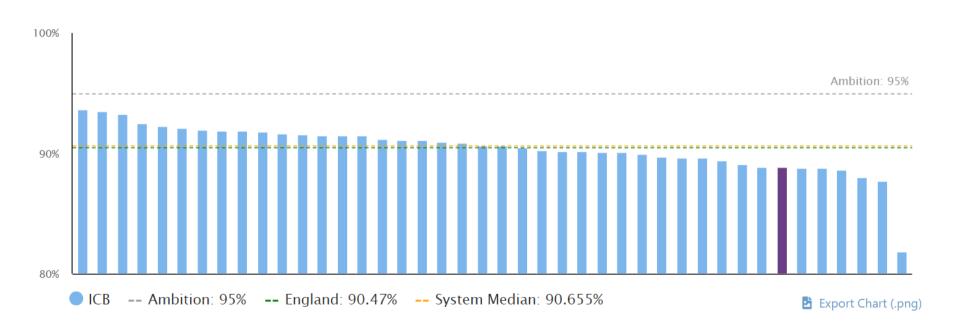
ATRIAL FIBRILATION MANAGEMENT

CVDP002AF: Percentage of patients aged 18 and over with GP recorded atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, who are currently treated with anticoagulation drug therapy

System Level Comparison: NHS Somerset Integrated Care Board against other ICBs

Chart Table

Filter 🕶



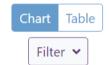


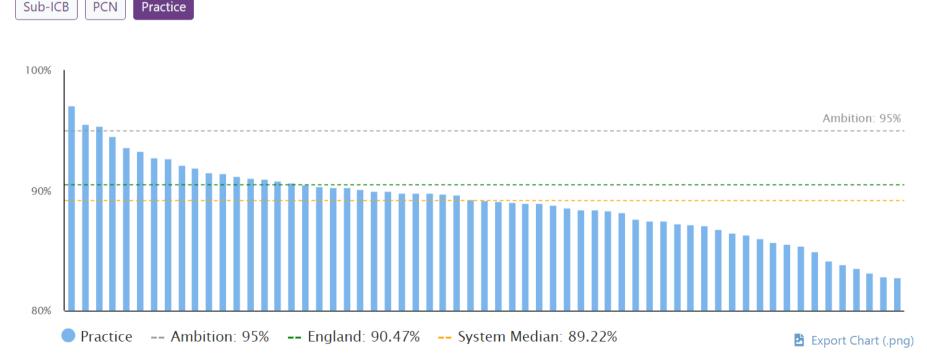
Practice level treated AF



ATRIAL FIBRILATION MANAGEMENT

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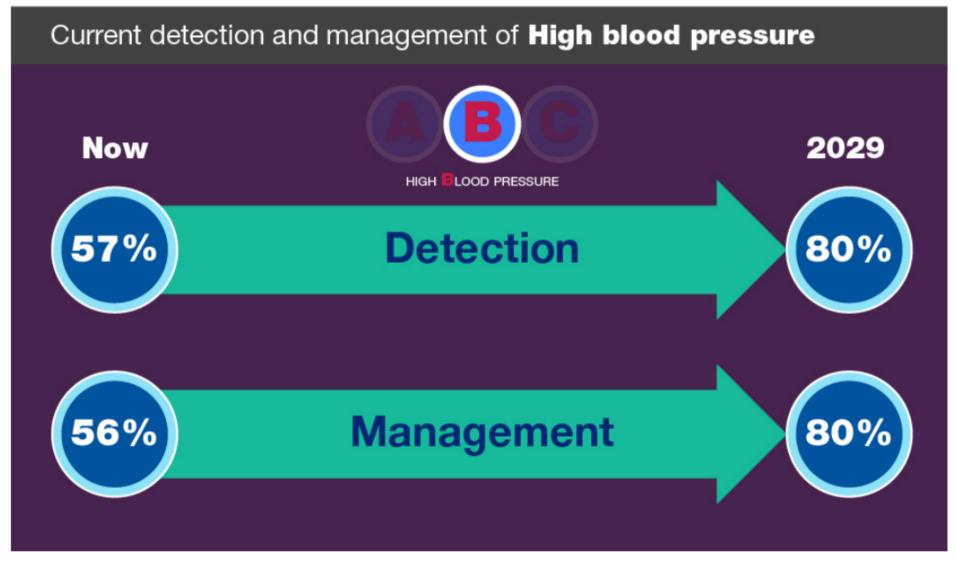






BP treatment to target







Somerset Hypertension prevalence

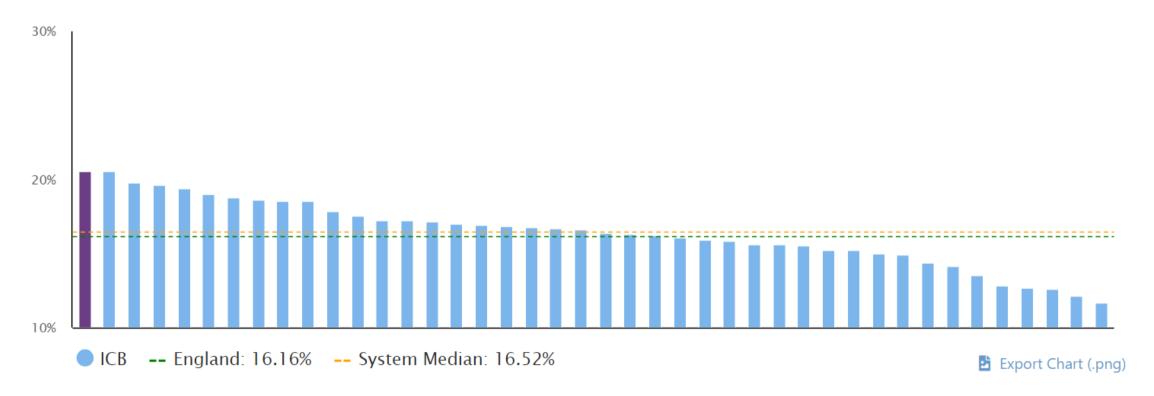


System Level Comparison: NHS Somerset Integrated Care Board against other

Chart Table

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June 2023

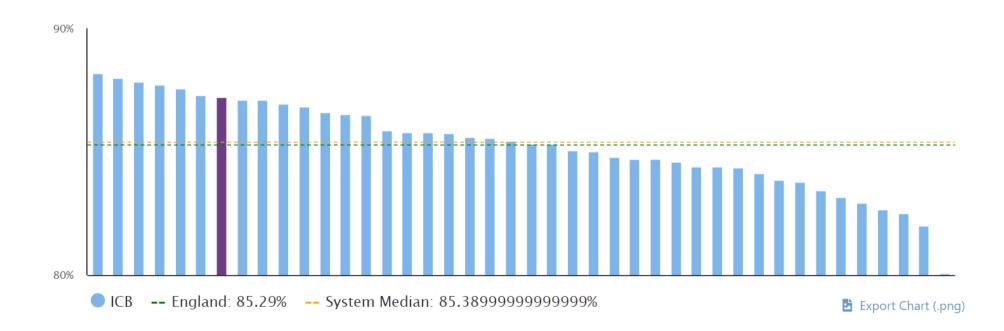
BP monitoring of hypertensive patients



CVDP004HYP: Percentage of patients aged 18 and over with GP recorded hypertension, who have had a blood pressure reading within the preceding 12 months

System Level Comparison: NHS Somerset Integrated Care Board against other ICBs





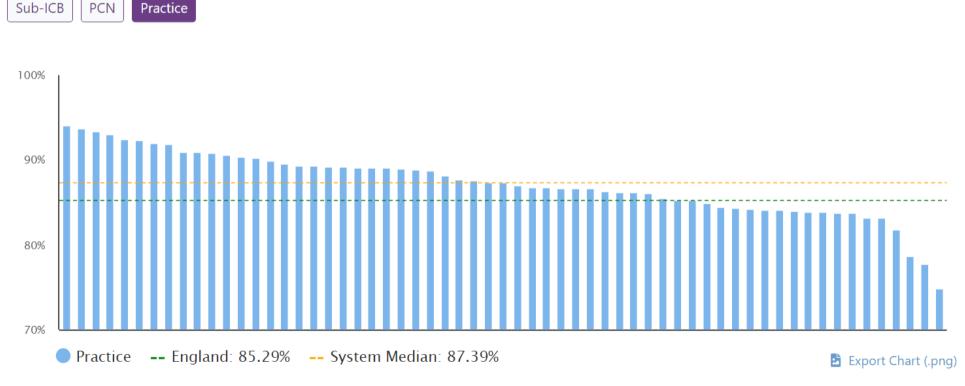


Practice level BP monitoring



CVDP004HYP: Percentage of patients aged 18 and over with GP recorded hypertension, who have had a blood pressure reading within the preceding 12 months







BP treatment to target



CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold.

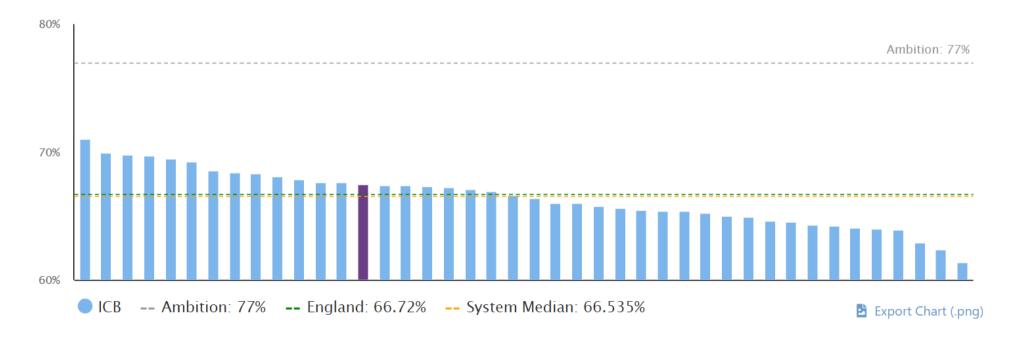
System Level Comparison: NHS Somerset Integrated Care Board against other

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Table

ICBs



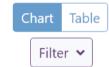


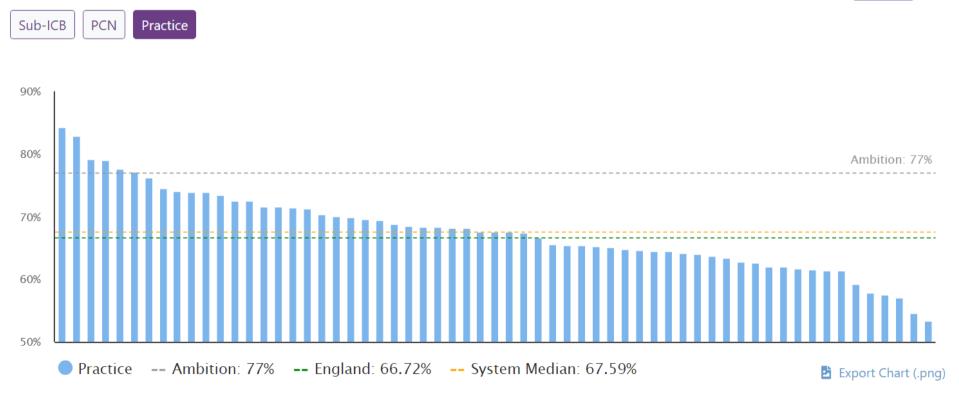


Practice level BP treated to target



CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold.







Practices with lowest % of patients treated to target



CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold.

NIHR Alert: Blood pressure treatment: the risks may be as great as the benefits in older people with frailty

Expert commentaries provided on study that found among people aged ≥80 years, BP medication was as likely to lead to serious fall as to prevent a stroke or heart attack. Findings could inform medication reviews & conversations between clinicians & patients about risks vs benefits.

In Somerset eclipse shows

37% of our existing hypertension patients are aged >75

25% of our existing hypertensive patients have some level of coded frailty (NB some practices have low levels of frailty recorded)



Practices with lowest % of patients treated to target



CVDP007HYP: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age appropriate treatment threshold.

Comorbidities of our Hypertensive patients include

Condition Type	No Patients	Percentage
Mental Health	1,166	1.06%
Current Smoker	17,272	15.66%
Atrial Fibrillation	12,102	10.97%
Hypothyroidism	10,545	9.56%
Dementia	2,986	2.71%
Epilepsy	2,006	1.82%
COPD / Asthma	20,351	18.45%
Diabetes	24,488	22.20%
Hypertension	110,311	100.00%
Vascular Disease	14,129	12.81%



ICBs

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System level lipid treatment of QRISK 10% patients



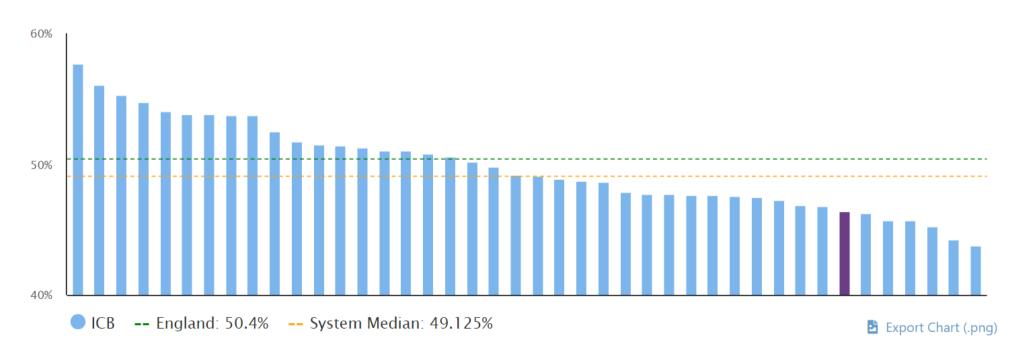
HYPERTENSION MANAGEMENT

CVDP006CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 10% or more, on lipid lowering therapy

System Level Comparison: NHS Somerset Integrated Care Board against other

Chart Table

Filter 🕶



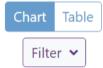


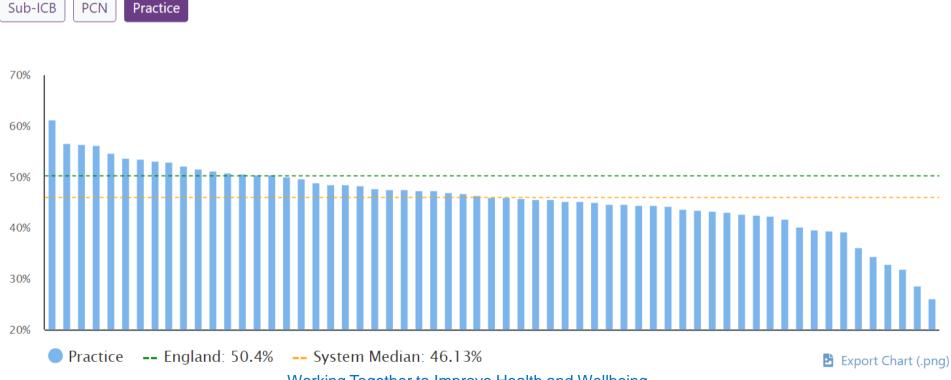
practice level lipid treatment of QRISK 10% patients





CVDP006CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 10% or more, on lipid lowering therapy







System level lipid treatment of QRISK 20% patients



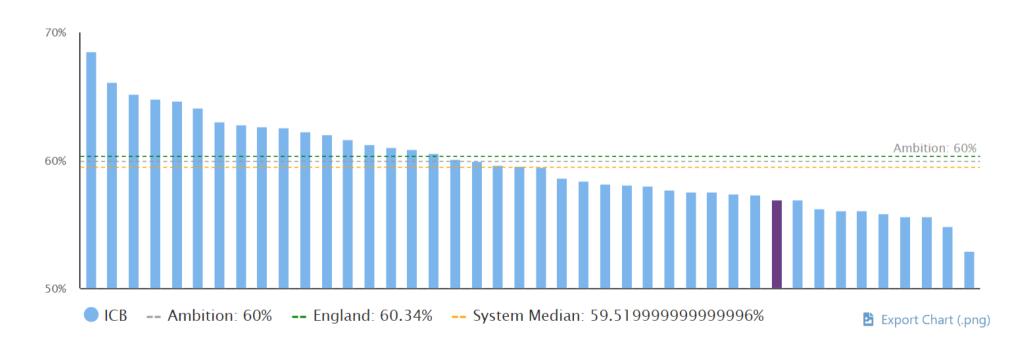


CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy

System Level Comparison: NHS Somerset Integrated Care Board against other

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ICBs June 2023



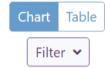


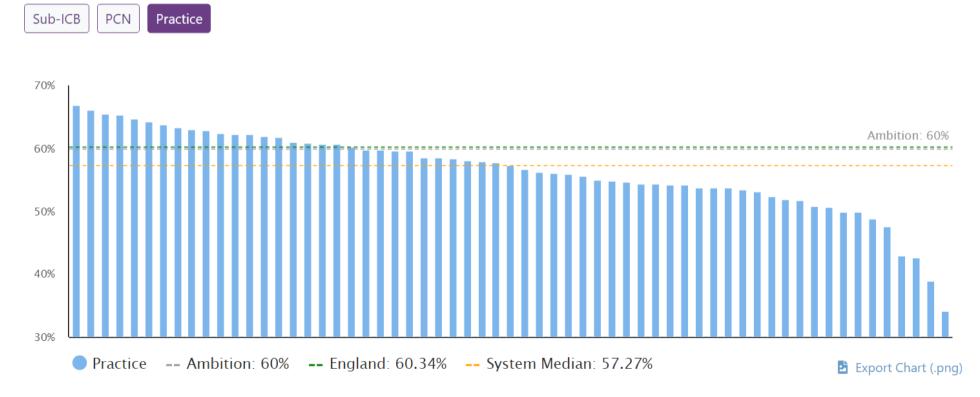
practice level lipid treatment of QRISK 20% patients





CVDP003CHOL: Percentage of patients aged 18 and over with no GP recorded CVD and a GP recorded QRISK score of 20% or more, on lipid lowering therapy







CVD prevalence



CVDP001CVD: Prevalence of GP recorded cardiovascular disease (wide definition) in patients aged 18 and over

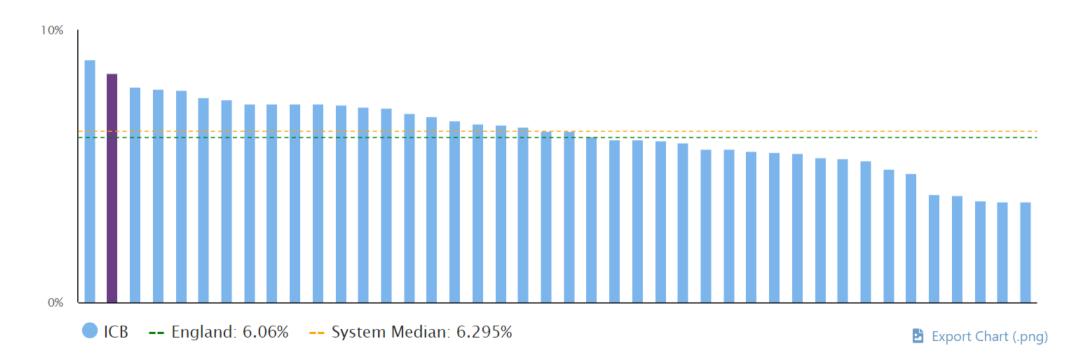
System Level Comparison: NHS Somerset Integrated Care Board against other

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system level lipid treatment of existing CVD patients



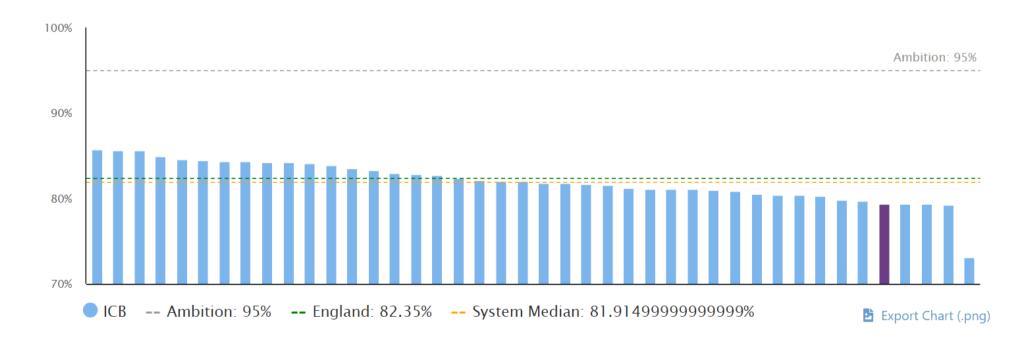


CVDP009CHOL: Percentage of patients aged 18 and over with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy.

System Level Comparison: NHS Somerset Integrated Care Board against other

ICBs June 2023







Sub-ICB

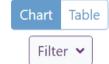
practice level lipid treatment of existing CVD patients

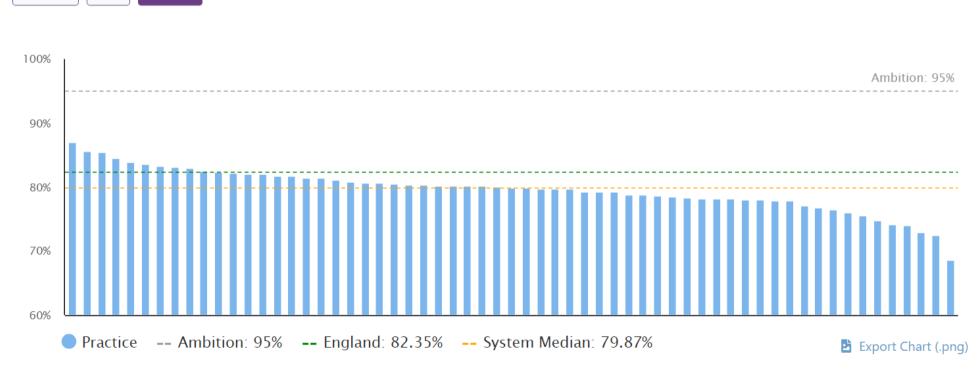




Practice

CVDP009CHOL: Percentage of patients aged 18 and over with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy.









Comorbidities of existing CVD patients

Secondary Prevention of Coronary Heart Disease [Oct 23] comorbidities

Condition Type	No Patients	Percentage
Current Smoker	4,422	19.15%
Hypertension	13,733	59.47%
Vascular Disease	19,844	85.93%
Mental Health	236	1.02%
Atrial Fibrillation	4,507	19.52%
Hypothyroidism	2,354	10.19%
Dementia	896	3.88%
Epilepsy	435	1.88%
COPD / Asthma	4,810	20.83%
Diabetes	6,708	29.05%

Working Together to Improve Health and Wellbeing



System level achievement of lipid targets in existing CVD patients

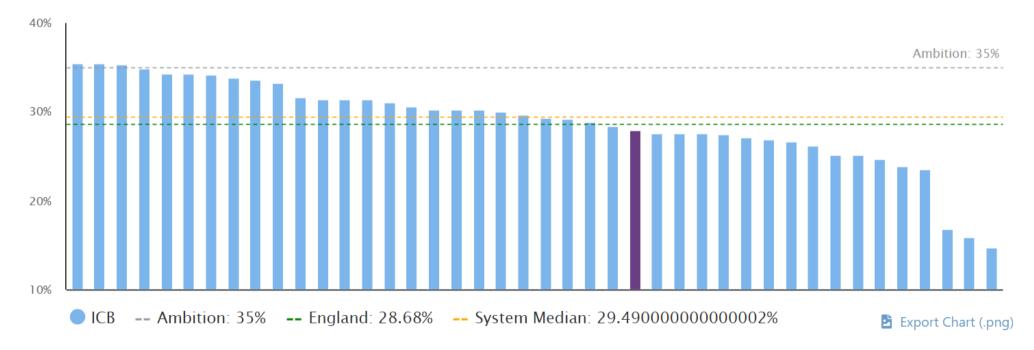


CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDLcholesterol less than 1.8mmol/l

System Level Comparison: NHS Somerset Integrated Care Board against other

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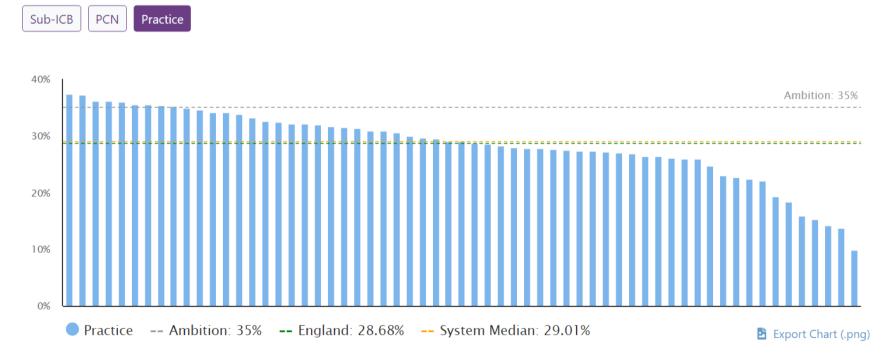


Practice level achievement of lipid targets in existing CVD patients



CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l









Familial Hypercholesterolaemia (FH).

FH affects approximately between 1 in 250 to 1 in 500 people in the UK, which is about 130,000 to 260,000 people, including children. If untreated, about 50% of men and 30% of women with FH will develop coronary heart disease by the time they are 55.







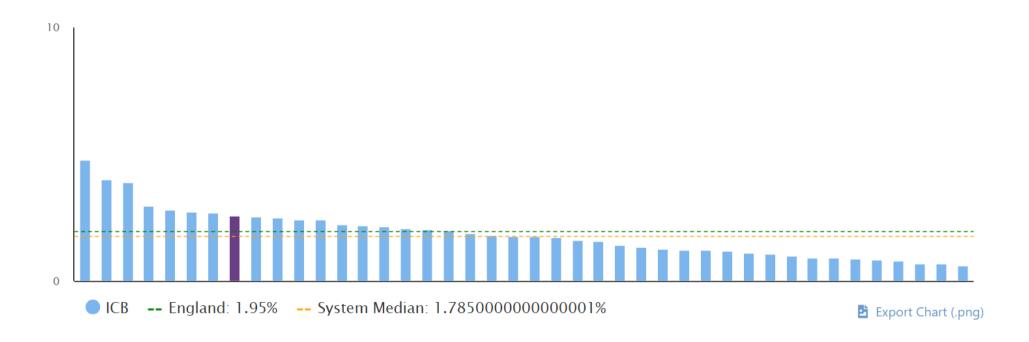
CVDP002FH: Prevalence of GP recorded possible, probable or confirmed familial hypercholesterolaemia, all ages (rate per 1,000 patients)

System Level Comparison: NHS Somerset Integrated Care Board against other

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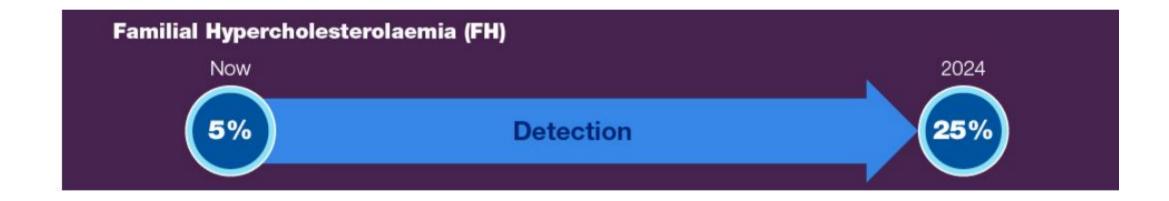














FH



CVDP002FH: Prevalence of GP recorded possible, probable or confirmed familial hypercholesterolaemia, all ages (rate per 1,000 patients)



CVD-04: Percentage of patients aged 29 and under with a total cholesterol greater than 7.5 OR aged 30 and over with a total cholesterol greater than 9.0 who have been referred for assessment for familial hypercholesterolaemia

12.6% 1810

261 / 2,071







DIAGNOSIS

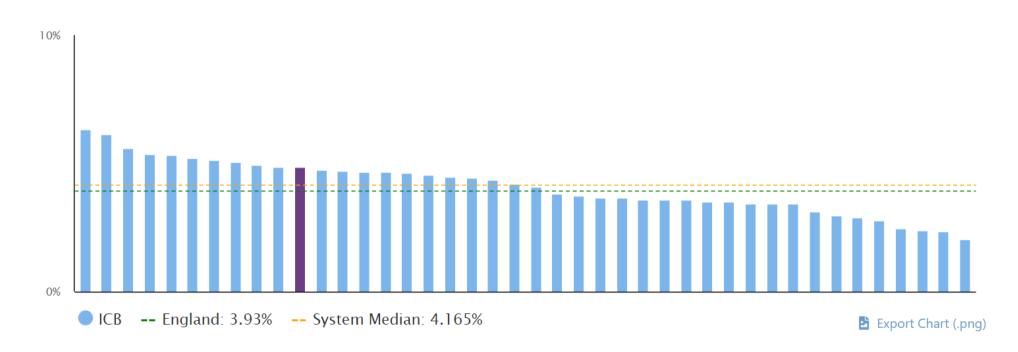
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CVDP001CKD: Prevalence of GP recorded CKD (G3a to G5) in patients aged 18 and over

System Level Comparison: NHS Somerset Integrated Care Board against other ICBs

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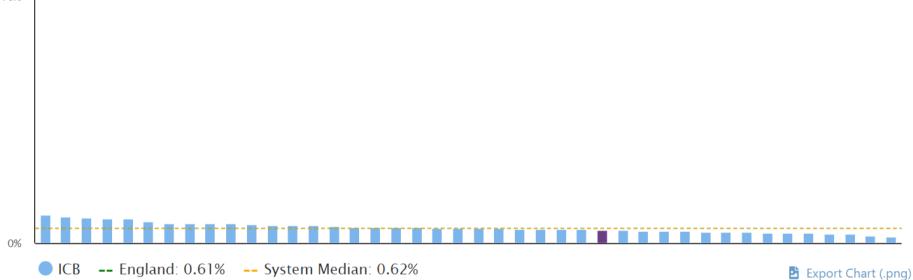
CHRONIC KIDNEY DISEASE IDENTIFICATION

CVDP002CKD: Percentage of GP registered patients aged 18 and over, with 2 low eGFRs with no GP recorded CKD (G3a to G5)

System Level Comparison: NHS Somerset Integrated Care Board against other

Chart Table

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CHRONIC KIDNEY DISEASE MONITORING

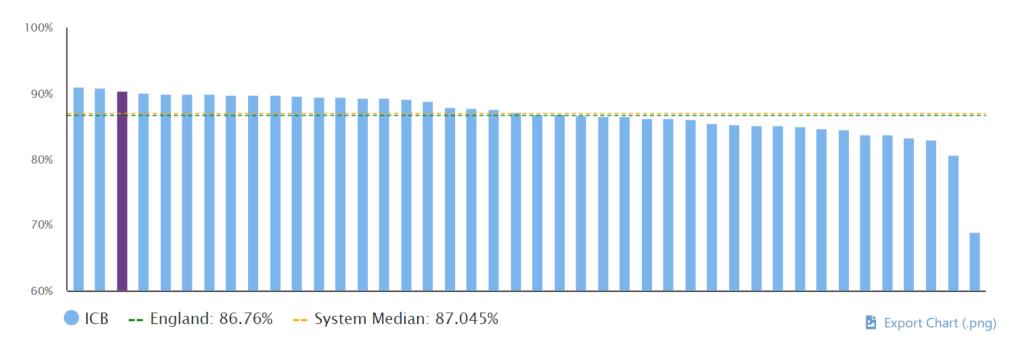
CVDP006CKD: Percentage of patients aged 18 and over with GP recorded CKD (G3a to G5), with a record of an eGFR test in the preceding 12 months

System Level Comparison: NHS Somerset Integrated Care Board against other

Chart Table

Filter •

ICBs June 2023





June 2023

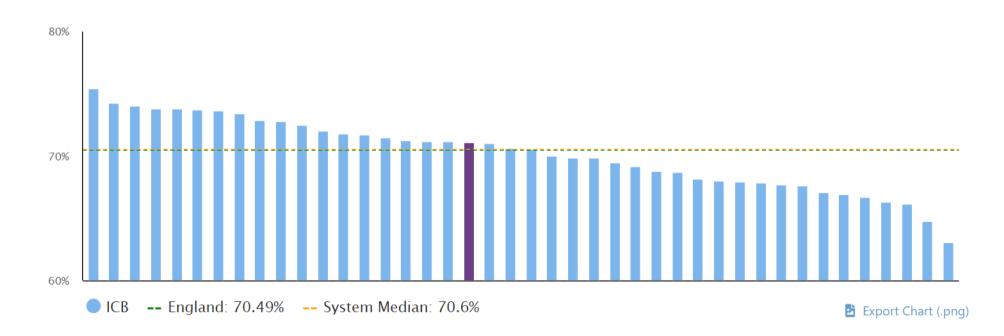




CVDP005CKD: Percentage of patients aged 18 and over with GP recorded CKD (G3a to G5), hypertension and proteinuria, currently treated with renin-angiotensin system antagonists

System Level Comparison: NHS Somerset Integrated Care Board against other ICBs

Chart Table



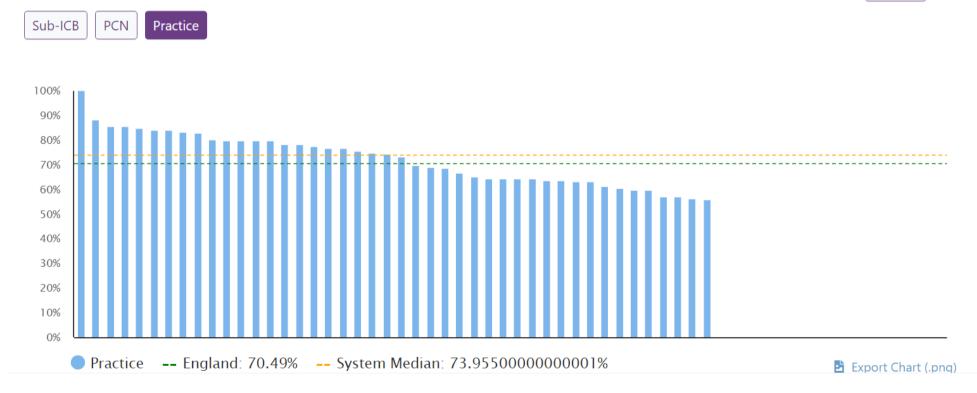






CVDP005CKD: Percentage of patients aged 18 and over with GP recorded CKD (G3a to G5), hypertension and proteinuria, currently treated with renin-angiotensin system antagonists









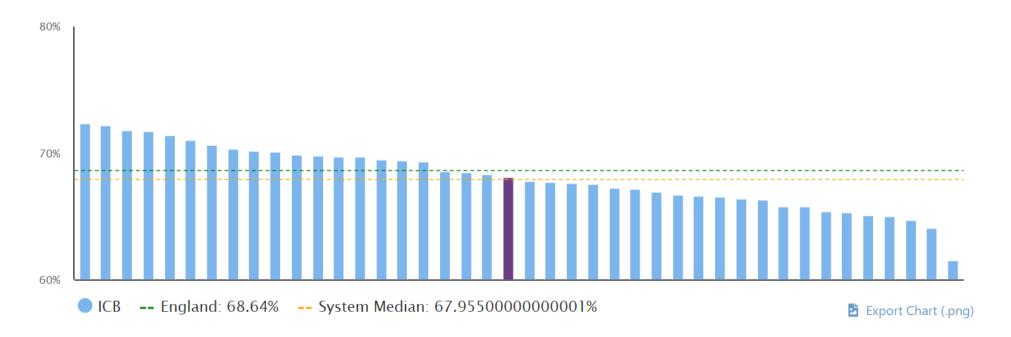


CVDP007CKD: Percentage of patients aged 18 and over with GP recorded CKD (G3a to G5) with an ACR of less than 70 mg/mmol, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.

System Level Comparison: NHS Somerset Integrated Care Board against other

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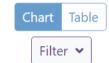


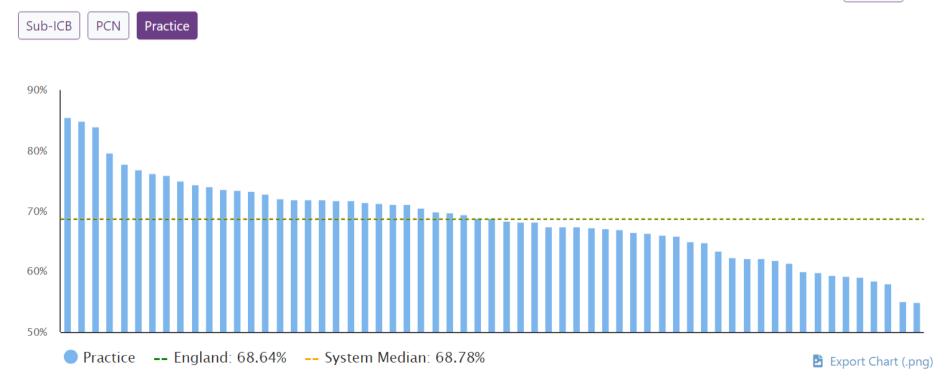






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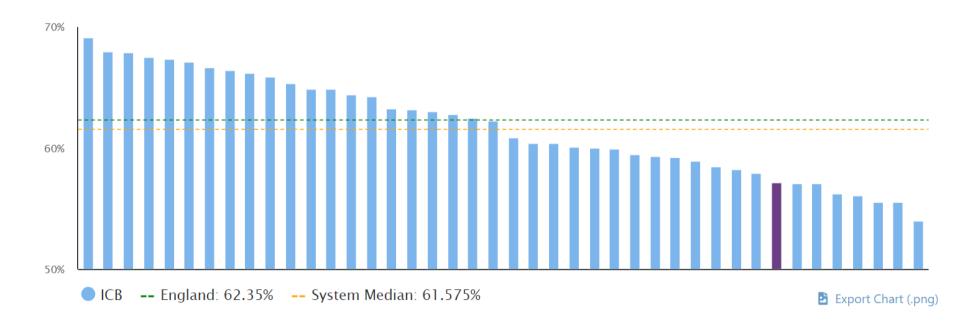
CHRONIC KIDNEY DISEASE MANAGEMENT

CVDP010CHOL: Percentage of patients aged 18 and over with GP recorded CKD (G3a to G5), who are currently treated with lipid lowering therapy.

System Level Comparison: NHS Somerset Integrated Care Board against other

ICBs June 2023







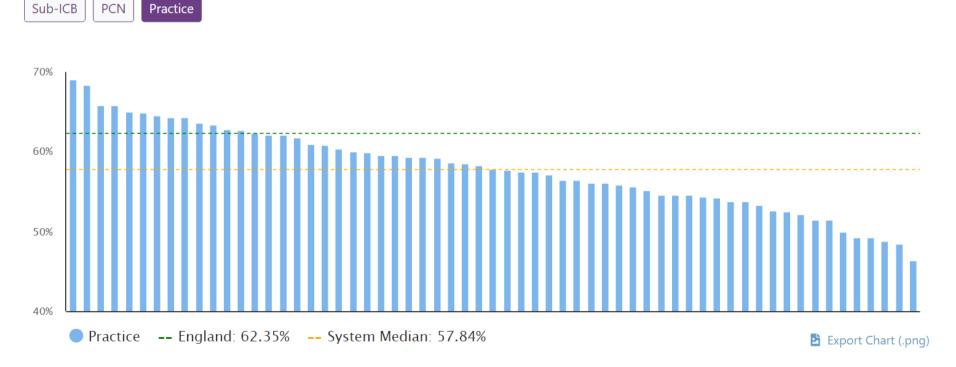




CHRONIC KIDNEY DISEASE MANAGEMENT

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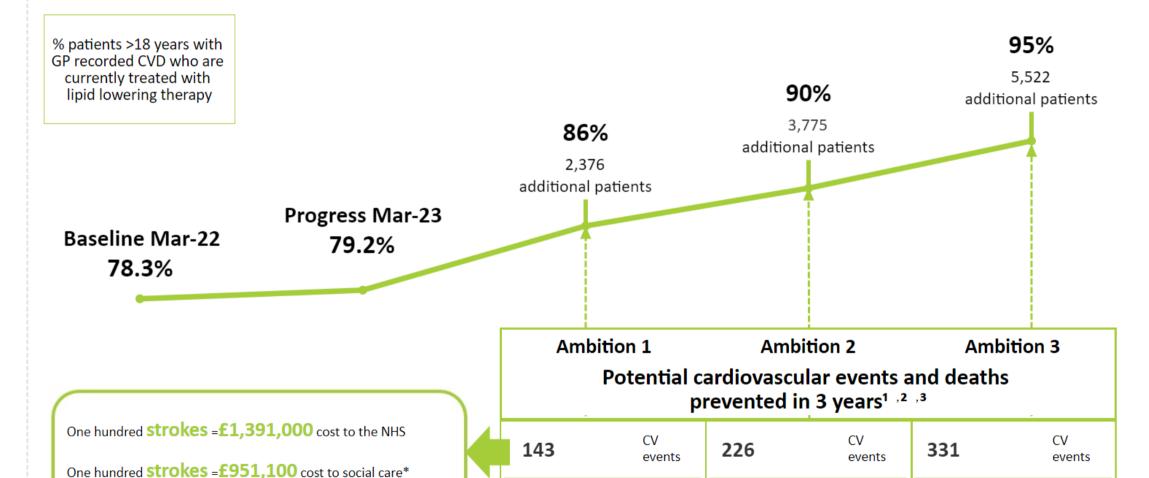




One hundred heart attacks = £746,600 cost to the NHS

Next steps – address unmet lipid management to prevent CV events - June 23 (79.42%)





17

27

deaths

40

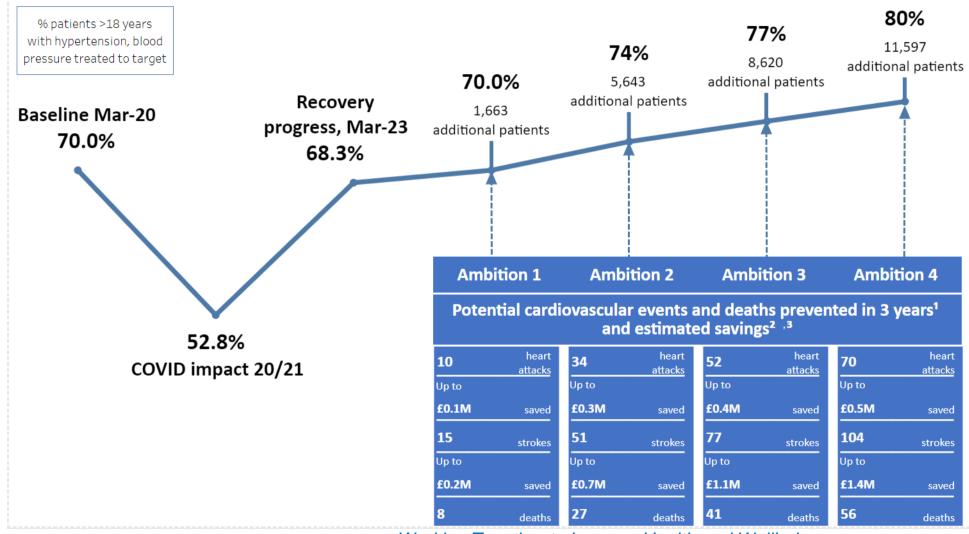
deaths

deaths



Next steps – optimise blood pressure control to reduce strokes and CV Events (June 23 67.59%)





Working Together to Improve Health and Wellbeing