

Background

CVDPREVENT is a national primary care audit that will automatically extract routinely held GP data, via GPES. It will provide a foundation for professionally led quality improvement in individual GP practices across Primary Care Networks (PCNs). The data helps highlight gaps, identify inequalities and monitor improvement and impact on inequalities, as well as enabling opportunities for improvement in diagnosis and management of the high-risk conditions for CVD.

Time for Action

Across NHS Somerset Integrated Care Board at the end of September 2024:

- **13,130 people** with hypertension did not have a recent blood pressure reading
- **35,705 people** with hypertension were not treated to the appropriate blood pressure threshold
- **15,385 people** at a high risk of CVD did not have a current prescription for lipid lowering therapy

Using the UCLPartners *Size of the Prize* resources, it is estimated that addressing the unmet treatment gap by initiating lipid-lowering therapy (LLT) in an additional **4,719 adults** with GP-recorded cardiovascular disease (CVD) who are currently not receiving LLT within **NHS Somerset Integrated Care Board** could prevent approximately **283 CVD events** and save **34 lives**, potentially resulting in **cost avoidance of up to £3,024,704 for the local healthcare system** over the next three years.

To support increased in national focus on CVD prevention and the revised QOF indicators. The Somerset Medicines Program Board agreed a new scorecard indicator for the 2025/26 prescribing and quality improvement incentive scheme as follows:

CVDPrevent Indicators	Score Card Target for FY 25/26
Patients with GP recorded chronic kidney disease (G3a to G5), who are currently treated with lipid lowering therapy - CVDP010CHOL	>60%
Patients with no GP recorded CVD and a GP recorded QRISK score of 20% or more, who are currently treated with lipid lowering therapy - CVDP003CHOL	>65%
Patients with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy - CVDP009CHOL	>85%

This will reward practices for achieving **2 out of 3** indicators (CVDP010CHOL/CVDP003CHOL/CVDP009CHOL) by latest published CVDPrevent data available in May 2026.

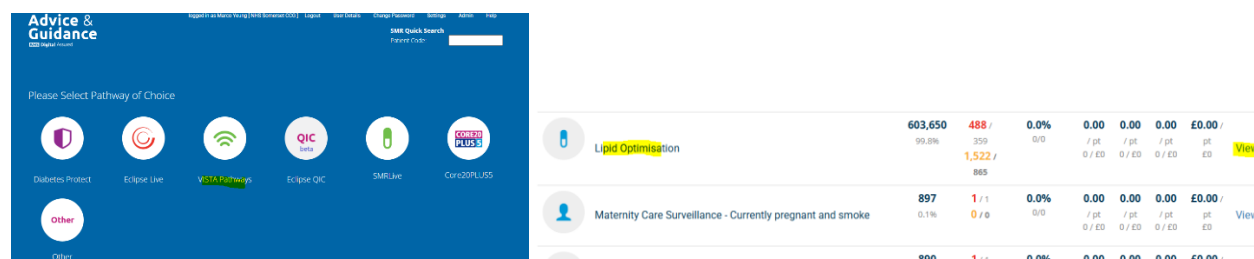
Little Something You Might Like to Know

- CVDPREVENT is a **national primary care audit** designed to support the prevention of cardiovascular disease through data-driven insights. The dataset is **publicly available** and can be accessed via the following link: [Regional & ICS Insights | CVDPREVENT](#)
- **Comparison with QOF Indicators:** Some of the CVDPREVENT GP-recorded prevalence and clinical treatment indicators are similar to those reported through the Quality and Outcomes Framework (QOF). However, the two systems are **not identical**, which leads to **variations in reported figures**. One key difference is that CVDPREVENT does **not capture all clinical codes** that GPs may use to indicate that a patient is either **unsuitable for treatment** or has **opted out based on personal preference**.

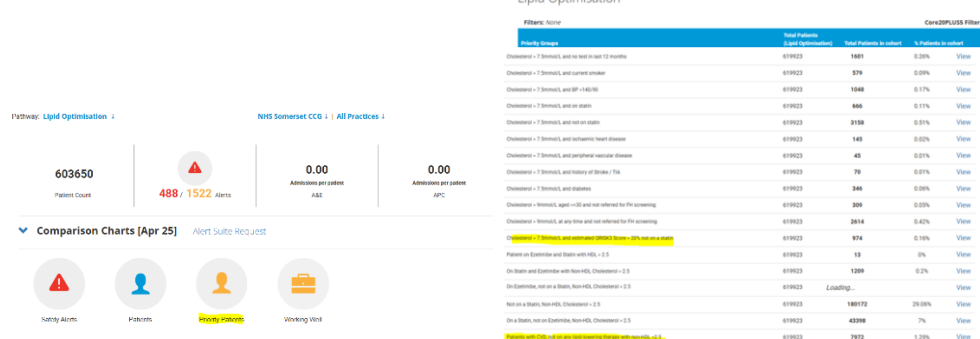
For further information on the methodology used by CVDPREVENT, please refer to: [CVDPREVENT Methodology](#)
For details on business rules, see: [Cardiovascular Disease Prevention Audit \(CVDPREVENT\) – NHS England Digital](#)

Eclipse VISTA Pathway – Lipids Optimisation Module & Chronic Kidney Disease Management Module

To access your practice's module, navigate to **"VISTA Pathways"**, then select the relevant modules—such as **Lipid Optimisation** and/or **CKD Management**—and click **"View"** to open them.



Lipid Optimisation



It's worth noting that the UCL Cholesterol EMIS searches may cover a broader cohort of priority patients than those captured under the KPI9 scorecard.

1.12 Chronic Disease Risk Stratification Searches : Ardens EMIS Web

CVD Prevention

This search folder is broken down by primary and secondary prevention.

For primary prevention (no pre-existing CVD):

- Priority 1 - patients with a QRISK score more than 20% who have CKD or Diabetes, no CVD and not on a statin.
- Priority 2 - patients with a QRISK score 15-19% and not on statin.
- Priority 3 - patients with a QRISK score 10-14% and not on statin.
- Priority 4 - patients on statin for primary prevention but not on high intensity.

For secondary prevention (pre-existing CVD):

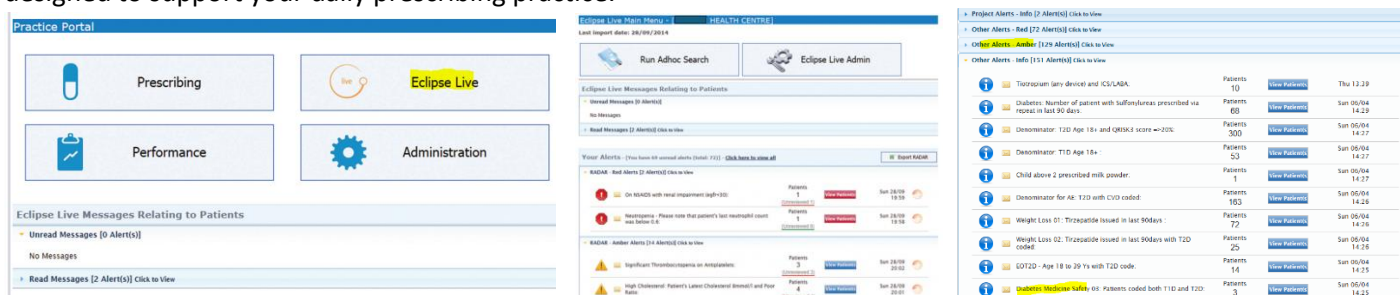
- Priority 1 - patients not on statin therapy.
- Priority 2 - patients on suboptimal statin dose.
- Priority 3 - patients with Non-HDL more than 2.5 despite max tolerated statin therapy.

Eclipse Live Solution – Local Searches

To access Somerset's local eclipse searches, visit [Eclipse Login Page](#) when using HSCN/N3. Log in with your existing Eclipse username and password. If you do not have login credentials, please contact the support team at support@prescribingservices.org



Click “Eclipse Live,” then scroll to bottom to open “Other Alerts- info”, where you will find a set of local CVD searches designed to support your daily prescribing practice.



A set of local **CVD Eclipse live searches*** has been created to support Practices and PCNs enabling opportunities for improvement in management of the high-risk conditions for CVD.

*Note If no patients meet the alert criteria, the alert description will not be displayed.

Version 1 – 2025:

Cholesterol Primary Prevention: Age 25-84Ys, No hx of CVD coded, QRISK score $\geq 20\%$, not on LLT or statin in last 90 days.

Diabetes Medicine Value 06: Type 2 diabetes (Age 25-84Ys, exclude already with hx of CVD) with QRISK $\geq 20\%$, not on statin or LLT in last 90 days.

Diabetes Medicine Value 07: Statin Primary prevention for people age ≥ 40 Ys with type 1 diabetes, not on statin or LLT in last 90 days.

Cholesterol Primary Prevention: Chronic kidney disease, no hx of CVD, latest eGFR < 60 ml/min, not on statin or LLT in last 90 days.

Cholesterol Secondary Prevention: History of CVD coded, no LLT or statin in last 12 months.

As of the date this document was written, our understanding is that the above support tools do not capture all clinical codes that GPs may use to indicate that a patient is either unsuitable for treatment or has opted out/declined based on personal preference.

National Lipids Management Guidance:

- NHSE Summary of national guidance for lipid management : [NHS Accelerated Access Collaborative » Summary of national guidance for lipid management](#)
- NHSE Statin Intolerance Pathway: [NHS Accelerated Access Collaborative » Statin intolerance pathway](#)

Other Useful Resources:

The following resources can help with explaining the benefits and risks of statins to patients:

- NICE – [Are statins the best choice for me?](#)
- NICE – [Tools and resources | Cardiovascular disease: risk assessment and reduction, including lipid modification | Guidance | NICE](#)
- PHE - [Health Matters: What you need to know about statins – UK Health Security Agency](#)
- British Heart Foundation – [Statins information sheet](#)