

Introduction

- PCSK9i are cost-effective treatments for hypercholesterolaemia to reduce risk of cardiovascular disease [1,2]. Since endorsement from NICE, their system-wide usage was significantly lower than expected [3].
- Using Pathway Transformation Funding, supported by Academic Health Science Networks (AHSN) [4], a novel pathway was developed where a prescribing pharmacist working within general practices identified and optimised secondary prevention including PCSK9i initiation, supported by a Consultant Chemical Pathologist.

Objective

- To develop a pharmacist-led model which improves access to PCSK9i through identification of patients within primary care and management within secondary care.

Methods

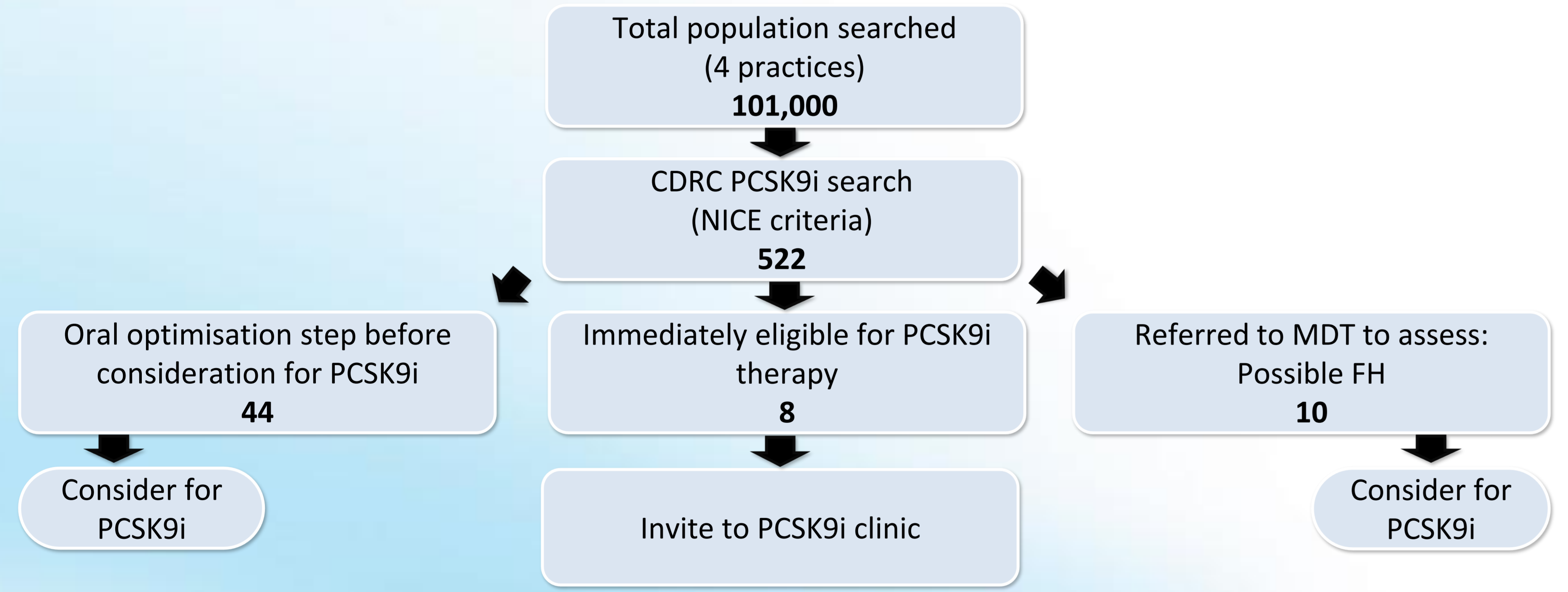
- Searches using clinical Snomed codes were designed within two GP IT systems (EMIS/SystemOne) to highlight patients who potentially met eligibility criteria for PCSK9i.
- Using a quality improvement approach, the team subsequently adopted nationally available searches designed by AHSN [5]. Through engagement with commissioners and general medical practices, pilot sites were identified, meetings held and roles agreed to enable the pharmacist to carry out remote reviews.
- Using a patient-centred approach, telephone consultations were used to discuss lipid optimisation and PCSK9i therapy where appropriate. Where eligible patients wished to commence PCSK9i, information leaflets and placebo devices were sent to the patient and an online video pharmacist clinic carried out.
- Patients identified as meeting Simon Broome criteria for possible Familial Hypercholesterolaemia (FH) were also referred to a lipid MDT for further discussion on diagnosis.

Search Criteria

- CDRC PCSK9i core search criteria:**
- Diagnosed Familial Hypercholesterolaemia (FH) and LDL-C>5mmol/L
 - Diagnosed FH and CHD or PAD or Stroke and LDL-C>3.5mmol/L
 - At least two of CHD, PAD, stroke or recurrent ACS and LDL-C>3.5mmol/L
 - CHD or PAD or stroke and LDL-C>4mmol/L or non HDL-C>5mmol/L or Total Cholesterol>6mmol/L

- CDRC Core PCSK9i searches excluding:**
- Palliative care or moderate to severe frailty
 - Prescribed lipid lowering therapy but not issued within the last 3 months (non concordance)

Results



	Practice 1	Practice 2	Practice 3	Practice 4	Total
Practice list size	24,600	6,600	51,000	18,800	101,000
Patients identified through CDRC search	97	35	273	117	522
PCSK9i initiated	1	1	4	2	8
Patients requiring oral optimisation step	13	3	19	9	44
Patients referred to MDT for possible FH	3	0	4	3	10

Discussion

We developed an effective model which supports remote identification and management of high-risk patients within primary care who would benefit from PCSK9i. This novel use of a prescribing pharmacist reduced referrals to a lipid clinic, supported case finding of patients requiring specialist review and initiated PCSK9i using an online video clinic. The clinical searches, exploiting the coding in primary care systems, were a rapid and effective tool to identify patients potentially eligible for PCSK9i as well as those high-risk patients who may benefit from further optimisation of oral lipid lowering therapy or may meet criteria for genetic causes of hyperlipidaemia.

References

- National Institute of Health and Care Excellence (NICE) (2016) Alirocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. TA393. Available at: <https://www.nice.org.uk/guidance/TA393> (Accessed: 8 March 2021).
- National Institute of Health and Care Excellence (NICE) (2016) Evolocumab for treating primary hypercholesterolaemia and mixed dyslipidaemia. TA394. Available at: <https://www.nice.org.uk/guidance/TA394> (Accessed: 8 March 2021).
- NHS Digital (2019) *NICE Technology Appraisals in the NHS in England (Innovation Scorecard)*. Available at <https://digital.nhs.uk/data-and-information/publications/statistical/nice-technology-appraisals-in-the-nhs-in-england-innovation-scorecard/to-march-2019/2.-estimates-report> (Accessed: 8 March 2021).
- NHS England (2019) *Accelerated Access Collaborative*. Available at <https://www.england.nhs.uk/aac/what-we-do/how-can-the-aac-help-me/pathway-transformation-fund/> (Accessed: 8 March 2021).
- AHSN (2021) *CDRC Precision*. Available at: <https://cdrc.nhs.uk/> (Accessed: 8 March 2021).