

**Joint working executive summary**

<p><b>Project title</b></p>	<p><i>Improving the identification and management of patients with cardiovascular disease and primary hypercholesterolaemia / mixed dyslipidaemia in Nottingham and Nottinghamshire.</i></p>
<p><b>Partner organisation/s</b></p>	<p><i>Nottingham University Hospitals NHS Trust &amp; Sanofi.</i></p> <p><i>This Project has been agreed as part of the Accelerated Access Collaborative (AAC). The AAC was formed in response to the independently-chaired Accelerated Access Review published in October 2016. The AAC brings industry, government and the NHS together to remove barriers to uptake of innovations, so that NHS patients have faster access to innovations that can transform care.</i></p> <p><i>The AAC supports the rapid uptake of products from 7 high-potential technology areas, selected by leaders in the health and care system, with full evidence-based recommendations from NICE, and have potential to deliver cost-savings in year.</i></p> <p><i>PCSK9 inhibitors for the management of hypercholesterolemia were selected as one of the seven NICE recommended rapid uptake products (RUP) to increase patient access and remove barriers across the health innovation landscape.</i></p> <p><i>Funding announced by government in July 2017 is available through the new Accelerated Access Collaborative Pathway Transformation Fund (PTF) to help NHS organisations integrate the rapid uptake products into everyday practices. Delivered with the support of the Academic Health Science Networks (AHSNs) the PTF seeks to improve equality of access to these products.</i></p> <p><i>The PTF, in relation to PCSK9 inhibitors, combines funding from NHS England, Amgen and Sanofi for selected projects to meet the AAC objectives and increase PCSK9i uptake by addressing barriers such as:</i></p> <ul style="list-style-type: none"> <li><i>• Lack of patient identification</i></li> <li><i>• Inconsistent Pathways</i></li> <li><i>• Limited awareness</i></li> <li><i>• Restricted prescribing</i></li> <li><i>• Sporadic LDL-C measurement</i></li> <li><i>• Treatment complexity</i></li> </ul> <p><i>19 applications relating to PCSK9 inhibitors from 12 AHSNs were submitted to the AAC for PFT funding (funding from NHS England, Amgen and Sanofi) and 6 were selected, including University Hospitals of Leicester. Please see resources and costs for more detail.</i></p>

	<p>NHS England have provided equal PTF to the Academic Health and Science Network North East North Cumbria (AHSN-NENC). AHSN-NENC will distribute this accordingly as agreed by the AAC to the 6 successful sites, one of which being Partner for the Project.</p> <p>Details of the parallel funding can be found on Amgen's joint working website.</p>
<b>Project rationale</b>	<p>The overall aim of Nottingham University Hospitals working in partnership with primary care and Sanofi is to improve the identification and management of patients with cardiovascular disease and primary hypercholesterolaemia / mixed dyslipidaemia which will reduce the cardiovascular disease risk for these patients in Nottingham and Nottinghamshire.</p> <p>The specific objectives of the project are:</p> <ul style="list-style-type: none"> <li>• Undertake a systematic search of GP records to identify patients with cardiovascular disease and primary hypercholesterolaemia / mixed dyslipidaemia</li> <li>• Clinical Pharmacist led review of high-risk patients in primary care to optimise cholesterol management with follow-up by practice nurses to review treatment outcomes</li> <li>• Identification of patients with elevated LDL despite maximal lipid lowering medications and referral of these patients to the lipid clinic to review treatment options to improve LDL.</li> </ul>
<b>Project period</b>	<p>This is a 12 month project but the Covid 19 situation means start and end date are expected somewhere between Quarter 2 2020 - Quarter 4 2021, however this may be subject to change.</p>
<b>Project objectives</b>	<p>Predicted Benefits for Patients</p> <ul style="list-style-type: none"> <li>• Increased diagnosis rate and improved management of primary hypercholesterolaemia and mixed dyslipidaemia.</li> <li>• These patients can be treated with appropriate doses of cholesterol lowering medicines according to local guidelines which will lower their risk of cardiovascular disease / event (stroke, myocardial infarction or peripheral vascular disease).</li> <li>• These patients can be educated on cholesterol, diet, exercise and the importance of a healthy lifestyle.</li> <li>• Patient empowerment and engagement in terms of their diagnosis and subsequent clinical management plan (NICE – patient participation is of importance regarding decision making in terms of drug therapy etc)</li> </ul> <p>Predicted Benefits for NHS Organisations</p> <ul style="list-style-type: none"> <li>• Reduce variation in identification and treatment of primary hypercholesterolaemia and mixed dyslipidaemia across Nottingham and Nottinghamshire.</li> </ul>

	<ul style="list-style-type: none"> <li>• Assist PCNs in identifying and managing patients with cardiovascular disease in line with the NHS Long Term Plan</li> <li>• Supports implementation of NICE CG71.</li> <li>• Reduction in cardiovascular disease burden amongst Nottingham and Nottinghamshire patients will reduce associated hospital activity.</li> </ul> <p><i>Predicted Benefits for Sanofi</i></p> <ul style="list-style-type: none"> <li>• The project aims to increase the hypercholesterolaemia and mixed dyslipidaemia diagnosis rates. Patients diagnosed with these conditions will be treated with cholesterol lowering medicines which may include Sanofi medicines for suitable patients in line with NICE TA393 and or local / national guidelines.</li> <li>• Demonstrates collaborative working with the NHS to the benefit of patients and improved reputation through partnering with the AAC initiative.</li> </ul> <p><i>The results of the project will be written up and published to enable the learnings from the project to be shared.</i></p>
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