

Redesign of Annual Cardiovascular Review Process in Primary Care

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1. Background

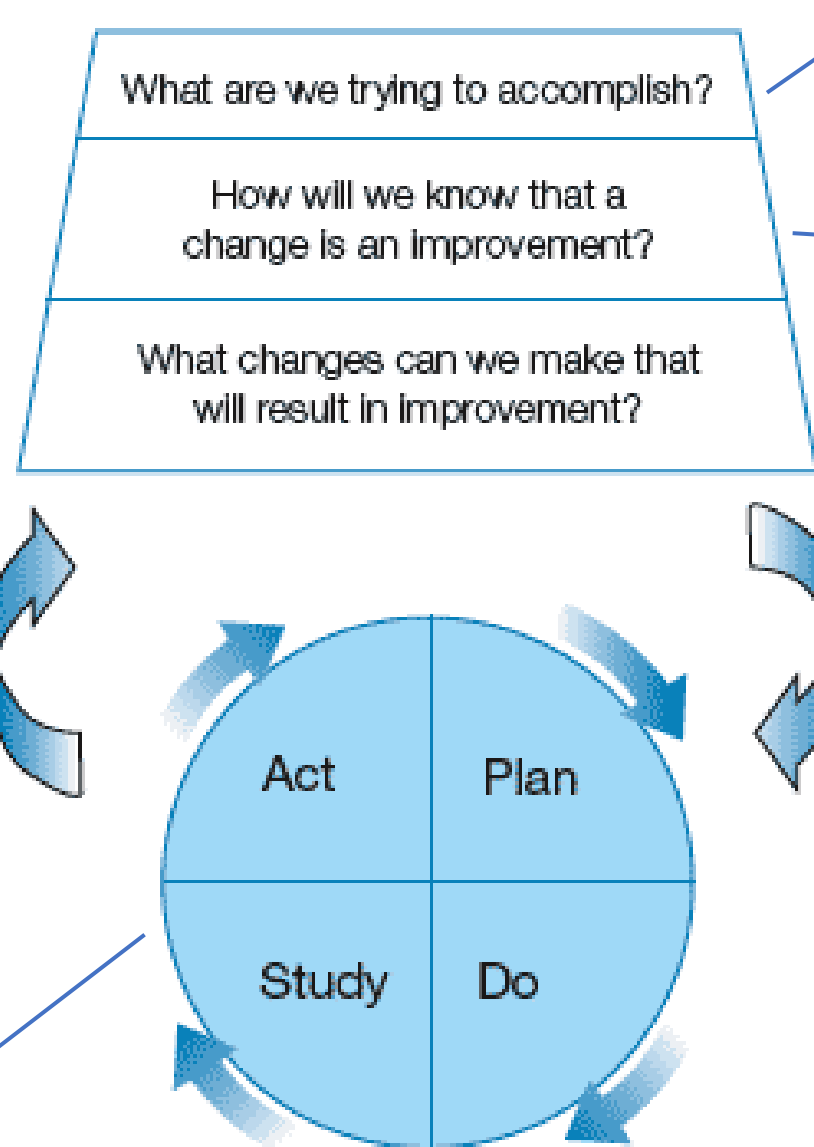
Better prevention, diagnosis and management of cardiovascular disease is the single biggest area where the NHS can **save lives** over the next ten years.¹

Primary Care Networks (PCNs) have the critical role in realising this *NHS Long Term Plan* ambition, principally through **secondary prevention**.¹

The Quality and Outcomes Framework (QOF) is an annual reward and incentive programme for GP surgeries in England. The objective of QOF is to improve the **quality of care** patients are given across a range of key areas of public health and clinical care, including those with **cardiovascular disease**.²

2. Model For Improvement

The Model for Improvement³ is the framework we used to structure our improvement project.



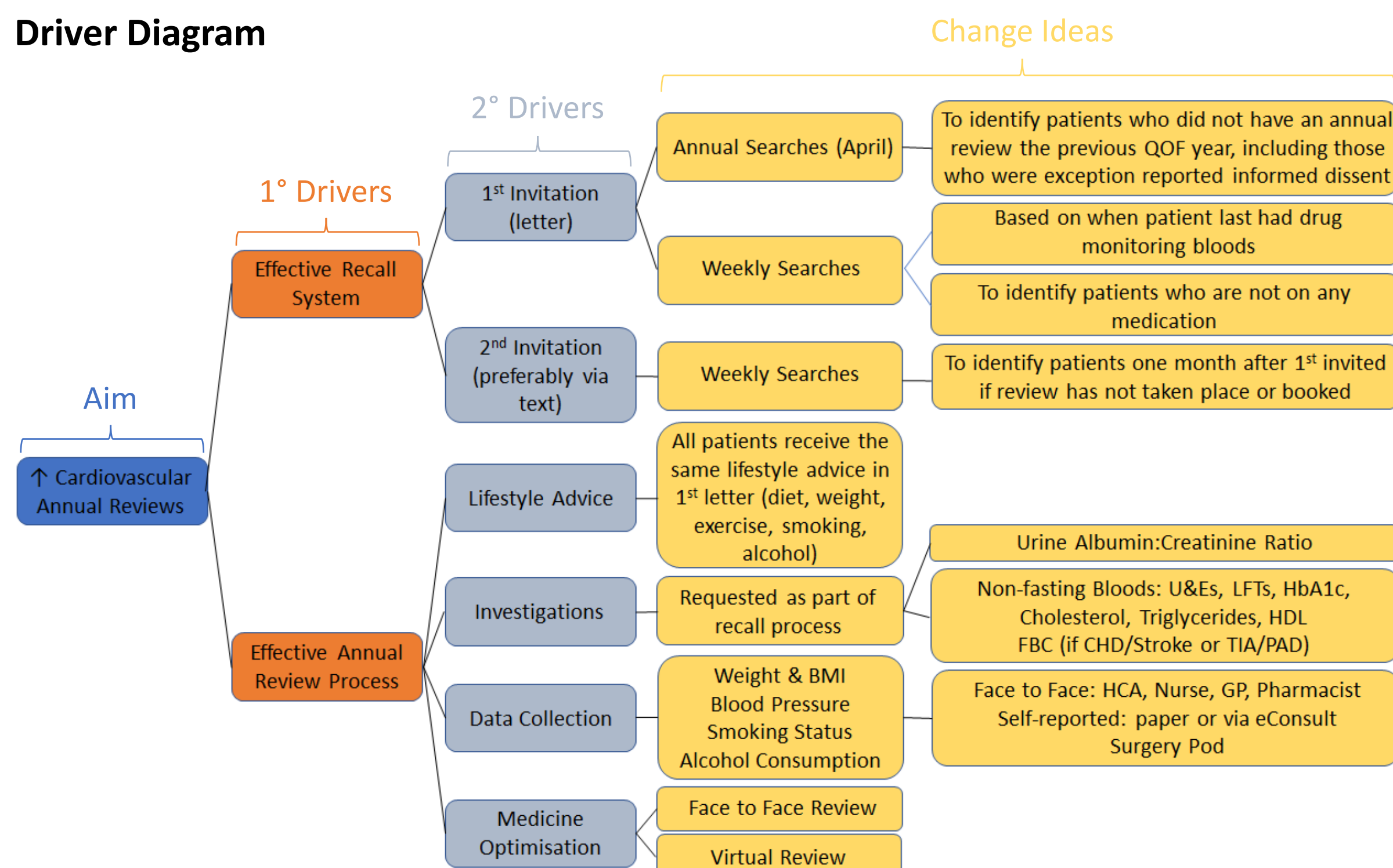
Aim

For patients on our practice list (excluding housebound, those in residential or nursing homes and those with Diabetes) with a diagnosis of Cardiovascular Disease (coronary heart disease, stroke/transient ischaemic attack, peripheral arterial disease or hypertension) we will increase the proportion of them having an annual Cardiovascular review in a QOF year to 60%.

Measures

- Number of cardiovascular review invitations sent
- Number of cardiovascular reviews completed
- Time to carry out cardiovascular annual review

Driver Diagram

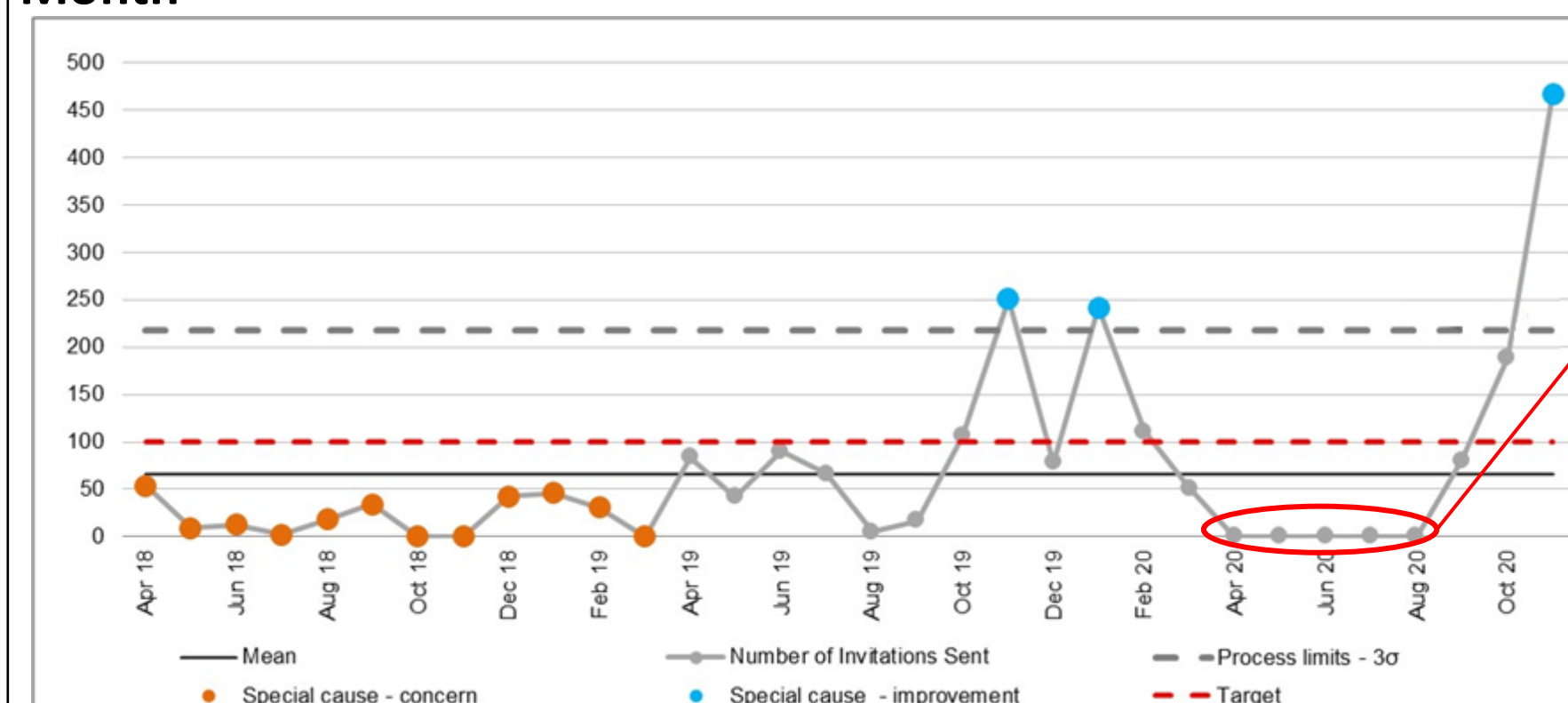


PDSA Cycle examples

- recall searches based on when last had drug monitoring bloods
- recall searches subdivided further into cardiovascular disease categories
- recall letter redesigned to include **health promotion** information
- Health Care Assistant (HCA) Cardiac Clinic “one stop shop” – bloods, urine, Blood Pressure (BP), weight, smoking status, alcohol consumption
- paper version of above for those that already have a home BP monitor
- Cardiac Pharmacist **virtual reviews**
- **text campaign** to patients encouraging them to purchase a home BP monitor
- recall letter redesigned again encouraging patients to purchase a home BP monitor
- creation of **Primary Care Network (PCN) recall team**
- recall searches based on birth month
- bespoke cardiovascular recall template created on website to allow **patients to electronically submit** information

3. Results

Statistical Process Control (SPC) chart: Number of Cardiovascular Review Invitations Sent Per Month

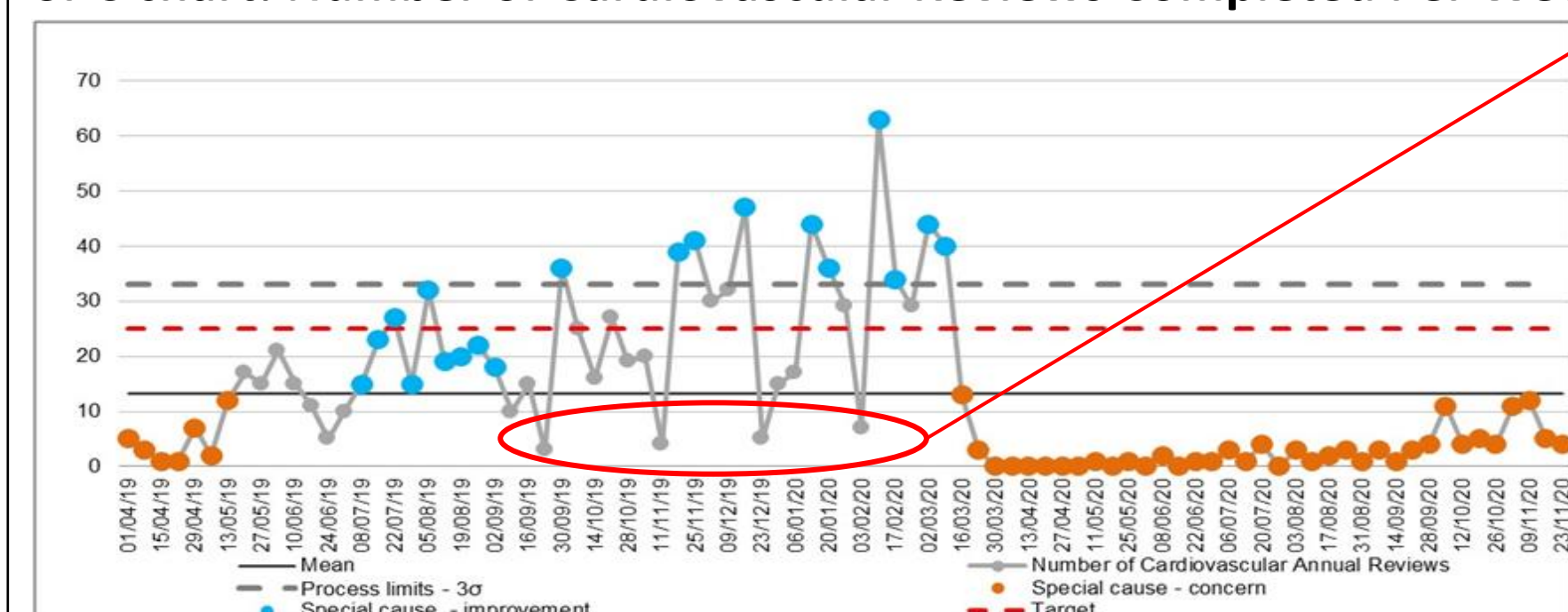


April – August 2020 no invitations sent due to COVID-19 pandemic

2018-19: 12.7% invitations sent 2019-20: 55% invitations sent

😊 **improvement**

SPC chart: Number of Cardiovascular Reviews Completed Per Week



Drops in number of reviews occur if key members of staff are on annual leave

Mean time to carry out cardiovascular annual review:
Baseline = 12.48 minutes
Now = pending

2018-19: 20% annual reviews 2019-20: 48% annual reviews

😊 **improvement but Aim not met**

4. Conclusion and Next Steps

- A robust recall system is essential to increase number of annual reviews taking place
- The COVID-19 pandemic has propelled Primary Care forwards with regards to **digital transformation**
- To increase **sustainability**, we have extended the project across our PCN by pooling resources to efficiently **meet patient care needs** and achieve **economies of scale**
- To **embed QI** further within our organisation, I am now the **QI Lead** for our PCN

5. Personal Lessons

- It is important to invest time in the **planning** stage
- Ensure you choose the **right measures** and way of displaying the data
- **Teamwork** helps with the success of a project
- Quality Improvement should be at the **core** of all we do

Acknowledgements

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References

1. NHS. The NHS long term plan. 2019. <https://www.longtermplan.nhs.uk/>
2. NHS Digital. QOF. 2019-20. <https://qof.digital.nhs.uk/>
3. Swanwick, T and Vaux, E. (eds.) (2020) *ABC of Quality Improvement in Healthcare*. Chichester: Wiley-Blackwell