Cardiovascular Disease Prevention (CVDP) CVDPREVENT
Healthcare Quality Improvement (QI) Plan
V2 updated 31st March 2025

1. Introduction

Cardiovascular disease (CVD) is a leading cause of death nationally, causing 24 per cent of all deaths in England and Wales in 2019. It is also a significant contributor to inequalities in life expectancy. Up to 80 per cent of premature deaths from CVD are preventable through better public health and prevention of risk factors such as obesity, inadequate physical exercise and diabetes.[1]

CVDPREVENT is a national audit of GP records to support primary care in understanding how many people with CVD, or conditions that lead to a higher risk of developing CVD, are potentially undiagnosed, under treated or over treated. Analysis and reporting of the audit are designed to support systematic quality improvement using the findings from annual audit reports and the associated Data & Improvement Tool, to reduce health inequalities and improve outcomes for individuals and populations.

The aim of the CVDPREVENT audit (in line with the NHS Long-term Plan) is to help prevent up to 150,000 heart attacks, strokes and dementia cases between 2020 and 2030.

Table 1. CVDPREVENT four **key objectives** highlighting the importance of a QI plan.

Overarching objectives
1. Support professionally-led QI in primary care for the prevention of CVD, optimising diagnosis and treatment of high-risk conditions.
2. Provide actionable insight in the field of CVD prevention using benchmarked reporting of key indicators against national standards and guidance.
3. Work with and support national and local CVD prevention programmes, informing better decisions on their delivery.
4. Engage all levels of the healthcare system in England in CVD prevention by reporting and disseminating data at various NHS and local authority geographies and including patient groups, communities and the voluntary sector to provide data highlighting healthcare inequalities and allowing them to take action to address them.

[1] The health of people from ethnic minority groups in England | The King's Fund (kingsfund.org.uk)

2. Improvement goals

CVDPREVENT was designed to stimulate national improvements in the detection and management of CVD. High-risk conditions like high blood pressure, atrial fibrillation and high cholesterol are major causes of heart attack, stroke (CVD events) and vascular dementia.

The driver diagram (Appendix I) shows the relationship between the indicators and the aims of the audit.

Baseline CVDPREVENT data (Mar 2020) show:

- Under-treatment of high-risk conditions (especially the “ABC of CVD”) is common across the board.
- Considerable unwarranted inter- and intra-ICS clinical variation.
- Under-treatment is more pronounced in certain ethnic minorities. In particular, Black and Mixed ethnic groups are less likely than other ethnic groups to be prescribed drug therapy, receive regular monitoring, or reach target treatment thresholds (e.g., blood pressure within target range) on various CVD prevention measures in primary care.

The following five **improvement goals** are therefore key to achieve the audit’s overall aim (see Table 2. below for improvement targets):

1. Increase the percentages of patients (at high risk of stroke from atrial fibrillation) treated with an oral anticoagulant medicine to 95% nationally.
2. Increase the percentages of patients with known hypertension treated with anti-hypertensive medication to age-appropriate NICE-recommended targets to 85% nationally.
3. Increase the percentages of patients treated with lipid-lowering medications to lower cholesterol levels according to national standards to 95% nationally.
4. Reduce the gap in reaching target treatment levels between different ethnic groups (bring the lowest up to the level of the highest and aim for the target level in all ethnicities) for each of the three therapeutic areas above.
5. Reduce variation between ICBs in reaching the target treatment levels for each of the three therapeutic areas above.

Table 2. Current (September 24) national achievement and the improvement goal targets (and their provenance) for the management of high-risk conditions in the ABC of CVD Prevention.

<table>
<tr><th colspan="3">CVDPREVENT
September 24
achievement</th><th colspan="3">CVDPREVENT
December 25
ambition</th><th>QOF 25/26
min-max
thresholds</th><th>25/26 NHS
Priorities &
Operational
Planning Guidance</th></tr>
<tr><td colspan="9">Improvement goals 1 & 5 (Atrial fibrillation (AF)): increase the % people with AF at high risk of stroke treated with an oral anticoagulant medicine and reduce the gap in reaching target treatment levels between Black and Mixed ethnic groups and their White counterparts (Improvement goal 4).</td></tr>
<tr><td colspan="3">All persons</td><td colspan="3">All persons</td><td rowspan="4">NA</td><td rowspan="4">NA</td></tr>
<tr><td colspan="3">CVDP002AF
91.4%</td><td colspan="3">CVDP002AF
95%</td></tr>
<tr><td colspan="3">Ethnicity</td><td colspan="3">Ethnicity</td></tr>
<tr><td>Black
86.4%</td><td></td><td>White
91.6%</td><td>Black
95%</td><td></td><td>White
95%</td></tr>
<tr><td colspan="9">Improvement goals 2 & 5 (High blood pressure): increase the % of adults with diagnosed hypertension who are treated to age-appropriate target levels of BP and reduce the gap in reaching target treatment levels between the ‘Not stated’ and Black ethnic groups and their Asian counterparts (Improvement goal 4).</td></tr>
<tr><td colspan="3">All persons</td><td colspan="3">All persons</td><td rowspan="4">QOF
HYP008&009
40 - 85%</td><td>Increase the % of patients with hypertension treated according to NICE guidance.</td></tr>
<tr><td colspan="3">CVDP007HYP
66.9%</td><td colspan="3">CVDP007HYP
85%</td></tr>
<tr><td colspan="3">Ethnicity</td><td colspan="3">Ethnicity</td><td rowspan="2">Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people.</td></tr>
<tr><td>‘Not stated’
61.2%</td><td>Black
58.6%</td><td>Asian
66.3%</td><td>‘Not stated’ absent from data</td><td>Black
85%</td><td>Asian
85%</td></tr>
<tr><td colspan="9">Improvement goals 3a & 5 (High cholesterol - secondary prevention): increase the % of adults with diagnosed CVD with a current prescription for lipid lowering therapy (LLT) and reduce the gap in reaching target treatment levels between Black ethnic groups and their Asian counterparts (Improvement goal 4).</td></tr>
<tr><td colspan="3">All persons</td><td colspan="3">All persons</td><td rowspan="4">QOF CHOL003
70 – 95%</td><td rowspan="2">NA</td></tr>
<tr><td colspan="3">CVDP009CHOL
84.4%</td><td colspan="3">CVDP009CHOL
95%</td></tr>
<tr><td colspan="3">Ethnicity</td><td colspan="3">Ethnicity</td><td rowspan="2">Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people.</td></tr>
<tr><td>Black
78%</td><td></td><td>Asian
88.5%</td><td>Black
95%</td><td></td><td>Asian
95%</td></tr>
</table>

<table>
<tr><th colspan="3">CVDPREVENT
September 24
achievement</th><th colspan="3">CVDPREVENT
December 25
ambition</th><th>QOF 25/26
min-max
thresholds</th><th>25/26 NHS
Priorities &
Operational
Planning Guidance</th></tr>
<tr><td colspan="9">Improvement goals 3b & 5 (High cholesterol - secondary prevention): increase the % of adults with diagnosed CVD whose lipid profile is treated to target and reduce the gap in reaching target treatment levels between ‘Not stated’ and Black ethnic groups and their Asian counterparts (Improvement goal 4).</td></tr>
<tr><td colspan="3">All persons</td><td colspan="3">All persons</td><td rowspan="3">QOF CHOL004
20 - 50%</td><td>Increase the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance</td></tr>
<tr><td colspan="3">CVDP012CHOL
46%</td><td colspan="3">CVDP012CHOL
50%</td><td></td></tr>
<tr><td colspan="3">Ethnicity</td><td colspan="3">Ethnicity</td><td rowspan="2">Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people.</td></tr>
<tr><td>‘Not stated’
41.2%</td><td>Black
35.2%</td><td>Asian
51.1%</td><td>‘Not stated’ absent from data</td><td>Black
50%</td><td>Asian
50%</td><td></td></tr>
<tr><td colspan="9">Improvement goals 3c & 5 (High cholesterol - high-risk primary prevention): increase the % of adults at high risk of a CVD event (QRISK score >20%) prescribed LLT and reduce the gap in reaching treatment target levels between ‘Not stated’ and ‘Missing’ ethnicities and their Asian counterparts (Improvement goal 4).</td></tr>
<tr><td colspan="3">All persons</td><td colspan="3">All persons</td><td rowspan="3">NA</td><td>NA</td></tr>
<tr><td colspan="3">CVDP003CHOL
62.4%</td><td colspan="3">CVDP003CHOL
75%</td><td></td></tr>
<tr><td colspan="3">Ethnicity</td><td colspan="3">Ethnicity</td><td rowspan="2">Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people.</td></tr>
<tr><td>‘Not stated’
56.9%</td><td>Black
63.9%</td><td>Asian
71.9%</td><td>‘Not stated’ absent from data</td><td>Black
75%</td><td>Asian
75%</td><td></td></tr>
</table>

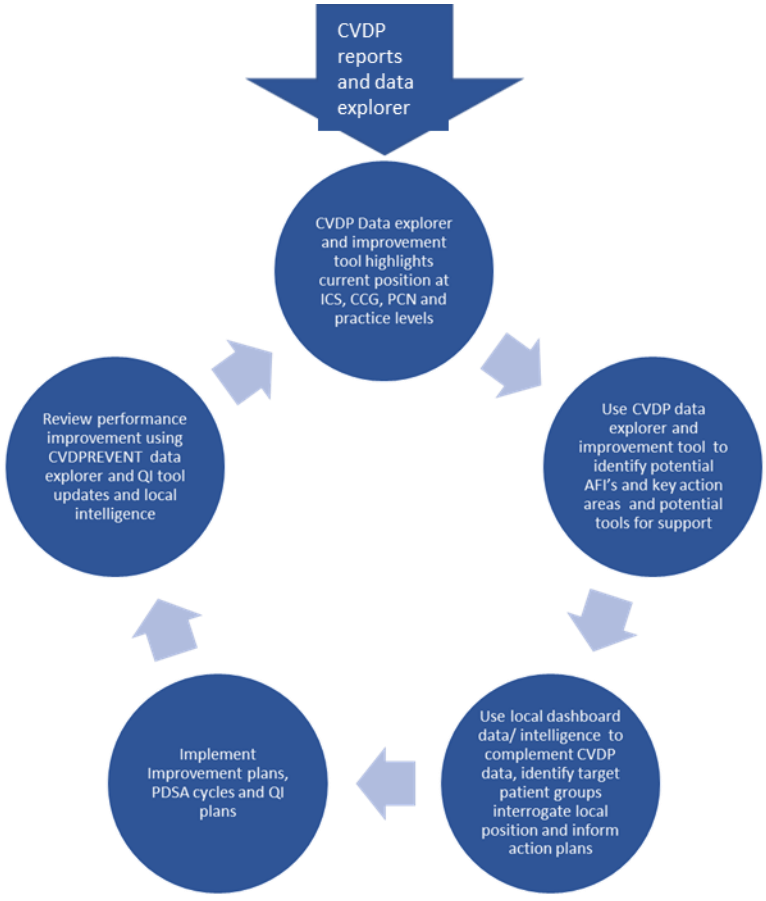
3. Improvement methods

In the compilation of this Healthcare Improvement Plan, the NHS Change Model (Appendix II) for transformational, sustainable change has been used as a framework, thereby assuring that all aspects of the change jigsaw are included.

The following cycle chart shows how the various CVDPREVENT tools contribute to QI across all organisational levels.

As well as the CVDPREVENT Data Explorer and Quality Improvement Tool currently on the CVDPREVENT website, a strategic dashboard tool ("Regional and ICS Insights") has been developed (launched 18 July 2023) to allow further focus on QI and reduction of unwarranted clinical variation at ICS level.

Fig. 1 Cycle Chart showing CVDPREVENT improvement methods.



It is the responsibility of each ICS to implement the NHS Long-term Plan and to put in place appropriate plans for QI.[2]

Support from NHS Benchmarking and other organisations is available at different organisational levels.[3]

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[2] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/06/long-term-plan-implementation-framework-v1.pdf

[3] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/06/LTP-imp-fwk-support-offer.pdf

The NHS Benchmarking Network

- The Network supports the implementation of CVDP QI via its national Train the Trainer offer to ICSs to conduct Educational Outreach (EO - also known as Academic Detailing) meetings.
- This is an offer to provide support to primary care healthcare professionals through a network of facilitators trained via NHS Benchmarking-led webinars.
- The facilitators then teach local health care professionals to take the CVDPREVENT data and run with it themselves, in their own local practices and focusing on their own local challenges.
- EO is an evidence-based way of bringing about change in complex environments such as prescribing. It is a technique widely used by Medicines Optimisation teams aiming for QI in medicines and prescribing.
- CVDP EO can be used:
    - For CVD management recovery from pandemic
    - To implement NHS 23/24 Priorities and Planning Guidance
    - To facilitate a CORE20PLUS5 approach and reduce health inequalities
    - To change healthcare professional behaviour
    - To reduce unwarranted clinical variation
- Hampshire and Isle of Wight (HIOW) ICB has used systematic EO on numerous occasions over the past few years, as part of their prescribing incentive scheme for GPs (e.g., better anticoagulation for stroke prevention in atrial fibrillation; reducing antibiotic prescribing in young children; reducing the prescribing of broad spectrum antibiotics, and more recently implementing CVDP strategies) with a high degree of success. Between October 21 and October 22, over 50 sessions were delivered by the Medicines Optimisation team, in an area served by 158 GP practices and 42 PCNs thereby reaching over 300 attendees.
- Building on this as a case study, The King's Fund report: *Cardiovascular disease in England: supporting leaders to take actions* [4] endorsed the HIOW EO approach for CVDP.
- To ensure sustainability of training, the CVDP EO training sessions produced by NHS Benchmarking will be recorded as part of an e-learning option (like RCGP TARGET Antibiotics) and linked to a section of the CVDPREVENT website providing QI methodology tips and practical improvement examples and case-studies.
- We are hoping to work with partners to ensure the EO approach is incorporated in other initiatives nationwide, utilising resource beyond the CVDPREVENT team: e.g. NHS England Clinical Policy Unit (Regional Assurance meetings; Cardiac Networks), CVDACTION (Community of Practice), Primary Care Cardiovascular Society (QI modules and training for primary care), OHID Behavioural Science team (letters to practices underperforming on the hypertension indicators). Health Inequalities networks (raising awareness in communities), Academic Health Science Networks (train the trainer), RCGP (to produce practice reports like those produced by the Clinical Practice Research Datalink - CPRD).

[4] https://www.kingsfund.org.uk/publications/cardiovascular-disease-england#:~:text=This%20report%20calls%20for%20urgent,health%20care%20for%20those%20who

National

- ICBs will have access to suitable EO facilitators (e.g. Medicines Optimisation, Pharmacy ARRS teams in PCNs, Transformation Team Facilitators, Population Health Management teams etc.) who could be trained up to deliver CVDP EO in their local area.
- There is no maximum limit to the number of webinars being offered, but uptake requires organisations to have a team of facilitators to train up and a commitment to delivering EO meetings in their ICS.
- All ICSs in England have been offered free training sessions for their area.
- The sessions consist of two separate 1hr-webinars.
    - Part 1 looks at using CVDPREVENT data as applied to QI in managing the key CVD Prevention risk factors.
    - After session 1, the facilitators will familiarise themselves with their own local data before returning for session 2.
    - Part 2 covers practical steps for implementing QI and action-planning at GP practice level (to include learning from CVDACTION where applicable)
- The aspiration is to train a team of between 5 and 10 facilitators per ICB initially in bespoke sessions for each ICB (with their own local data as a preferred option) but we would consider multi-ICB learning webinars if numbers of facilitators in each ICB are small.

Regional

- Train the Trainer EO training has been offered extensively to Regional CVDP teams and Academic Health Science Networks.
- So far, five ICBs/ Networks (Frimley, West Yorkshire, Leeds, South West and East London) have completed their two-part sessions and several more ICBs have scheduled meetings in April and May 2025.
- Going forward and depending on demand, the training could be offered on a monthly basis.

Local

- In Nov 2024, an important development was the addition of another QI resource to the CVDPREVENT website: CVDPREVENT ICB Quality Improvement Data Packs QIDPs) entitled Time for Action on CVD Prevention (containing Jun 2024 data) and circulated to CVD ICB Leads, as well as being published on the CVDPREVENT Data & Improvement Tool: https://www.cvdprevent.nhs.uk/quality-improvement-data-packs
  The QIDPs were subsequently updated with Sep 2024 data in Feb 2025 and will continue to be updated on a quarterly basis.
- At the time of writing, feedback about the usefulness of the QIDPs is being sought from ICBs to continue to develop and improve the packs.
- The QIDPs form the basis of the EO training for ICBs allowing the training to be tailored to the ICB in a more streamlined way.
- Further QI support to local organisations is through their EO meetings, online CVDPREVENT trend lines, monitoring progress against targets, PCN cluster meetings, improvement workshops and webinars.
- EO meetings at GP practice or PCN level, embed QI methodology. They generate change ideas, test out improvement activity using Plan-Do-Study-Act (PDSA) cycles, and roll out PCN QI projects.

Other organisations and initiatives

All CVDPREVENT outputs (indicators, reports, tools) are co-produced and aligned with other initiatives and organisations seeking QI across all aspects of the CVD Prevention agenda. This allows synergy between them, as follows:

National

- National GP contracts (PCN DES, QOF) and NHS Priorities and Operational Planning Guidance, as key system drivers (indicators see Table 2).
- NHS England: Clinical Policy Unit (CPU), CVD Clinical Leadership Group (CLG), CVD ICS Leads, National Clinical Directors (NCDs), Cardiac Pathway Improvement Programme (CPIP).
- Office for Health Inequalities and Disparities (OHID), Directors of Public Health and Behavioural Science Unit.
- Professional guidance, professional bodies and societies: e.g., National Institute of Clinical Excellence (NICE), Accelerated Access Collaborative (AAC), Royal College of General Practitioners (RCGP), Royal Pharmaceutical Society of Great Britain (RPSGB), Primary Care Cardiovascular Society (PCCS), UK Clinical Pharmacy Association (UKPCPA), Primary Care Pharmacy Association (PCPA).
- Charitable organisations, the voluntary sector and patient participation groups: e.g., British Heart Foundation, Heart UK, Arrhythmia Alliance and others.
- Good practice repository on NHS Futures: case studies and examples of how practices have been able to achieve the above targets.

Regional

- Link with regional stakeholders: OHID teams with a focus on Health Inequalities; CVD Networks; AHSNs for QI training on the above (including use of QI methodology).
- Use of regional networks including good practice repository with contact information and improvement workshops & collaboratives; community of practice; action learning groups.
- Education and empowering new roles in general practice (ARRS, metabolic pharmacists, nurse associates, clinical coordinators etc) in primary care to deliver the CVDP QI agenda.
- Links to packages to evaluate community outreach work in CVDP e.g., CVD Central in Kent Surrey and Sussex patient feedback service.

Local

- Close links are being developed with the UCL Partners CVDACTION team to provide direct connections between CVDPREVENT data and the outputs of CVDACTION i.e., actionable insights at patient-identifiable level.
- Quarterly reporting of performance against expected standards plus new strategic dashboard view.
- Trend lines, monitoring improvement.

4. Patient and public involvement

CVDPREVENT has a strong patient panel coordinated by the Patients' Association. Patients, including those with lived experience of CVD, have been involved in co-producing the CVDPREVENT Patient and Public Report and their input has been sought to co-produce the improvement plan.
Consideration is being given to producing a "what you should expect" leaflet to facilitate patients and carers seeking care in line with expected standards.

5. Communications

The improvement plan will be communicated to stakeholders through:

- Social media, including a dedicated CVDPREVENT Twitter/ X handle.
- Regular improvement bulletins.
- Events/ webinars/ masterclasses e.g. CVDPREVENT Third Annual Briefing: Using Data to Drive System Change.
- Case studies on website.

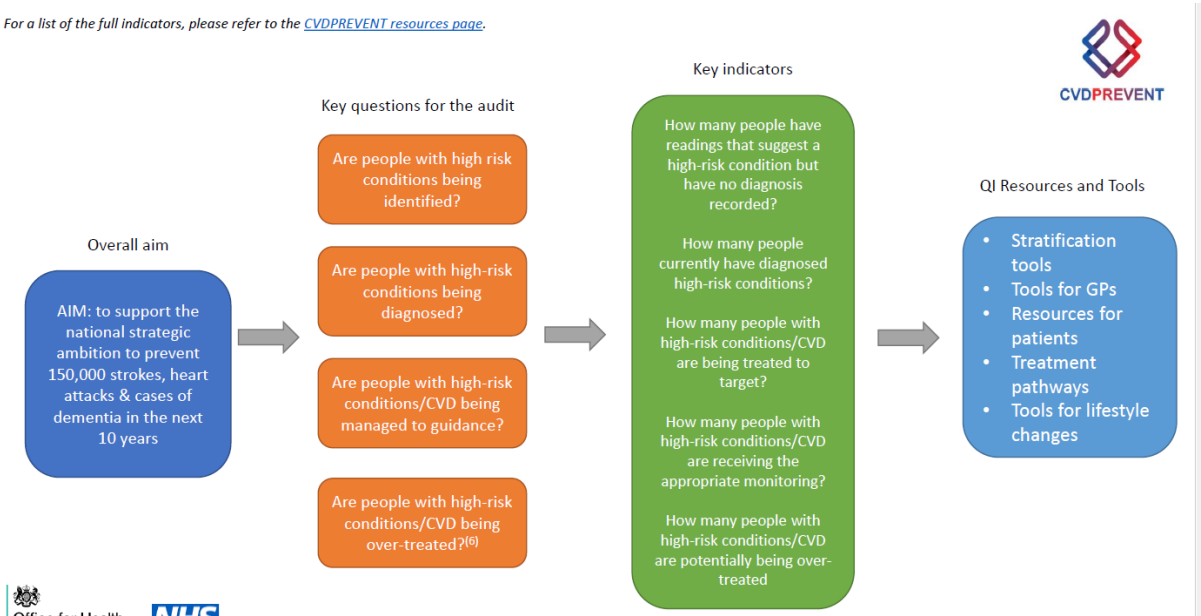
6. Evaluation

The impact of this improvement plan will be monitored by reporting to the CVDPREVENT Steering Group and HQIP at contract review meetings:

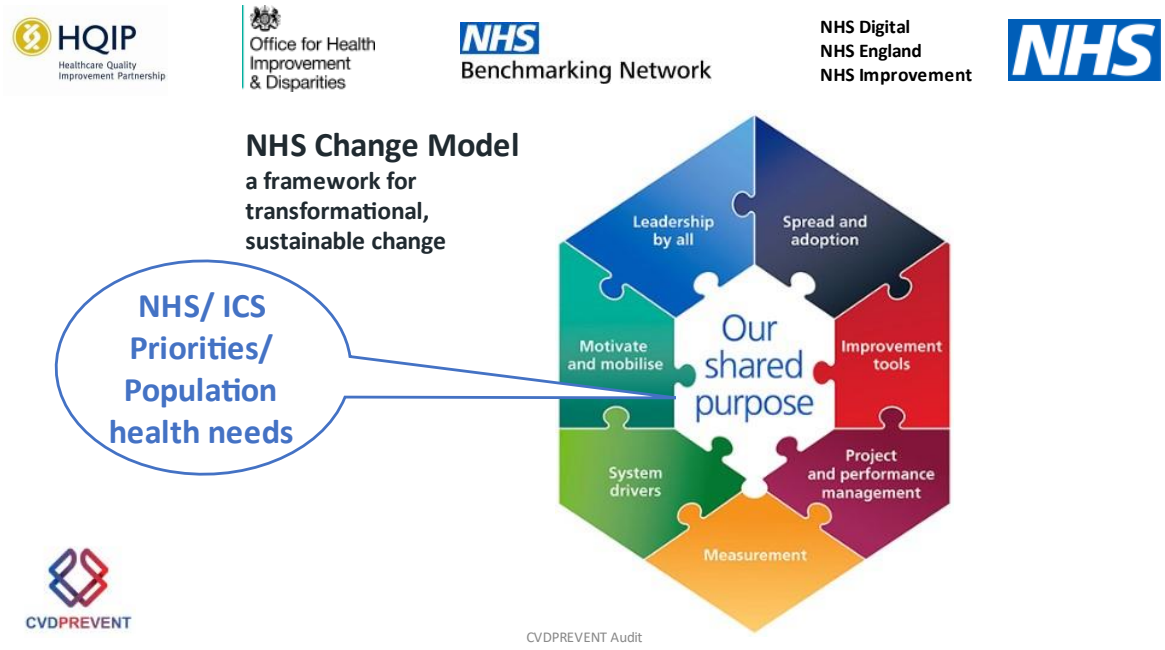
1. Progress against improvement goals on a quarterly basis.
2. Reduction of gaps in terms of health inequalities.
3. Reduction in unwarranted clinical variation.
4. Uptake of the Train the Trainer offer and evidence of users developing EO to suit local needs.
5. User statistics on the Quality Improvement Tool.
6. Increased engagement in the data extract.
7. Feedback about publications/webinars/events.
8. Feedback from users with case studies to share.

Appendix I CVDPREVENT Driver Diagram

For a list of the full indicators, please refer to the CVDPREVENT resources page.



Appendix II NHS Change Model



Our shared purpose	• Aims and objectives of CVDPREVENT audit.
Measurement	• Data Improvement Tool, development of dashboard view. • Benchmarking against peers at Region, ICS, PCN, GP practice level. • Quarterly reporting against standards. • CVDPREVENT ICB Quality Improvement Data Packs
System drivers	• Primary Care contracts (QOF, local incentive schemes). • NHS Priorities and Operational Planning Guidance 23/24. • Professional guidance (RCGP, NICE, PCCS, AAC).
Motivate and mobilise	• Develop QI Principles, agree QI Framework and finalise plan. • Engage with stakeholders: CVD Champions, CVDP ICS Leads, PCN CVD Leads, Directors of Public Health and CVDP Leads, Medicines Optimisation teams in ICS, AHSNs, Primary Care Cardiovascular Society, Professional bodies e.g. RCGP, RCN, RPSGB, Patient organisations. • Identify Additional Stakeholders for QI. • Engage patient panel to co-produce the QI plan. • Produce a “what you should expect” leaflet for patients and carers.
Leadership by all	• Education, training, empowering new roles (ARRS metabolic pharmacists, nurse associates, clinical coordinators etc) in primary care to deliver the CVDP QI agenda. • Close links with NHSE CVDP Clinical Leadership Group and regional groups e.g., CVDP Community of Practice.

Improvement tools	• Educational outreach (EO - also known as academic detailing) meetings at GP practice or PCN level.
	• Use EO meetings to generate change ideas, test out improvement activity using PDSA cycles, PCN QI projects.
	• Use CVDP EO to
	  ○ Change healthcare professional behaviour.
	  ○ Reduce unwarranted clinical variation.
	  ○ Facilitate CVD management recovery from pandemic.
	  ○ Implement NHS 23/24 Priorities and Planning Guidance.

	○ Facilitate a CORE20PLUS5 approach to reducing health inequalities. • Use of the CVDPREVENT ICB Quality Improvement Data Packs • Utilise "How to" guides e.g., Run Charts, Model for Improvement, NHS Making Data Count making-data-count-getting-started-2019.pdf (england.nhs.uk). • Share links to existing resources e.g. Institute for Healthcare Improvement Quality Improvement Essentials Toolkit | IHI - Institute for Healthcare Improvement. • Share links to training courses for quality improvement e.g. ELFT QI training QI Tools: Learn and Apply Workshops - Quality Improvement - East London NHS Foundation Trust : Quality Improvement – East London NHS Foundation Trust (elft.nhs.uk); RCGP QI ready Home | QI Ready Learning Network (rcgp.org.uk). • Good practice repository with contact information where possible. • Close working links with CVDACTION and UCLP.
Spread and adoption	• Train the Trainer model for educational outreach facilitation in all ICS. • Use of the CVDPREVENT ICB Quality Improvement Data Packs • Use EO to spread and adopt change ideas. • Use of improvement workshops & collaboratives. • Communications with Regions, Systems (ICS) and Place (PCN) around QI activities. • Communications to stakeholders, providers, patients and the public: ○ Social media. ○ Regular improvement bulletins. ○ Case Studies. ○ Events – bespoke and wider events: e.g., CVDPREVENT Third Annual Briefing: Using Data to Drive System Change. ○ Reports / Papers. ○ Action Learning Groups?
Project and performance management	• Establish Governance (groups to steer development of QI). • Use CVDPREVENT run charts to monitor improvement. • National collaborative approach via Steering Group? • Feedback to inform future indicators.