Primary Care Cardiovascular Society

Empowering primary care to deliver the best in cardiovascular health

Advancing lipid management across primary care

Dr Jim Moore
Immediate Past President
Primary Care Cardiovascular Society

Declaration of interests

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Dr Jim Moore FRCP(London) FRCP(Edin) FPCCS

GP with Specialist Interest in Cardiovascular Medicine & GPSI Gloucestershire Heart Failure Service

Immediate Past President Primary Care Cardiovascular Society

National Primary Care Clinical Co-Lead with the NHSE Cardiac Transformation and CVD Prevention Programmes

NHS Gloucestershire ICB Circulatory Programme Group

NICE Chronic Heart Failure in Adults Guideline Committee member (2018)

National Heart Failure Audit (NICOR) Domain Expert Group member

Alliance for Heart Failure Committee member

In the last year honoraria received from Astra Zeneca, Boehringer Ingelheim, Lilly, Daiichi-Sankyo, Novartis, Medtronic, Menarini and Pfizer for various activities including attending and participating in educational events and advisory boards

Population health impact

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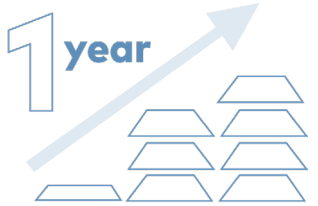
Cardiovascular disease causes around a quarter (26%) of all deaths in the UK[1] and CVD morbidity places a considerable financial burden on the NHS and wider society.[2]

Cardiovascular disease:

causes 1 death every 3 minutes in the UK[1]

costs the UK economy[†] an estimated £30 billion every year[1]

[†]including premature death, long-term care, disability and informal costs



costs the NHS in England about £7.4 billion/year[2]

7.6 million+ people are living with CVD in the UK[1]

480 people die every day from CVD[1]

The NHS Long Term Plan (2019) acknowledged **cardiovascular disease as a clinical priority** and the single biggest area where the NHS can save lives over the next 10 years.[3]

CVD, cardiovascular disease; NHS, National Health Service; UK, United Kingdom.

1. BHF. UK Cardiovascular Disease Factsheet. Available at: https://www.bhf.org.uk/what-we-do/our-research/heart-statistics (Accessed September 2025); 2. Gov.uk. Health Matters: Preventing cardiovascular disease. Available at: https://publichealthmatters.blog.gov.uk/2019/02/14/health-matters-preventing-cardiovascular-disease/ (Accessed September 2025); 3. NHS. Cardiovascular disease (CVD). Available at: https://www.england.nhs.uk/ourwork/clinical-policy/cvd/ (Accessed September 2025).

Endothelial damage can be caused by modifiable or non-modifiable risk factors[1,2]*

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Modifiable ASCVD risk factors

- High LDL-C
- High blood pressure
- Smoking
- Diabetes
- Physical inactivity
- Body weight
- Unhealthy diet
- CKD

Non-modifiable ASCVD risk factors

- Gender
- Age
- Family history of premature CVD†
- Ethnic background

*Not an exhaustive list; †Premature CVD: men <55 years, women <60 years
ASCVD, atherosclerotic cardiovascular disease; CKD, chronic kidney disease; CVD, cardiovascular disease; LDL-C, low-density lipoprotein cholesterol.
1. Mach F, et al. Eur Heart J 2020;41:111–188; 2. NICE CKS. CVD risk assessment and management. Available at: CVD risk assessment and management | Health topics A to Z | CKS | NICE. (Accessed September 2025).

Types of cholesterol[1]

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Low-density lipoprotein cholesterol

- A subset of non-HDL cholesterol, ('bad cholesterol')[2]
- Can lead to the development of atherosclerosis, and is an atherogenic lipoprotein[3,4]

High-density lipoprotein cholesterol

- 'Good cholesterol'[2]
- Important role in reversing cholesterol transport, and so may be considered an anti-atherogenic lipoprotein[4]

Triglycerides

- Combination of three fatty acids (saturated fat, unsaturated fat, or both) and glycerol[5]
- Main source of energy; triglycerides come from dietary sources, and also made by the liver[5]

Total cholesterol

- Overall level of cholesterol[2]
- Does not include triglycerides

The retention of LDL-C and other cholesterol-rich apo-B-containing lipoproteins within arterial walls is the crucial event which initiates atherogenesis[6]

apo B, apolipoprotein B; HDL, high-density lipoprotein; LDL-C, low-density lipoprotein cholesterol.

1. Borén J, et al. Eur Heart J 2020;41:2313–2330; 2. Heart UK. Understand your cholesterol test results. Available at: https://www.heartuk.org.uk/cholesterol/understanding-your-cholesterol-test-results-#triglycerides (accessed September 2025); 3. Holmes MV and Ala-Korpela M. Nat Rev Cardiol. 2019;16:197–98; 4. Feingold KR. Introduction to Lipids and Lipoproteins. [Updated 2024 Jan 14]. In: Feingold KR, et al., editors. Endotext [Internet]: MDText.com, Inc. Available at: https://www.ncbi.nlm.nih.gov/books/NBK305896/ (accessed September 2025); 5. Heart UK. Triglycerides. Available at: https://www.heartuk.org.uk/cholesterol/triglycerides#:~:text=Triglycerides%20are%20our%20main%20source,one%20made%20by%20the%20liver. (accessed September 2025); 6. Mach F, et al. Eur Heart J 2020;41:111–188.

...in summary!

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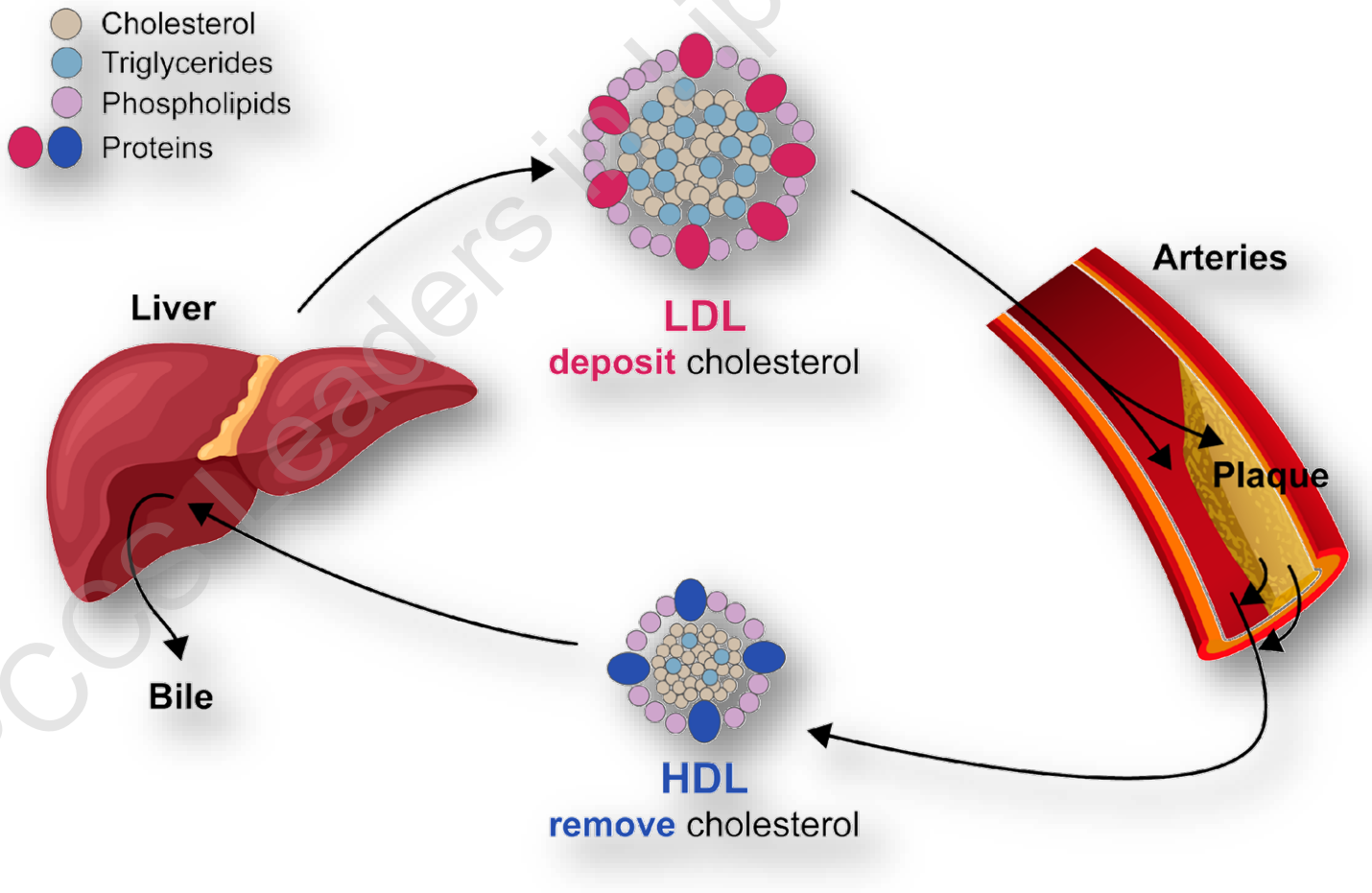
HDL vs LDL



LDL, low-density lipoprotein; HDL, high-density lipoprotein.

Pathological process[1]

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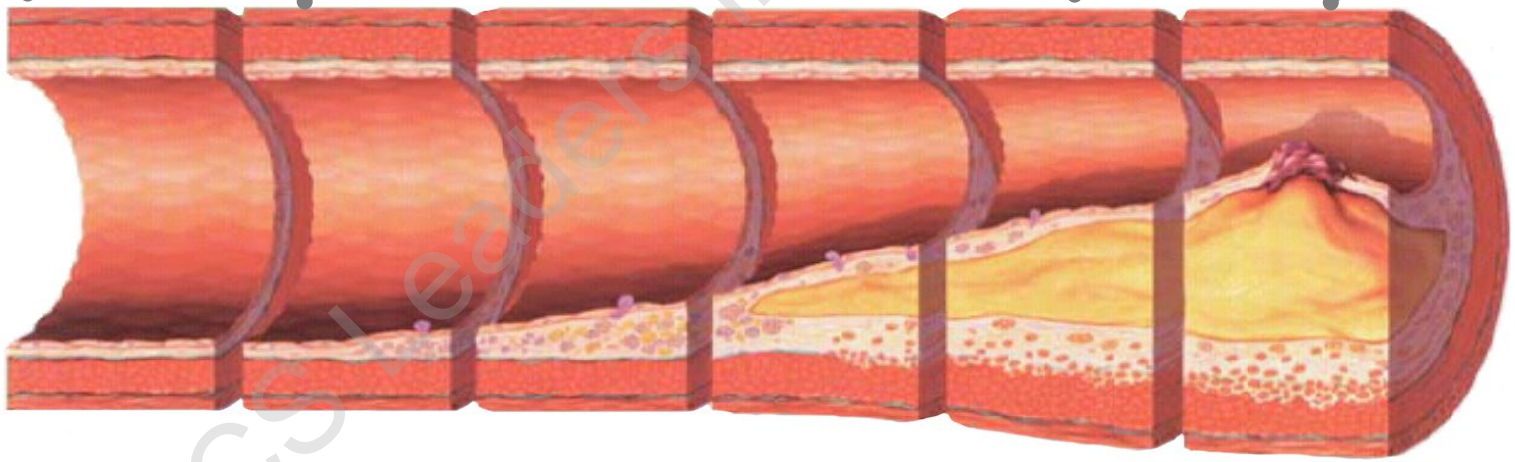
ENDOTHELIAL DYSFUNCTION

	Initial lesion	Fatty streak	Intermediate lesion	Atheroma	Fibroatheroma	Complicated lesion
NOMENCLATURE AND MAIN HISTOLOGY	• Histologically 'normal' • Macrophage infiltration • Isolated from cells	• Mainly intracellular lipid accumulation	• Intracellular lipid accumulation • Small extracellular lipid pools	• Intracellular lipid accumulation • Core of extracellular lipid	• Single or multiple lipid cores • Fibrotic/calcific layers	• Surface defect • Hematoma-hemorrhage • Thrombosis

SEQUENCES IN PROGRESSION OF ATHEROSCLEROSIS



EARLIEST ONSET	From first decade	From third decade	From fourth decade
MAIN GROWTH MECHANISM	Growth mainly by lipid addition		Increased smooth muscle and collagen increase / Thrombosis and/or haemotoma
CLINICAL CORRELATION	Clinically silent		Clinically silent or event

Adapted from: 1. Visentin S, et al. Infants Born with Intrauterine Growth Restriction: Renal and Cardiovascular Follow-Up, Contemporary Pediatrics. IntechOpen, March 2012. Available at: www.intechopen.com/books/contemporary-pediatrics/cardiovascular-changes-in-fetuses-and-infants-with-intrauterine-growth-restriction. (accessed September 2025).

LDL-C is a well-established, modifiable risk factor in the development of ASCVD[1,2]

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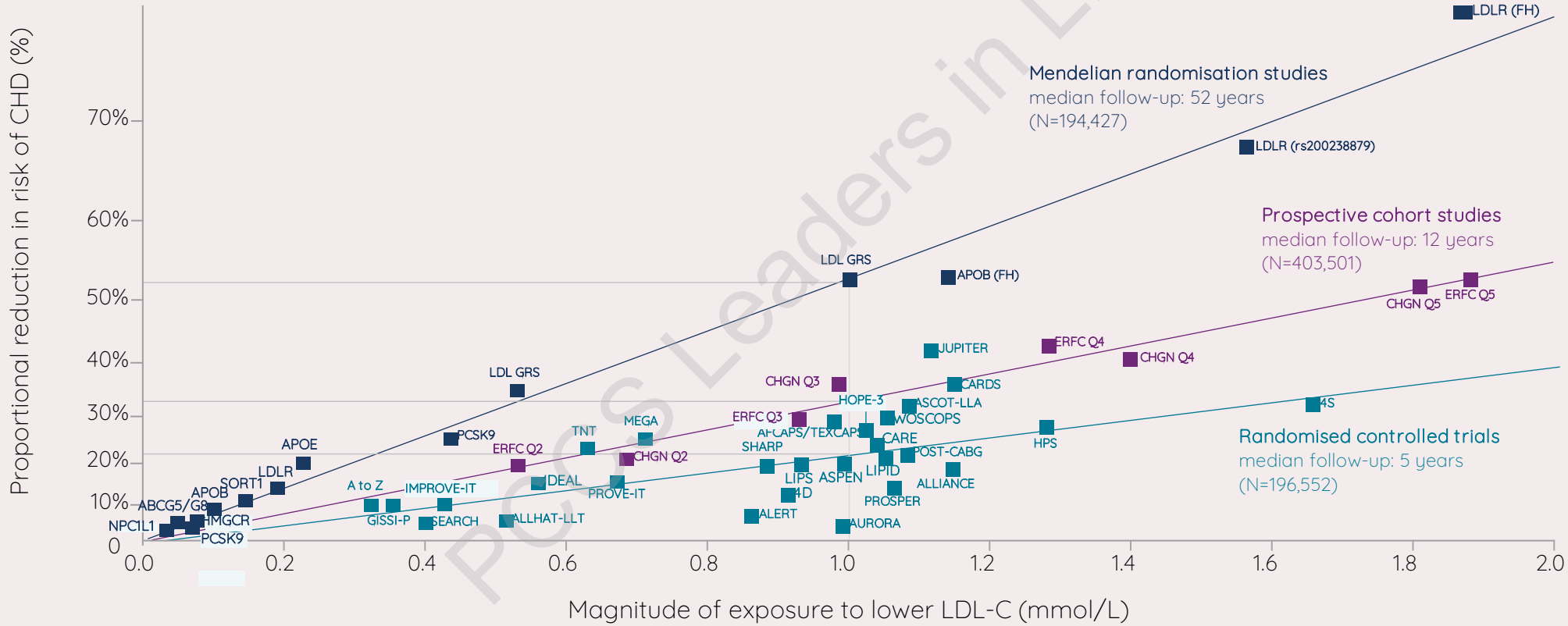
Sustained lowering of LDL-C can help prevent the development and progression of ASCVD and associated cardiovascular events.[3,4]



Adapted from Ference BA et al. Eur Heart J. 2017.[3]

ASCVD, atherosclerotic cardiovascular disease; CHD, coronary heart disease; LDL-C, low-density lipoprotein cholesterol.

1. Laight D. Prescriber. 2018;29(8):13-18; 2. Mach F et al. Eur Heart J. 2020;41(1):111-188; 3. Ference BA, et al. Eur Heart J 2017;38(32):2459-2472; 4. Ference BA, et al. J Am Coll Cardiol 2018;72(10):1141-1156.

Reducing LDL-C as low as possible for as long as possible reduces the CVD risk later in life[1,2]

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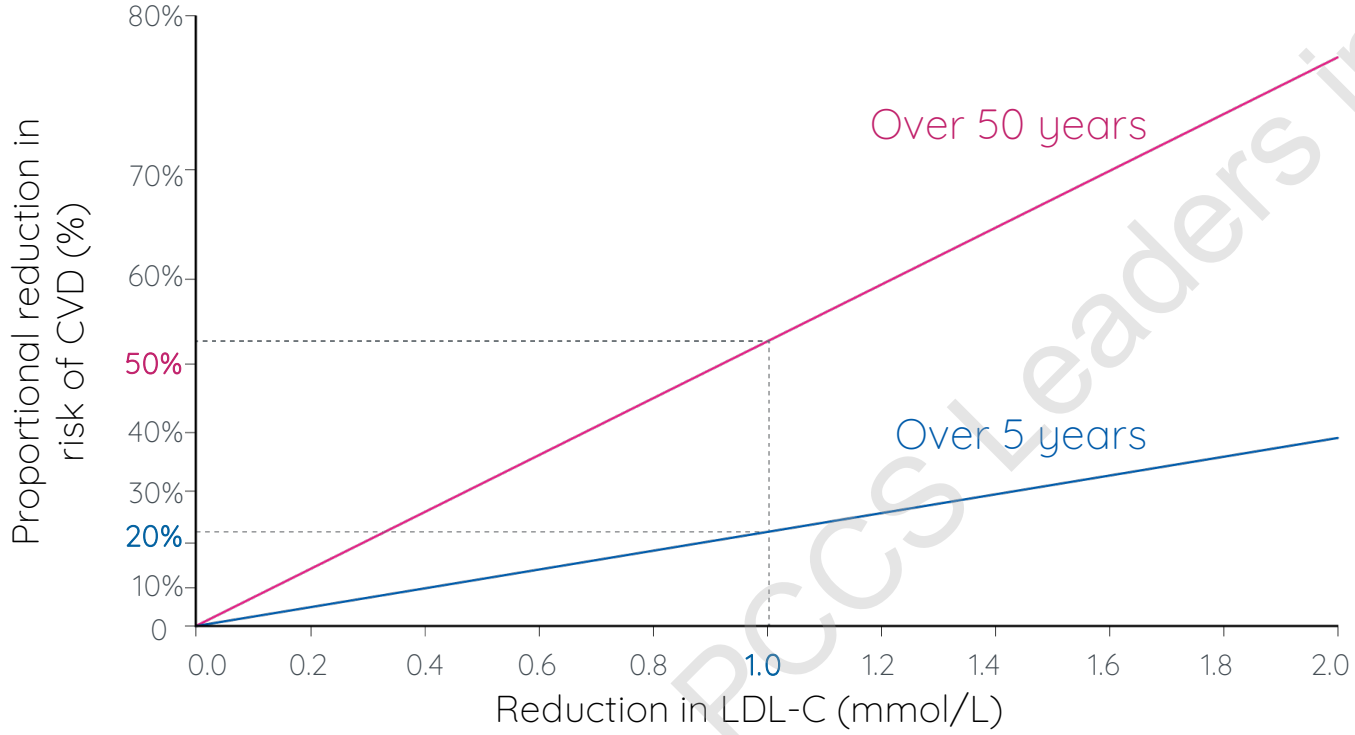
Log-linear association per unit change in LDL-C and the risk of CHD*[2]



A 1 mmol/L reduction in LDL-C for a median follow-up of 52 years results in a >50% reduction in CHD risk*[2]

A 1 mmol/L reduction in LDL-C for a median follow-up of 5 years results in a 22% reduction in CHD risk†[2]

Adapted from Ference BA, et al. 2017.[2]
For illustrative purposes only.

LLT forms a cornerstone of CVD risk management[3]

*Data reported is from meta-analyses of Mendelian randomisation studies and randomised trials. Median follow-up: 52 years (N=194,427).[2] †Data reported is from randomised, controlled trials. Median follow-up: 5 years (N=196,552).[2]
CHD, coronary heart disease; CVD, cardiovascular disease; LDL-C, low-density lipoprotein cholesterol; LLT, lipid-lowering therapy.

1. Duncan MS, et al. J Am Heart Assoc. 2019;8:e011433; 2. Ference BA, et al. Eur Heart J. 2017;38:2459–2472; 3. Samarasekera EJ, et al. BMJ. 2023;381:p1028.

Magnitude and duration of LDL-C exposure impact ASCVD risk[1]

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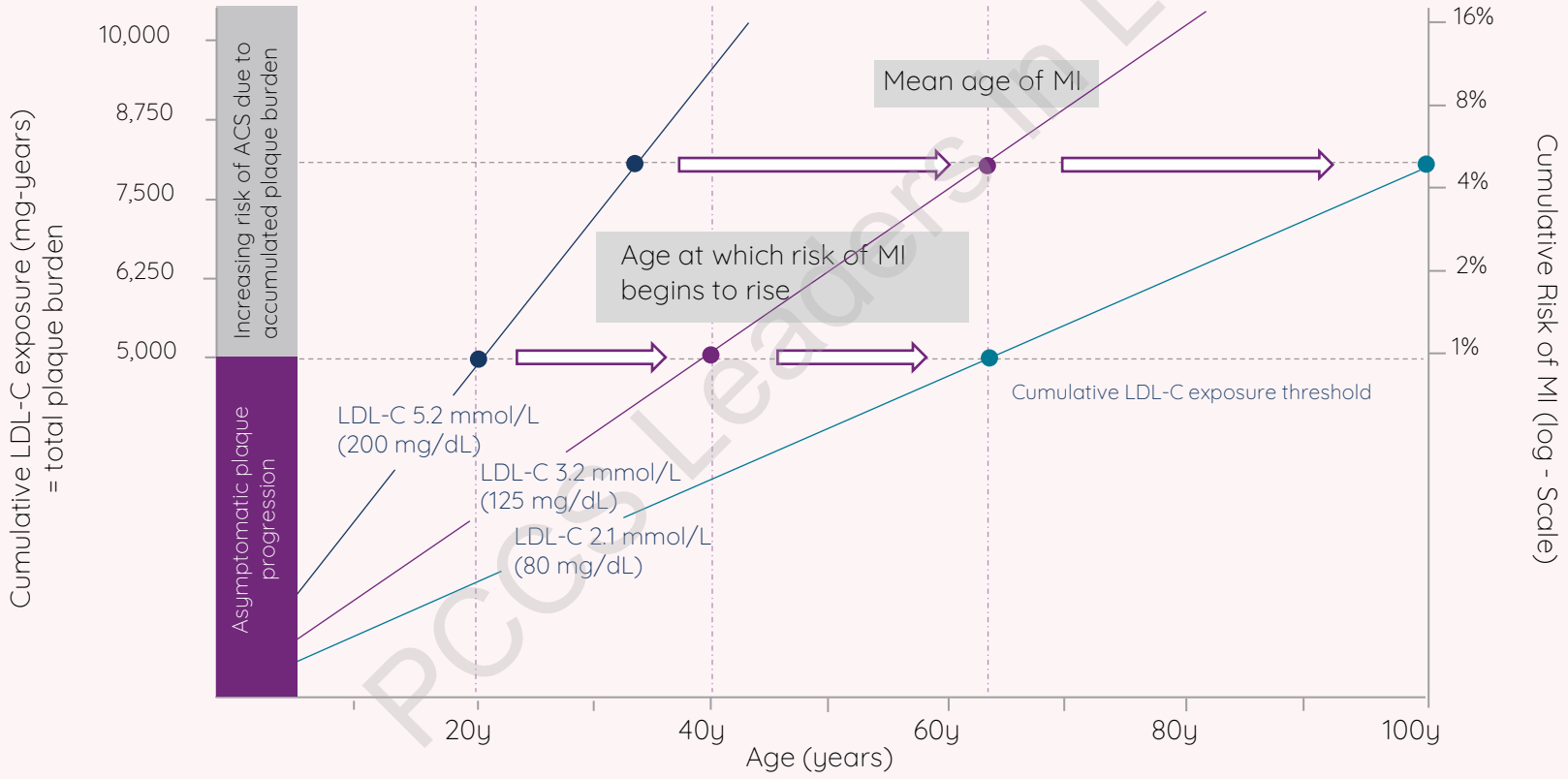

Adapted from Ference BA et al. J Am Coll Cardiol 2018.[1]

ASCVD, atherosclerotic cardiovascular disease; LDL-C, low-density lipoprotein cholesterol; MI, myocardial infarction.

1. Ference BA et al. J Am Coll Cardiol 2018;72(10):1141-1156.

QRISK®3 vs. QRISK®3-lifetime

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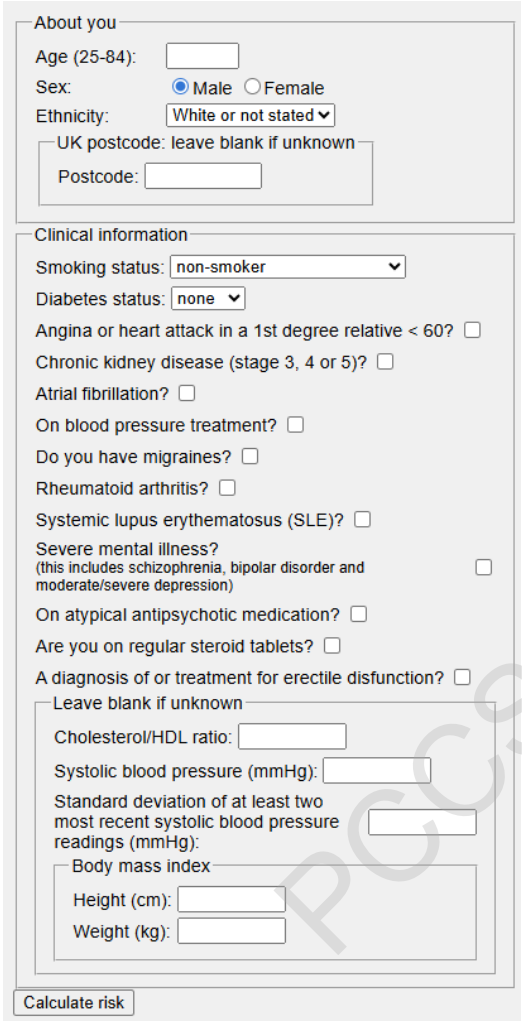
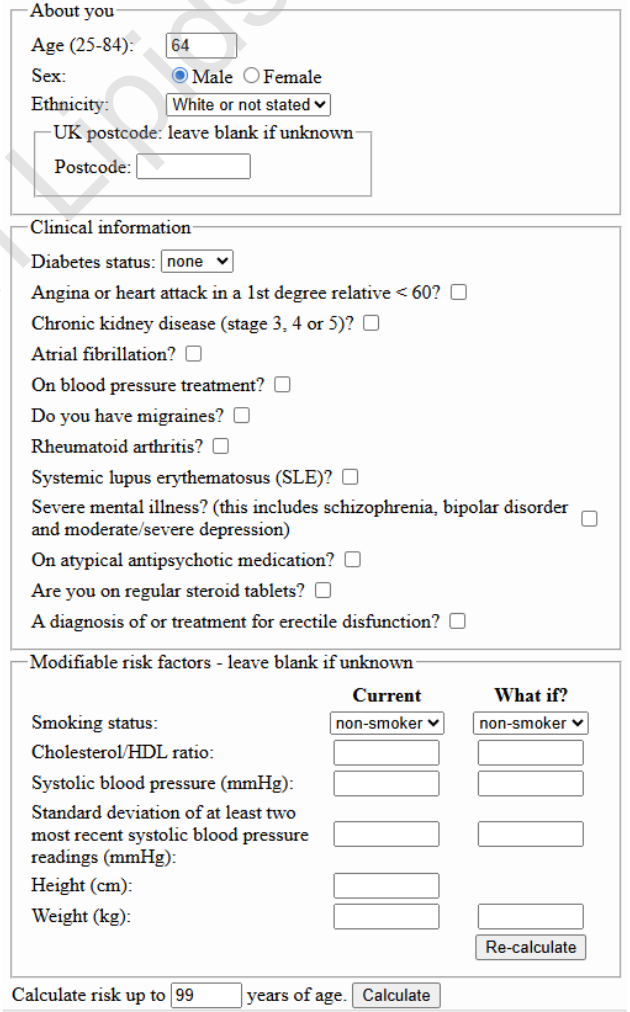
QRISK®3[1]



QRISK®3-lifetime[2]



HDL, high-density lipoprotein.

1. Endeavour Predict CIC. Welcome to the QRISK®3-2018 risk calculator. Available at: https://qrisk.org/ (accessed September 2025); 2. ClinRisk. Welcome to QRISK®3-lifetime cardiovascular risk calculator. Available at: https://qrisk.org/lifetime/ (accessed September 2025).

Effective LDL-C reduction remains a challenge in the UK

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It is estimated that there are

OVER 3.5 MILLION PEOPLE

living with ASCVD in the UK[1]

1/3 of these

1.15 MILLION PEOPLE

with ASCVD in the UK are estimated to have LDL-C levels higher than the NICE-recommended threshold of 2.6 mmol/L for the initiation of inclisiran*[1,2]

* NICE recommends inclisiran, within its licensed indication, as an option for treating adult patients who have a history of certain cardiovascular events and persistently elevated LDL-C levels (≥2.6 mmol/L) despite maximum tolerated statins with or without ezetimibe, or other lipid-lowering therapies when statins are not tolerated or are contraindicated.[2,3]

ASCVD, atherosclerotic cardiovascular disease; LDL-C, low-density lipoprotein cholesterol; NICE, National Institute for Health and Care Excellence.

1. INC-DOF-014; 2. NICE. Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia. TA733. Available at: https://www.nice.org.uk/guidance/ta733/resources/inclisiran-for-treating-primary-hypercholesterolaemia-or-mixed-dyslipidaemia-pdf-82611252825541 (Accessed September 2025); 3. Leqvio® Summary of Product Characteristics. Available at: Leqvio 284 mg solution for injection in pre filled syringe - Summary of Product Characteristics (SmPC) - (emc) | 12039 (Accessed September 2025).

Patients with established clinical ASCVD have a high risk of recurrent ASCVD events[1]

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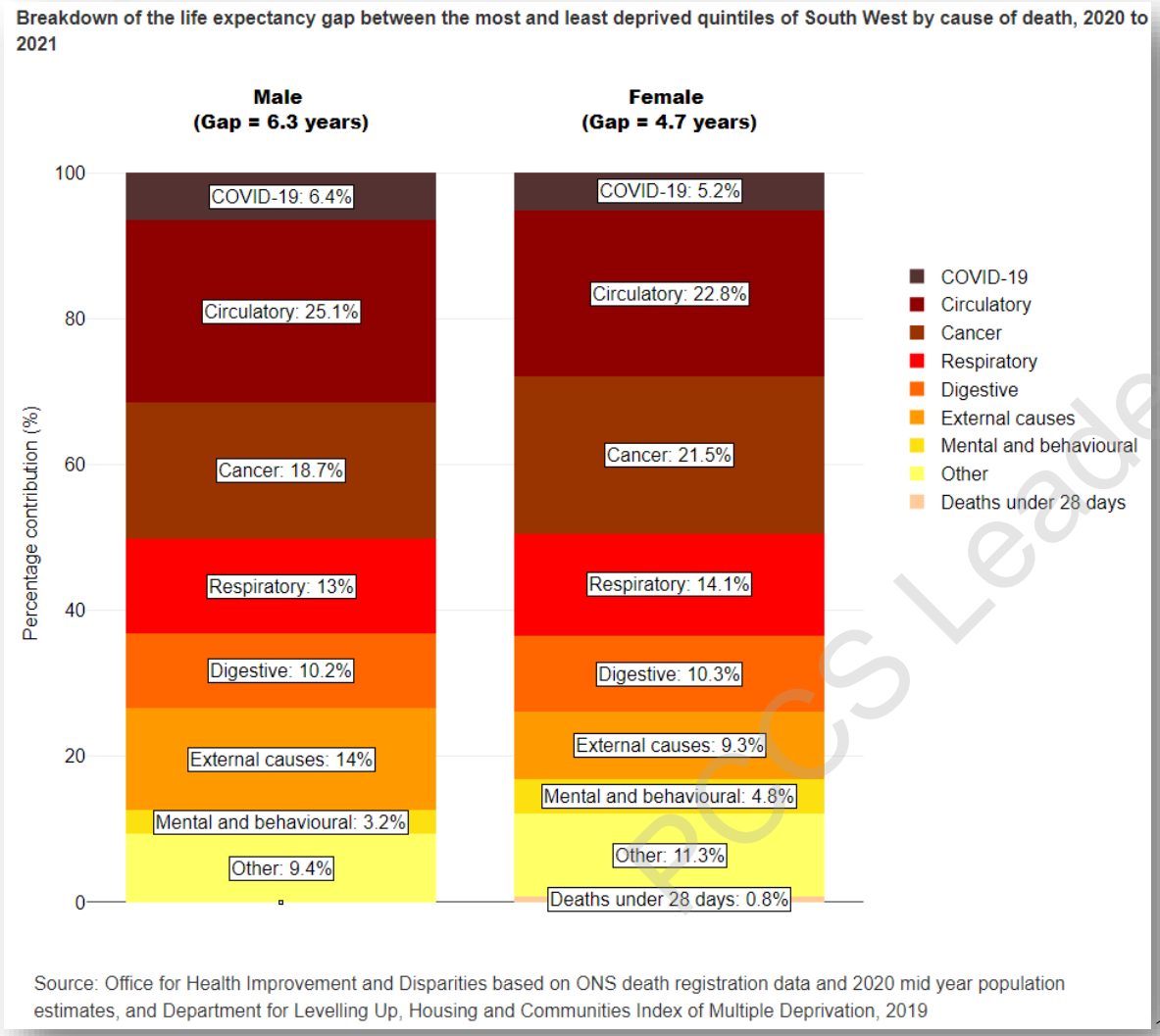
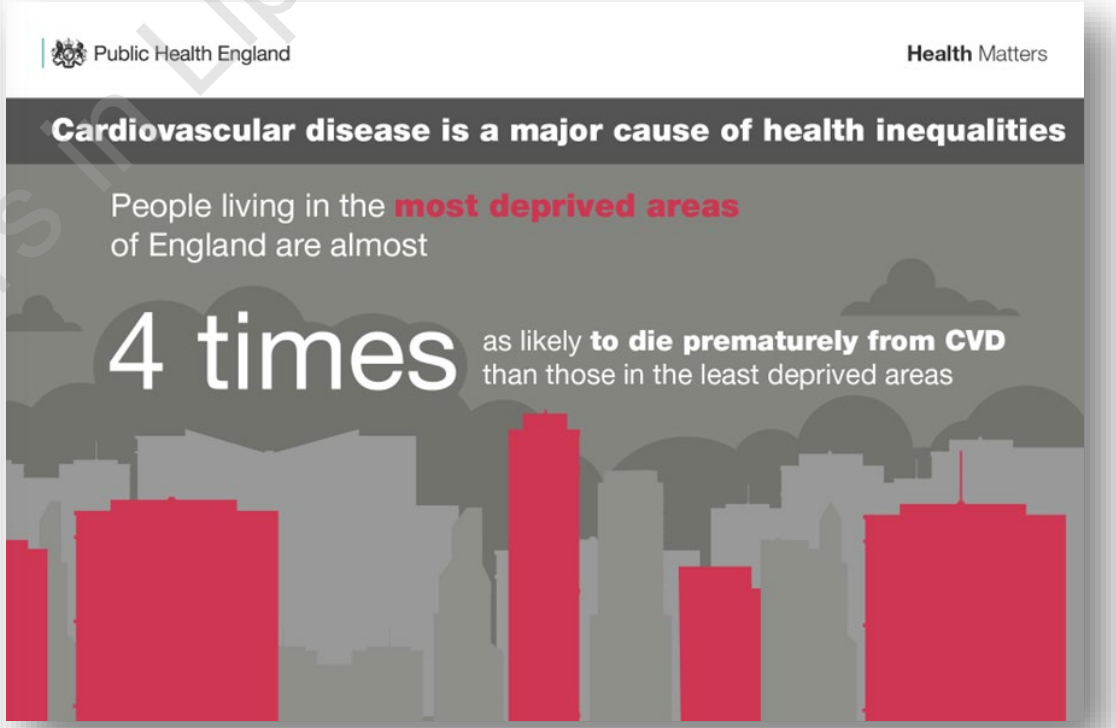
ASCVD, atherosclerotic cardiovascular disease; MI, myocardial infarction.

1. Rosenblit PD et al. Curr Diab Rep. 2019;19:61.

CVD and health inequalities



1



2

CVD, cardiovascular disease.

1. Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities of Multiple Deprivation, 2019. Breakdown of the life expectancy gap between the most and least deprived quintiles of South West by cause of death, 2020 to 2021; 2. Public Health England. Health matters: preventing cardiovascular disease. 2019. Available at: Health matters: preventing cardiovascular disease - GOV.UK (Accessed September 2025)

CVD Prevention – National LTP lipid ambitions

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- CVD has multiple root causes, but elevated LDL-C is a significant and adjustable risk factor for CVD[1,2]
- Every 1 mmol/L reduction in LDL-C leads to a 22% reduction in risk of major vascular events[3]

Metric	England Statistics – Cholesterol
Size of population	More than two in five (40%) adults are living with high cholesterol[4]
Percentage of population on therapy	~ 6.5 million adults are taking lipid-lowering treatments like statins[4]
Mortality	Elevated LDL-C is associated with an estimated 25.3% of yearly CVD deaths

Key NHS LTP ambitions and targets[5]
Prevent 150,000 strokes, heart attacks and dementia cases over the next 10 years. Improving the detection and treatment of the high-risk conditions of atrial fibrillation, hypertension and high cholesterol
Provide 75% of people aged 40 to 74 years with a formal validated CVD risk assessment and cholesterol reading recorded on a primary care data system in the last five years by 2029
45% of people aged 40 to 74 years identified as having a 20% or greater 10-year risk of developing CVD in primary care are treated with statins by 2029

CVD, cardiovascular disease; LDL-C, low-density lipoprotein cholesterol; LTP, long-term plan; NHS, National Health Service.

1. NICE CKS. CVD risk assessment and management. Available at: https://cks.nice.org.uk/topics/cvd-risk-assessment-management/ (accessed September 2025); 2. Bays HE, et al. American Journal of Preventive Cardiology 2021;5:100149; 3. NHS England. Lipid optimisation pathway: secondary prevention in primary care and the community. Available at: https://www.england.nhs.uk/long-read/lipid-optimisation-pathway-secondary-prevention-in-primary-care-and-the-community/#:~:text=Cardiovascular%20disease%20(CVD)%20is%20a,daily%20if%20atorvastatin%20is%20contraindicated. (accessed September 2025); 4 Tilley C. NICE to approve 'game changer' twice-yearly cholesterol-lowering injection. Available at: https://www.pulsetoday.co.uk/news/clinical-areas/cardiovascular/nice-to-approve-game-changer-twice-yearly-cholesterol-lowering-injection/#:~:text=More%20than%20two%20in%20five,from%20the%20condition%20every%20year. (accessed September 2025); 5. GOV.UK. Health matters: preventing cardiovascular disease. Available at: https://www.gov.uk/government/publications/health-matters-preventing-cardiovascular-disease/health-matters-preventing-cardiovascular-disease (accessed September 2025).

National NHS priorities and success measures 2025-26

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Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

CVD, cardiovascular disease; GP, general practitioner; NICE, National Institute for Health and Care Excellence; NHS, National Health Service.

NHS England. 2025/26 priorities and operational planning guidance. Available at: NHS England » 2025/26 priorities and operational planning guidance.

CVD prevention present…

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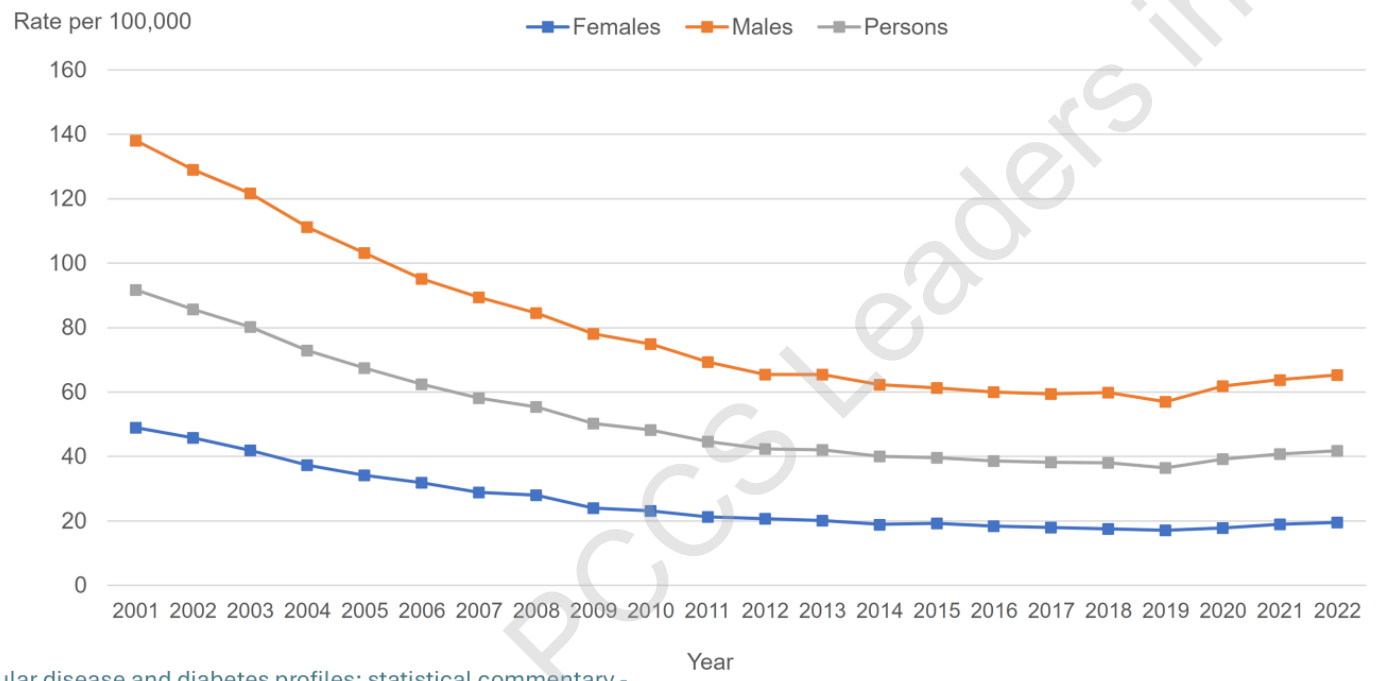
Age standardised mortality rate for CHD for males, females and persons aged under 75 years, England, 2001 to 2022



Cardiovascular disease and diabetes profiles: statistical commentary - GOV.UK (www.gov.uk)

- CVD mortality plateaued from 2010 to 2020
- 2020 saw the first increase in CVD mortality for many decades
- CVD mortality twice as high in the most deprived areas than the least deprived

CHD, coronary heart disease; CVD, cardiovascular disease.

GOV.UK. Cardiovascular disease and diabetes profiles: statistical commentary. 2024. Available at: https://www.gov.uk/government/statistics/cardiovascular-disease-and-diabetes-profiles-march-2024-update/cardiovascular-disease-and-diabetes-profiles-statistical-commentary (accessed September 2025).

NICE NG238: Cardiovascular disease: risk assessment and reduction, including lipid modification

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Lipid target for people taking statins for Primary Prevention of CVD

For primary prevention of CVD aim for a greater than 40% reduction in non-HDL cholesterol. **[May 2023]**

Statin treatment for people with and without Type 2 Diabetes

Offer atorvastatin 20 mg for the primary prevention of CVD to people who have a 10-year QRISK3 score of 10% or more. **[May 2023]**

Do not rule out treatment with atorvastatin 20 mg for the primary prevention of CVD just because the person's 10-year QRISK3 score is less than 10% if they have an informed preference for taking a statin or there is concern that risk may be underestimated. **[May 2023]**

Ezetimibe, co-administered with a statin, is recommended as an option in NICE technology appraisal guidance for treating primary hypercholesterolaemia in some adults who have started statin therapy when serum total or low-density lipoprotein (LDL) cholesterol concentration is not appropriately controlled

CVD, cardiovascular disease; HDL, high-density lipoprotein; NICE, National Institute for Health and Care Excellence.

NICE. Cardiovascular disease: risk assessment and reduction, including lipid modification [NG238]. Available at: https://www.nice.org.uk/guidance/ng238 (accessed September 2025).

NICE NG238: Cardiovascular disease: risk assessment and reduction, including lipid modification

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Lipid-lowering treatment for secondary prevention of cardiovascular disease

Lipid target for people taking lipid-lowering treatments

For secondary prevention of CVD, aim for LDL cholesterol levels of 2.0 mmol per litre or less, or non-HDL cholesterol levels of 2.6 mmol per litre or less. **[December 2023]**

CVD, cardiovascular disease; HDL, high-density lipoprotein; LDL, low-density lipoprotein; NICE, National Institute for Health and Care Excellence.

NICE. Cardiovascular disease: risk assessment and reduction, including lipid modification [NG238]. Available at: https://www.nice.org.uk/guidance/ng238 (accessed September 2025).

Lipid optimisation pathway for secondary prevention in primary care / the community

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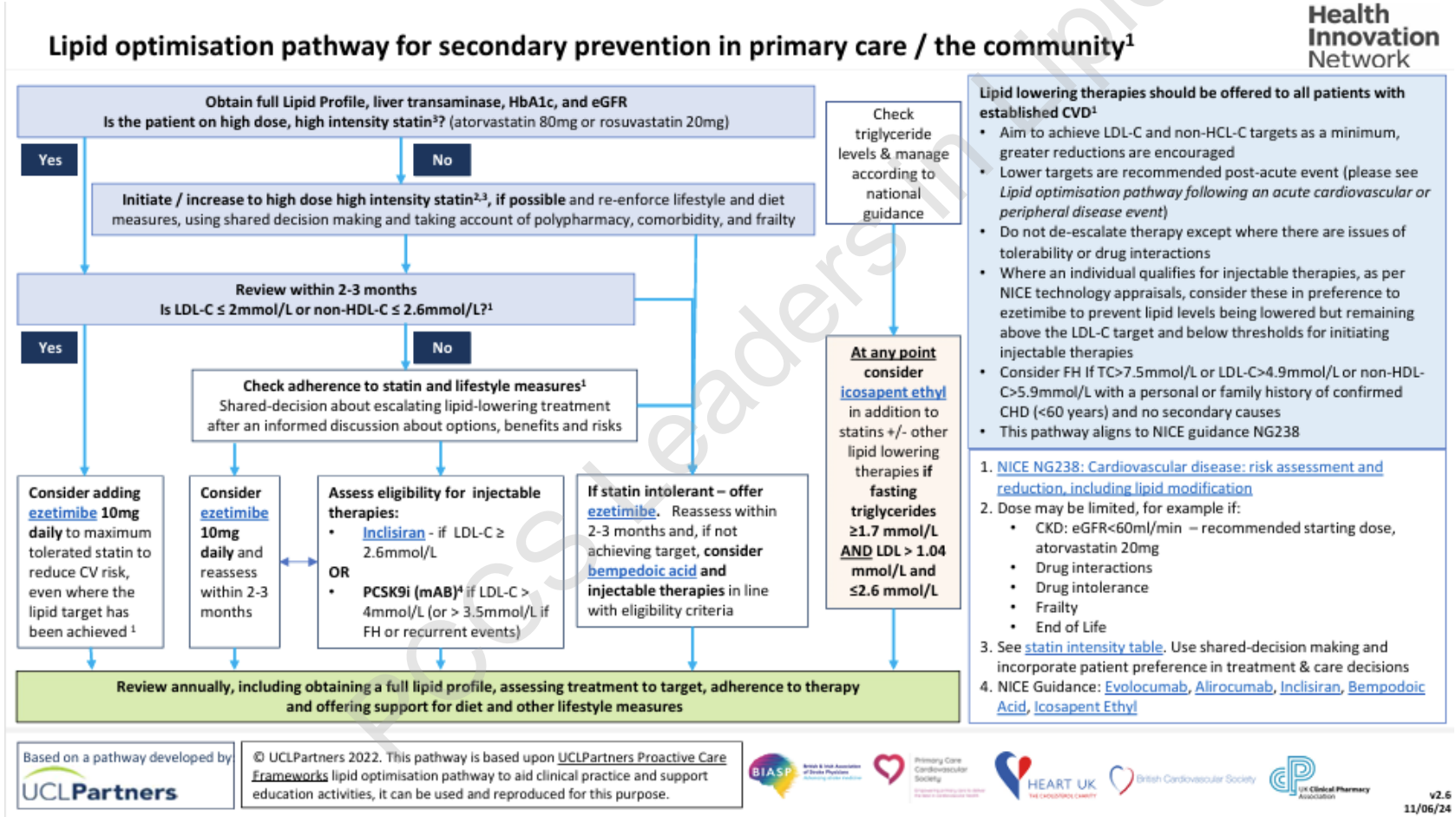

Health Innovation Network. Lipid management pathways. Available at: https://thehealthinnovationnetwork.co.uk/programmes/cardiovascular-disease/lipid-management-and-familial-hypercholesterolemia/lipid-management-pathways/ (accessed September 2025).

ESC/EAS dyslipidaemia update 2025

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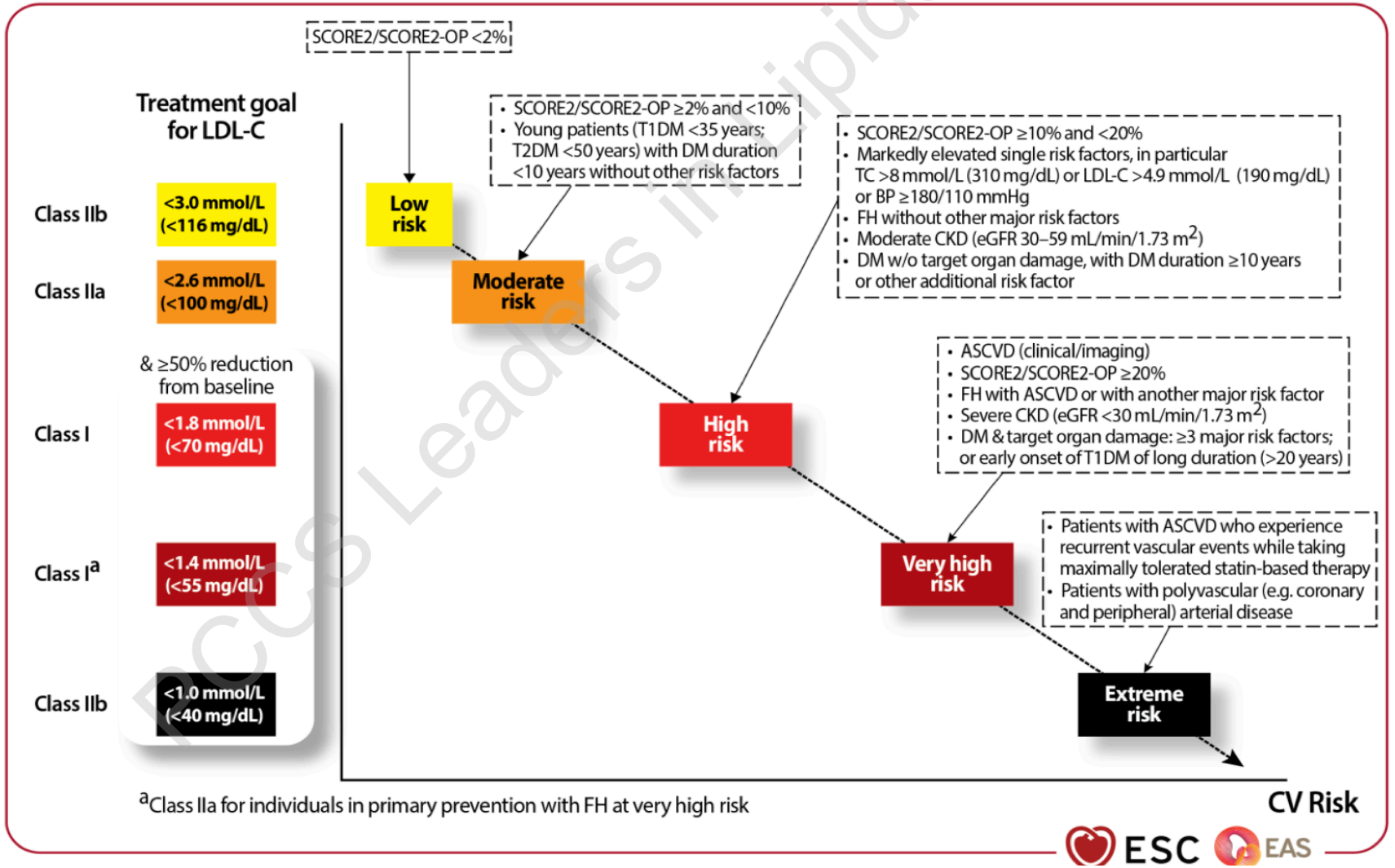
Treatment goals for low-density lipoprotein cholesterol across categories of total cardiovascular risk.



ASCVD, atherosclerotic cardiovascular disease; BP, blood pressure; CKD, chronic kidney disease; CV, cardiovascular; DM, diabetes mellitus; EAS, European Atherosclerosis Society; eGFR, estimated glomerular filtration rate; ESC, European Society of Cardiology; FH, familial hypercholesterolaemia; LDL-C, low-density lipoprotein cholesterol; TC, total cholesterol; T1DM, type 1 diabetes mellitus; T2DM, type 2 diabetes mellitus.

Mach F, et al. Eur Heart J 2025;00:1–20.

Lipid management – a time for action

Secondary prevention – National data

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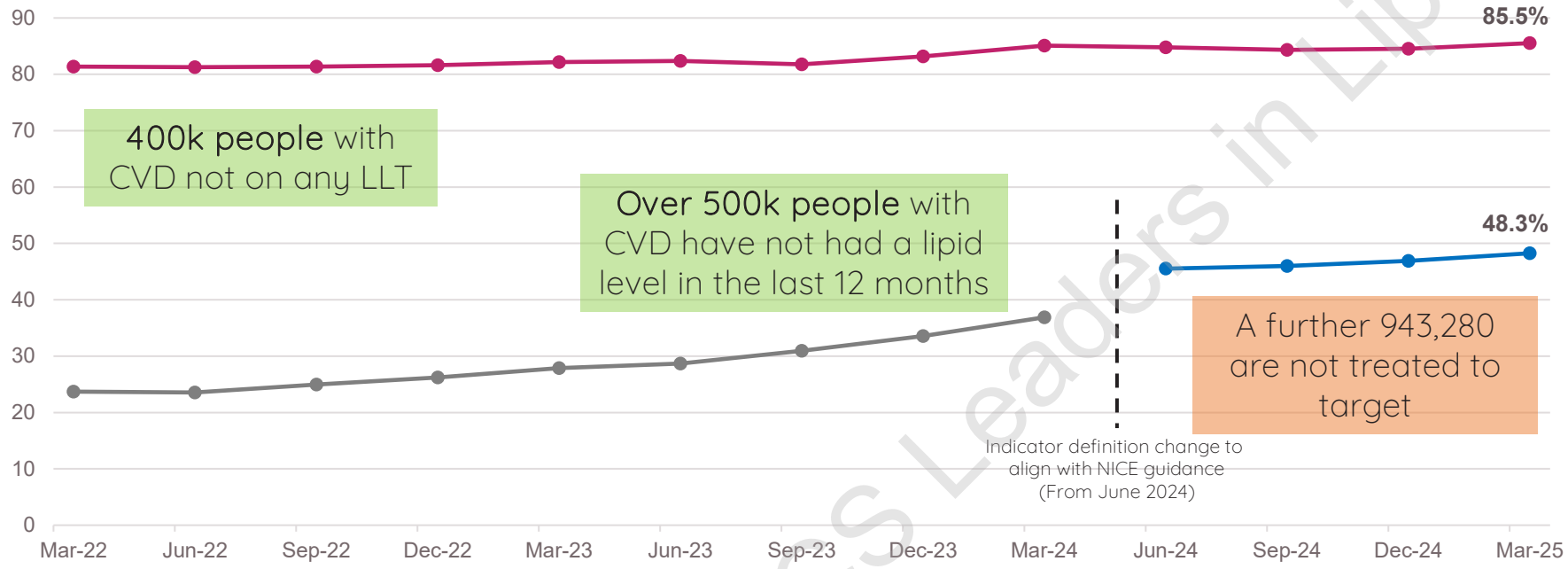

CVDP009CHOL: Percentage of patients aged 18 and over with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy (QOF CHOL003 thresholds: 70-95%)

CVDP012CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the proceeding 12 months) is non-HDL cholesterol less than or equal to 2.6mmol/l or LDL-cholesterol less than or equal to 2.0mmol/l (QOF CHOL004 thresholds: 20-35%%)

CVDP007CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the proceeding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l **(DISCONTINUED)**

March 2024 to March 2025:

- 204,838 more people with CVD treated with lipid lowering therapy

June 2024 to March 2025:

- 91,417 more people with CVD treated to target*

*Based on new threshold target for the CVDPREVENT from June 2024 data which align with QOF and NICE guidance

CVDPREVENT. Data & Improvement Tool. Available at: https://www.cvdprevent.nhs.uk/ (accessed September 2025).

Health inequalities in lipid management

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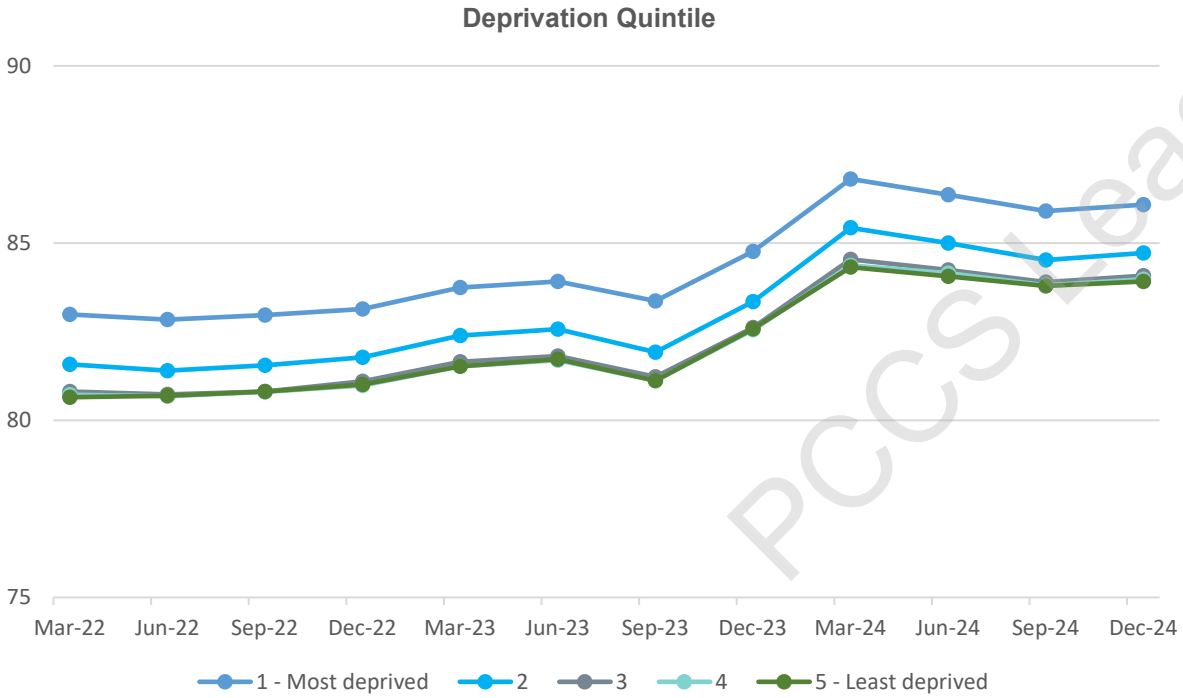
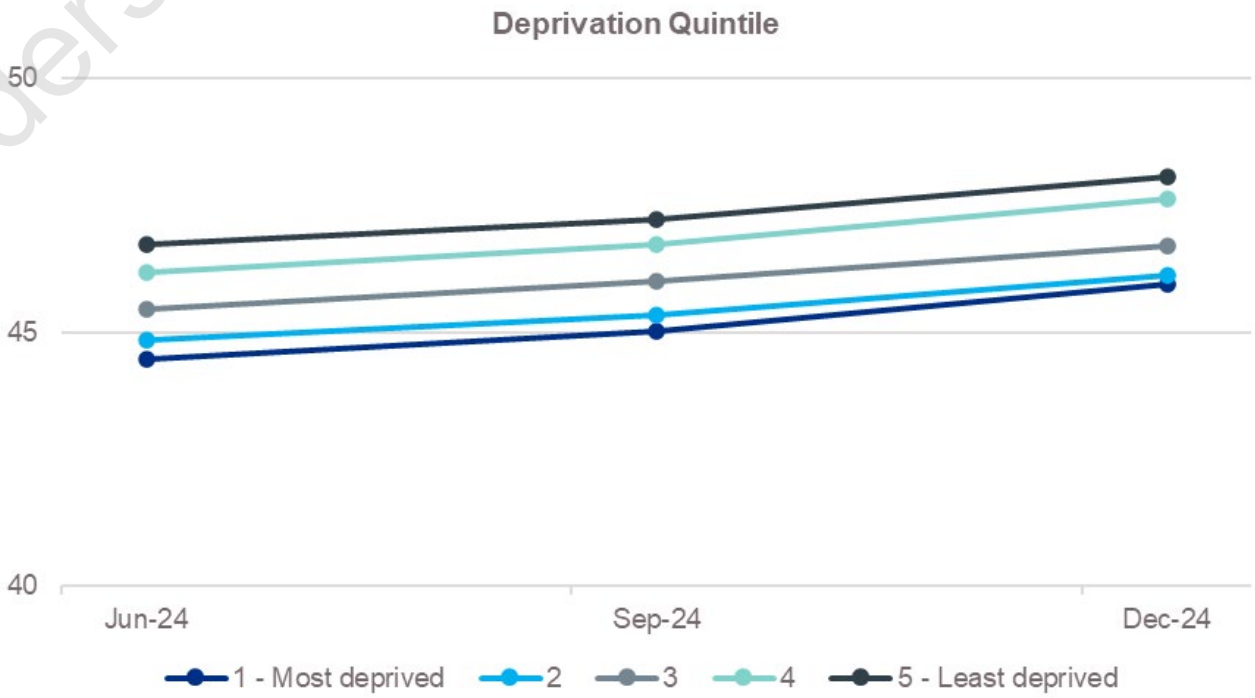
CVDP009CHOL: Percentage of patients aged 18 and over with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy.



CVDP012CHOL: Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the proceeding 12 months) is non-HDL cholesterol less than of equal to 2.6mmol/l or LDL-cholesterol less than of equal to 2.0mmol/l



CVD, cardiovascular disease; GP, general practitioner; HDL, high-density lipoprotein; LDL, low-density lipoprotein.

CVDPREVENT. Available at: CVDPREVENT.

Many lipid disorders can be managed in primary care[1-5]

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Treat in primary care

Resources available to support primary care physicians:

- NHS advice & guidance
- Local guidelines (G-Care)
- HIN involvement

Referral to secondary care

Take into account the current backlog of patients in secondary care

- Referrals into secondary care may be rejected due to a **lack of capacity**
- Patients experience long waiting times after referral which can **delay treatment initiation**

HIN, Health Innovation Network; NHS, National Health Service.

1. Khatib R & Neely D on behalf of the AAC Clinical Subgroup. National Guidance for Lipid Management. March 2024. Pathway approved by NICE March 2024. Available at: https://www.england.nhs.uk/aac/publication/summary-of-national-guidance-for-lipid-management/ (accessed September 2025); 2. Khatib R & Neely D on behalf of the AAC Clinical Subgroup. Statin intolerance pathway. January 2022. Available at: https://www.england.nhs.uk/aac/publication/statin-intolerance-pathway/ (accessed September 2025); 3. HIN. Lipid management pathways. Available at: https://thehealthinnovationnetwork.co.uk/programmes/cardiovascular-disease/lipid-management-and-familial-hypercholesterolemia/lipid-management-pathways/ (accessed September 2025); 4. NHS England. Network Contract Directed Enhanced Service: Cardiovascular disease prevention and diagnosis. Available at: https://www.england.nhs.uk/wp-content/uploads/2021/09/B0951-v-network-contract-des-20-21-cvd-supplementary-guidance.pdf (accessed September 2025); 5. British Medical Association: NHS backlog data analysis. November 2022. Available at: https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-backlog-data-analysis (accessed September 2025).

The SANTORINI study showed that the UK underutilised combination therapies[1]

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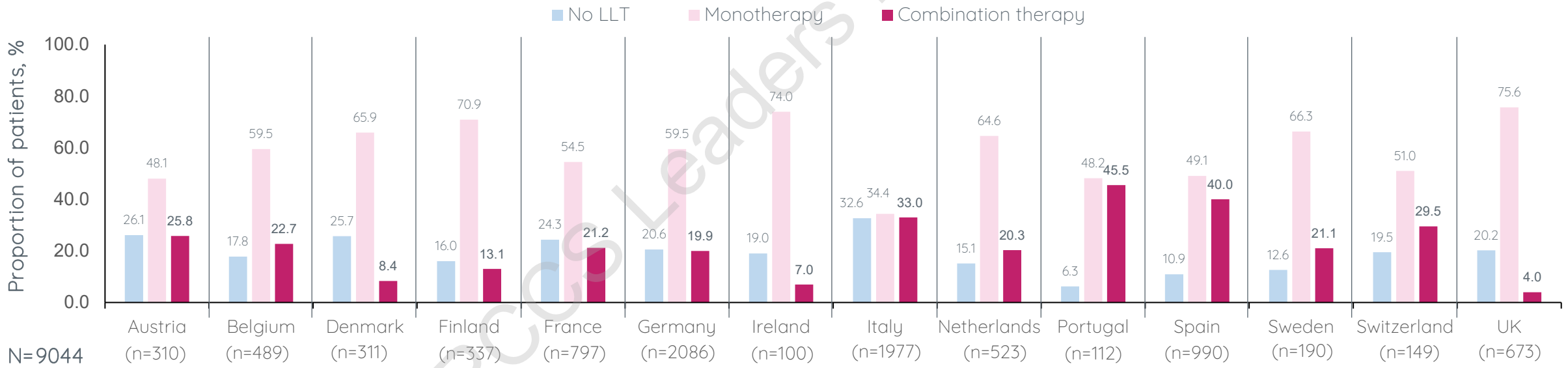
- SANTORINI[1] was a multinational, prospective, observational study in adult patients at high or very high risk of CVD (n=9044), that documented the use of LLT across Europe (2020 – 2021)



	Austria	Belgium	Denmark	Finland	France	Germany	Ireland	Italy	Netherlands	Portugal	Spain	Sweden	Switzerland	UK
N=9044	(n=310)	(n=489)	(n=311)	(n=337)	(n=797)	(n=2086)	(n=100)	(n=1977)	(n=523)	(n=112)	(n=990)	(n=190)	(n=149)	(n=673)
Median (IQR) LDL-C, mmol/L:	2.02 (1.34, 3.26)	1.82 (1.34, 2.53)	1.85 (1.35, 2.85)	2.00 (1.50, 2.90)	2.27 (1.66, 3.10)	2.28 (1.73, 3.21)	1.90 (1.40, 2.60)	2.28 (1.58, 3.31)	1.90 (1.50, 2.50)	1.86 (1.53, 2.69)	1.91 (1.42, 2.64)	2.10 (1.60, 2.80)	2.01 (1.50, 3.00)	2.24 (1.60, 3.16)

Adapted from 1. Ray KK et al. Lancet. 2023.

CVD, cardiovascular disease; IQR, interquartile range; LDL-C, low-density lipoprotein cholesterol; LLT, lipid-lowering therapy; UK, United Kingdom.

1. Ray KK, et al. Lancet Reg. Health Eur. 2023;29:100624. https://doi.org/10.1016/j.lanepe.2023.100624.

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Quality and Outcomes Framework (QOF) guidance 2025/26 for the ongoing management of cholesterol control and lipid management

QOF 2025/26 clinical indicators for cholesterol management support CVD prevention and cholesterol lowering as a clinical priority[1]

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Indicator	Points	Thresholds
Ongoing management		
CHOL003. Percentage of patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, Stroke/TIA or Chronic Kidney Disease Register who are currently prescribed a statin, or where a statin is declined or clinically unsuitable, another lipid-lowering therapy	38	70-95%
CHOL004. Percentage of patients on the QOF Coronary Heart Disease (CHD), Peripheral Arterial Disease (PAD), or Stroke/Transient Ischaemic Attack (TIA) Register, with the most recent cholesterol measurement in the preceding 12 months, showing as ≤ 2.0 mmol/L if it was an LDL (Low-density Lipoprotein) cholesterol reading or ≤ 2.6 mmol/L if it was a non-HDL (High-density Lipoprotein) cholesterol reading. For multiple readings on the latest date the LDL reading takes priority	44	20-50%

CVD, Cardiovascular Disease, HDL, high-density lipoprotein, LDL, low-density lipoprotein, QOF, Quality and Outcomes Framework, TIA, transient ischaemic attack.

1. NHS England. Quality and Outcomes Framework guidance for 2025/26. Available at: NHS England » Quality and Outcomes Framework guidance for 2025/26 (accessed September 2025).

QOF cholesterol clinical indicators support improved patient care and offer a revenue opportunity for general practice[1]

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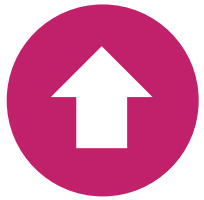
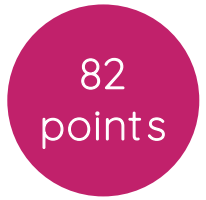


82 POINTS

are available against the two Cholesterol Control and Lipid Management indicators, CHOL003 and CHOL004[1]

£225.49

Each point within QOF is worth £225.49[2]



£18,490

Potential income for an average practice*, if the practice achieves a maximum of 82 points[1,2]

Where a practice has a list size and/or prevalence† that is different from the national average then adjustments to reflect the difference are applied to the figure of £225.49

*Based on the national average practice population figure in England of 10,184 and the value of each point within QOF (£225.49).[2] †The prevalence of cardiovascular disease in adults in England is 6%.[3]

QOF: Quality and Outcomes Framework.

1. NHS England. Quality and outcomes framework guidance for 2025/26. 2025. Available at Quality and Outcomes Framework guidance for 2025/26 (accessed September 2025); 2. GOV.UK. The General Medical Services Statement of Financial Entitlements Directions 2025. Available at: The General Medical Services Statement of Financial Entitlements (Amendment) Directions 2025 (accessed September 2025); 3. CVDPREVENT. CVDPREVENT Patient and Public Report. 2024. Available at: CVDPREVENT Patient and Public Report 2024 (accessed September 2025).

Region
All

Select ICB here:
All

PCN breakdown

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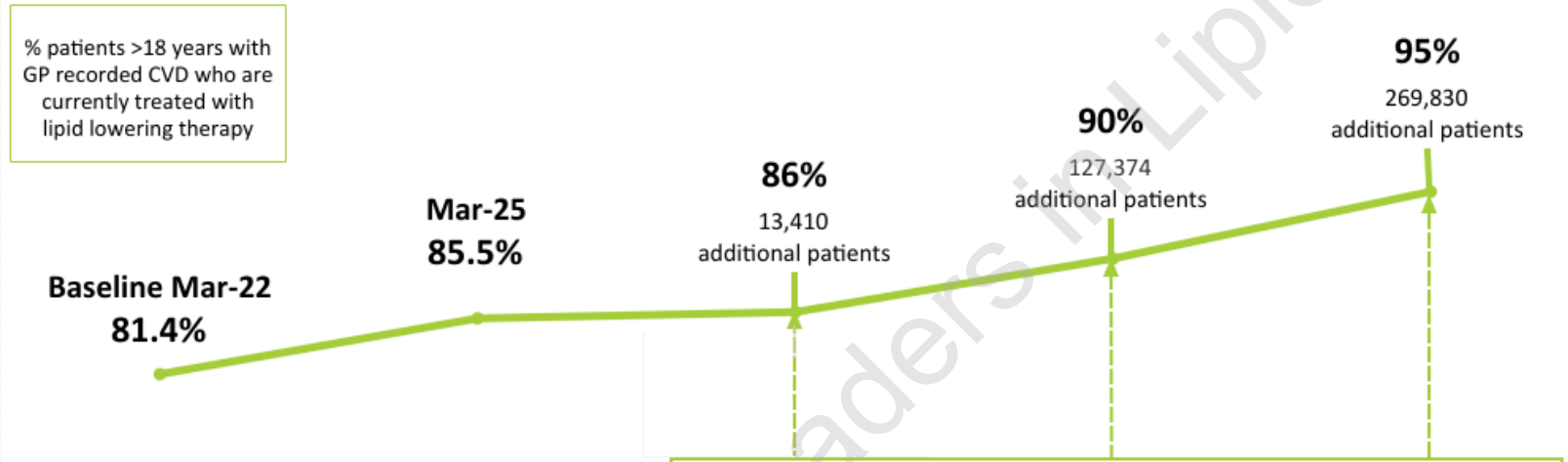
Size of the Prize - England
Cholesterol Optimisation to Prevent Heart Attacks and Strokes at Scale

UCLPartners Health Innovation



References

1. Collin et al. (2016), Interpretation of the evidence for the efficacy and safety of statin therapy, *The Lancet*, 388, 2532-2561. DOI: https://doi.org/10.1016/S0140-6736(16)31357-5
2. Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis.
3. Kerr, M (2012). Chronic Kidney disease in England: The human and financial cost

Modelling

Data source: CVDPrevent. Briefing note: CVDPrevent online methodology annex v1 December 2022

Potential events calculated with NNT (Collins, 2016). For patients with known CVD, lipid lowering medicines for five years to prevent cardiovascular events and death: 1 in 10 for cardiovascular events, 1 in 83 for mortality.
* Stroke costs to social care are given for the 1st year following stroke only.

Making every contact count: Lifestyle modifications

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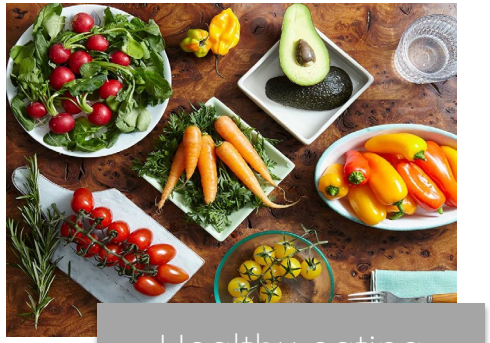
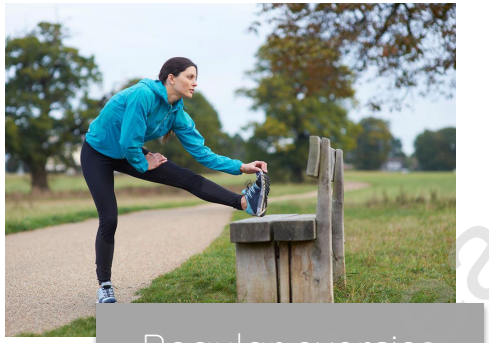
- Encourage and educate patients on lifestyle changes they can make to help reduce their cholesterol levels and CVD risk:[1,2]

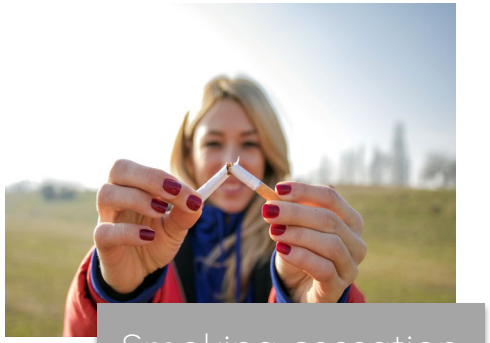


Healthy eating



Regular exercise

Reducing alcohol intake



Smoking cessation

Use motivational interviewing techniques to help empower patients to make these changes.[3]

Suggest additional resources that may help patients with lifestyle changes, such as diet or exercise tracking apps or free nutrition and wellbeing counselling available in the community.[3]

CVD, cardiovascular disease.

1. NHS. Lower your cholesterol. 2018; 2. Heart UK. Healthy living. 2021; 3. Young S. Perm J. 2014;18(4):89–92.

The additional challenge of multiple comorbidities

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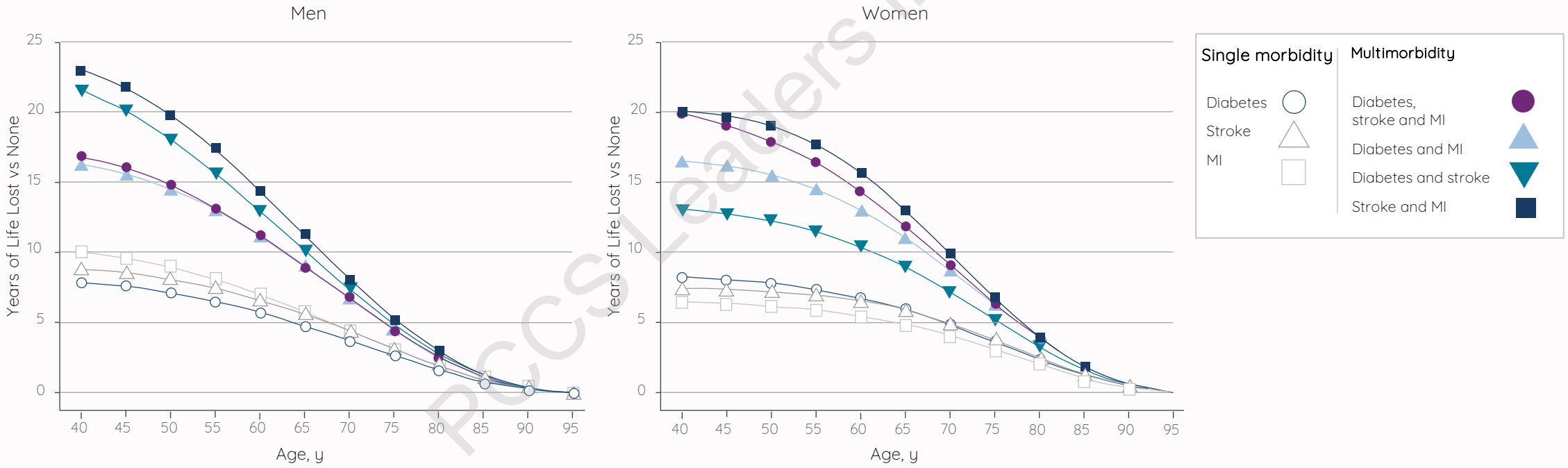
81% of people with cardiovascular disease in the UK have **at least one additional health condition**[1,2]

Life expectancy is substantially reduced with multiple cardiometabolic comorbidities[3]

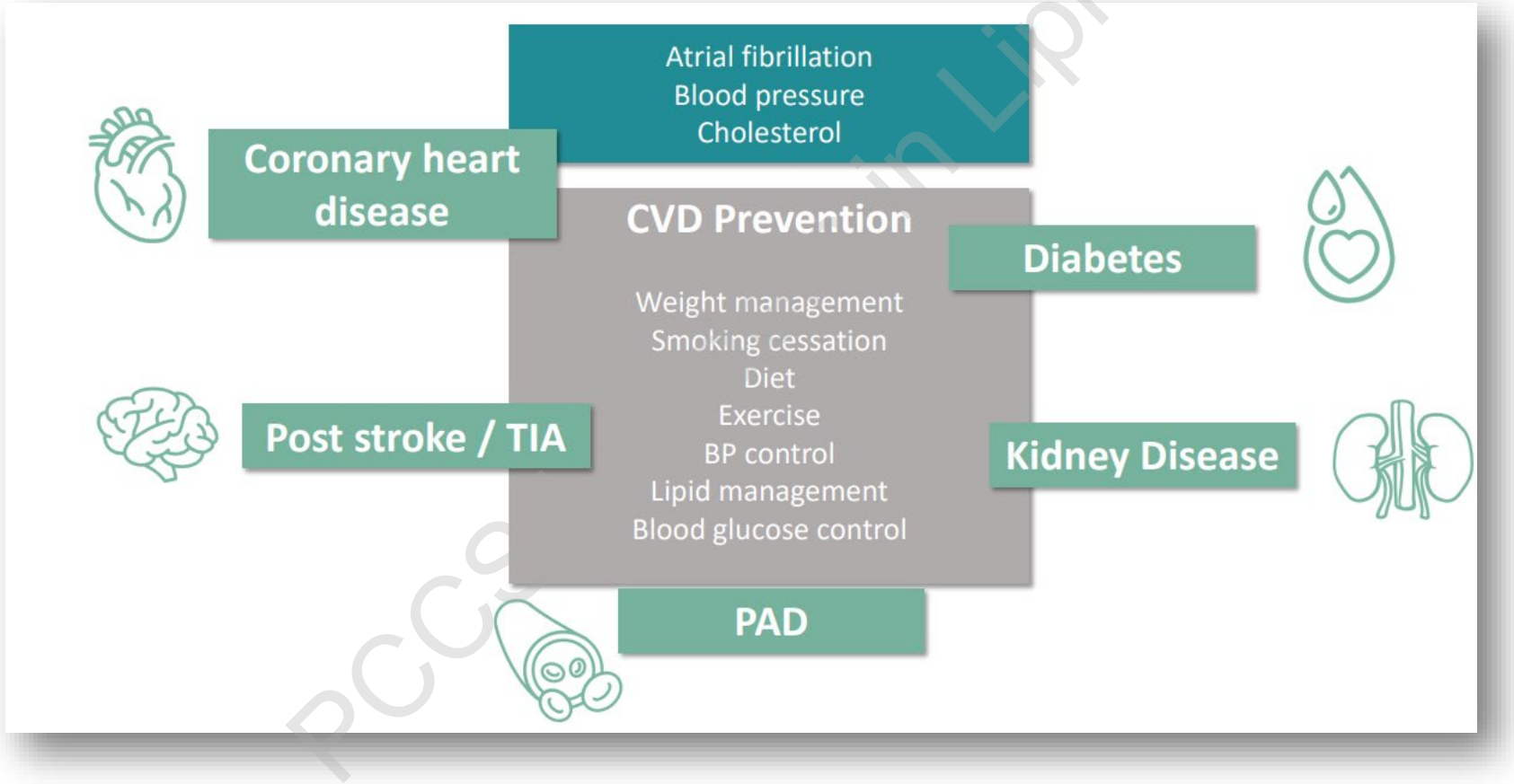


Adapted from ERFC. JAMA 2015.

MI – myocardial infarction

1. Tran J et al. PLoS Med 2018;15(3):e1002513; 2. Heart UK. https://www.heartuk.org.uk/downloads/health-professionals/heart-uk-cvd-prevention-policy-paper---july-2019.pdf (Accessed September 2025); 3. ERFC. JAMA 2015;314(1):52-60.

Future focus – taking a holistic approach



Breakdown the silos – encouraging a holistic approach to CV risk factor management

In summary

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- CVD is one of the leading causes of morbidity and mortality
- CVD risk should be assessed holistically through QRISK®3 or QRISK®3-lifetime[1,2]
- The foundations for reducing CVD risk are:
  - Lifestyle interventions
  - BP management
  - Lipid management

BP, blood pressure; CVD, cardiovascular disease.

1. Endeavour Predict CIC. Welcome to the QRISK®3-2018 risk calculator. Available at: https://www.qrisk.org/index.php. Accessed September 2025; 2. ClinRisk. Welcome to QRISK®3-lifetime cardiovascular risk calculator. Available at: https://www.qrisk.org/lifetime/. Accessed September 2025.