

Improving the identification of patients with familial hypercholesterolaemia in primary care

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Introduction

We describe a project performed covering the footprint of the Academic Health Science Network for North East and North Cumbria (AHSN NENC) with a target patient population of approximately 3.5 million. This project involved the integration of an FH audit tool within GP IT systems and establishment of a nurse-led clinic to identify patients at high-risk of FH.

Aims

Reduce CHD risk and premature mortality associated with FH by 1) proactively identifying patients at high-risk of FH; 2) Increasing utilisation of the FH genetic screening programme across the AHSN footprint.

Methods

A launch meeting was held to raise awareness of FH within the region to promote the service and educate GPs around the importance of identifying patients at high-risk of FH.

Collaboration with the Clinical Digital Resource Collaborative (CDRC) resulted in direct integration of FH-specific search templates into GP practices using SystemOne. CDRC FH resource was accessible within the GP IT system and allowed health records to be searched real-time and notes applied directly to the patient records. Searches were based on NICE CG71². Once identified via CDRC FH diagnostic parameters, a Dutch Lipid Clinic Network Score (DLCNS) was applied. FH nurse specialist worked closely with the GP practice leads to triage records and invite suitable patients to a dedicated clinic.

Results

The FH case-finding service has been fully implemented. FH positive rates using the bespoke searches is >30% with low non-attendance rates. Evaluation and cascade testing is on-going and results will be presented.

Discussion

Critical to success was the collaborative engagement and effective communication between multiple stakeholder groups and individuals. Advocacy, collaboration and commitment from GPs, CCGs and patients, with a dedicated workforce to triage patient records and manage the genetic testing clinics is key to the success of the service.

This project will be scaled up across the AHSN NENC footprint in GP practices using SystemONE in the first instance. The CDRC FH resource would also be able to be used on EMIS systems following modification and will be implemented during phase 2 of the roll-out.