**Appendix A**

**Summary of actions practices are requested to undertake and NICE guidance on managing those with high cardiovascular risk**

We are inviting practices to:

1. Host a 1 hour dial in call with the CCG IM&T team to identify affected patients and produce a list of patients who will need to be invited for a new NHSHC.
2. Invite and provide a new NHSHC for affected patients whose CVD risk has increased to 20% + **within 2 months** – Public Health will provide a letter template to inform patients of the issue and recall.
3. Invite and provide a new NHSHC for affected patients whose recalculated CVD risk is 10-19% **within 6 months** – Public Health will provide a letter template as above.
4. Routinely recall all other affected patients for their 5 year recall NHSHC – Public Health will provide a letter template for patients with known family history of CVD.

Public Health will support practices by:

* Arranging for searches and IT support to identify affected patients who will need to be invited back for a new NHSHC
* Providing payment for the additional NHSHC activity (1-3 above)
* Supplying letter templates for informing affected patients who need to be invited back for an NHSHC and for inviting patients for their 5 year routine recall with a family history of CVD. These letters will highlight the increased risk of CVD with a family history, to try and encourage the patient to take up their 5 year recall NHSHC offer.

**Summary of NICE guidance[[1]](#footnote-1) and NHS Health Check best practice guidance[[2]](#footnote-2) on Managing those with high cardiovascular risk**

Cardiovascular disease (CVD) risk should be communicated using everyday, jargon-free language. People should be offered information about their absolute risk of CVD and about the absolute benefits and harms of an intervention over a ten-year period. NICE guidance advises that:

* the decision whether to start statin therapy should be made after an informed discussion between the GP or nurse and the individual about the risks and benefits of statin treatment, taking into account additional factors such as potential benefits from lifestyle modifications, informed patient preference, comorbidities, polypharmacy, general frailty and life expectancy
* people with a 10% or greater, ten-year risk of developing CVD should be offered appropriate lifestyle advice and behaviour change support in relation to increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet
* people with high CVD risk should be advised that the potential benefits from lifestyle modifications will also reduce their risk of dementia
* where lifestyle modification has been ineffective or is inappropriate, people with a 10% or greater, ten-year risk of developing CVD should be offered statin therapy for the primary prevention of CVD

Individuals that are either prescribed a statin or have a CVD risk score ≥20% should exit on to an at risk register

1. NICE (2016) Cardiovascular disease: risk assessment and reduction, including lipid modification. Clicinal guidelines 181. [www.nice.org.uk/guidance/cg181](http://www.nice.org.uk/guidance/cg181) [↑](#footnote-ref-1)
2. PHE (2017) NHS Health Check Best Practice Guidance. [www.healthcheck.nhs.uk/commissioners\_and\_providers/guidance/national\_guidance1/](http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/) [↑](#footnote-ref-2)