NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

# Clinical & Professional Update

January 2024

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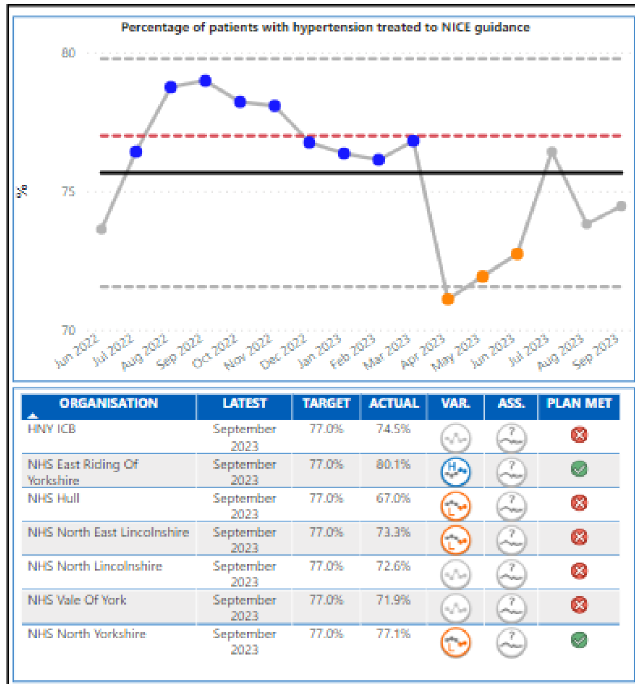
# CVD Prevention: current position HNY ICS

- CVD accounts for more than 20% of the gap in mortality between our most and least deprived communities and there is a pattern with higher rates of death in coastal communities, and communities around the Humber estuary
- HNY ICB has a greater recorded prevalence of CVD, AF, CKD and hypertension than England
- 145,000 people are estimated to have hypertension who have not yet been diagnosed
- 43,400 patients who are registered with their GP as hypertensive are not treated to target
- HNY CVD Prevention and Detection Group Network aims to reduce premature mortality from CVD, improving fastest in the areas with highest deprivation and closing the gap between HNY and England to 10% or less by 2024/26.

# National planning objectives CVD prevention 23/24: Hypertension Management

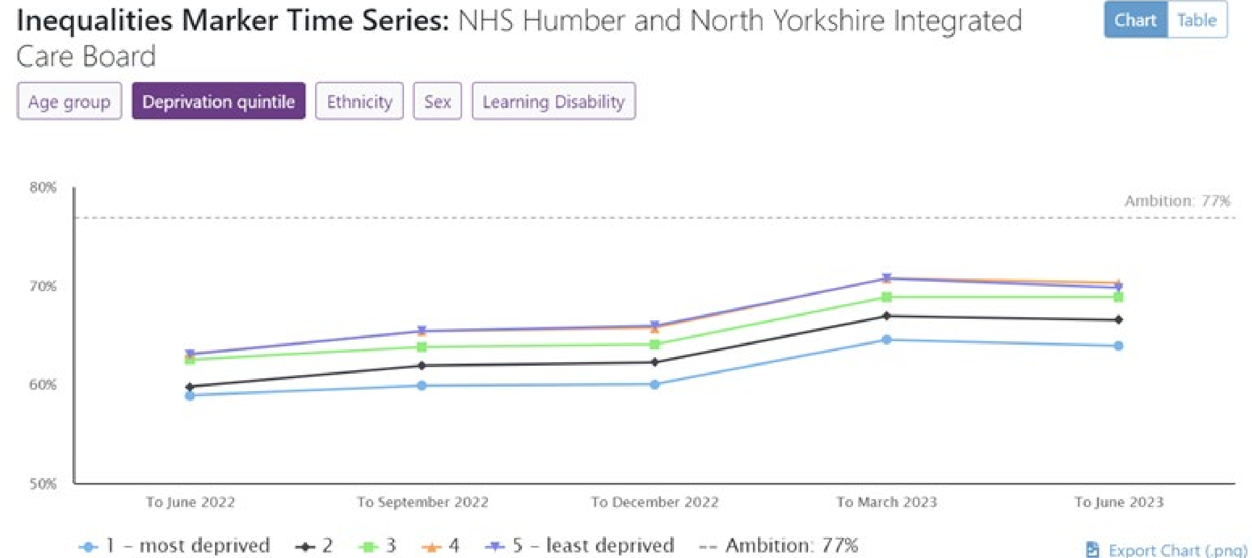
## “Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024”

- HNY ICB is achieving **74.5%** (HNY ICB data, Sept 23), **whilst still below the national target of 77% this is an improving position**, with 2 out of 6 places achieving the 77% target.
- Although performance is improving, **patients living in more deprived areas** in Humber and North Yorkshire **have lower values** than those living in less deprived areas and this gap appears to be widening.




| ORGANISATION | LATEST | TARGET | ACTUAL | VAR. | ASS. | PLAN MET |
|---|---|---|---|---|---|---|
| HNY ICB | September 2023 | 77.0% | 74.5% | | | |
| NHS East Riding Of Yorkshire | September 2023 | 77.0% | 80.1% | | | |
| NHS Hull | September 2023 | 77.0% | 67.0% | | | |
| NHS North East Lincolnshire | September 2023 | 77.0% | 73.3% | | | |
| NHS North Lincolnshire | September 2023 | 77.0% | 72.6% | | | |
| NHS Vale Of York | September 2023 | 77.0% | 71.9% | | | |
| NHS North Yorkshire | September 2023 | 77.0% | 77.1% | | | |

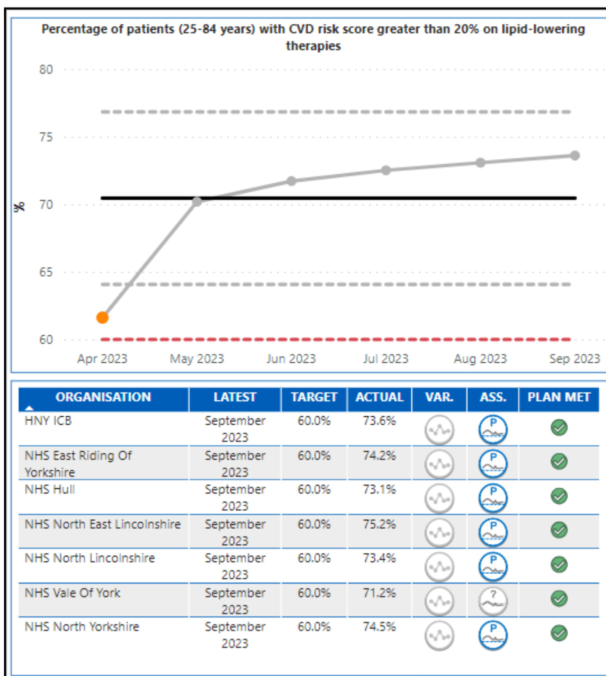
Hypertension: treatment to recommended age specific thresholds (all ages) performance versus deprivation



# National planning objectives CVD prevention 23/24: Cholesterol Management

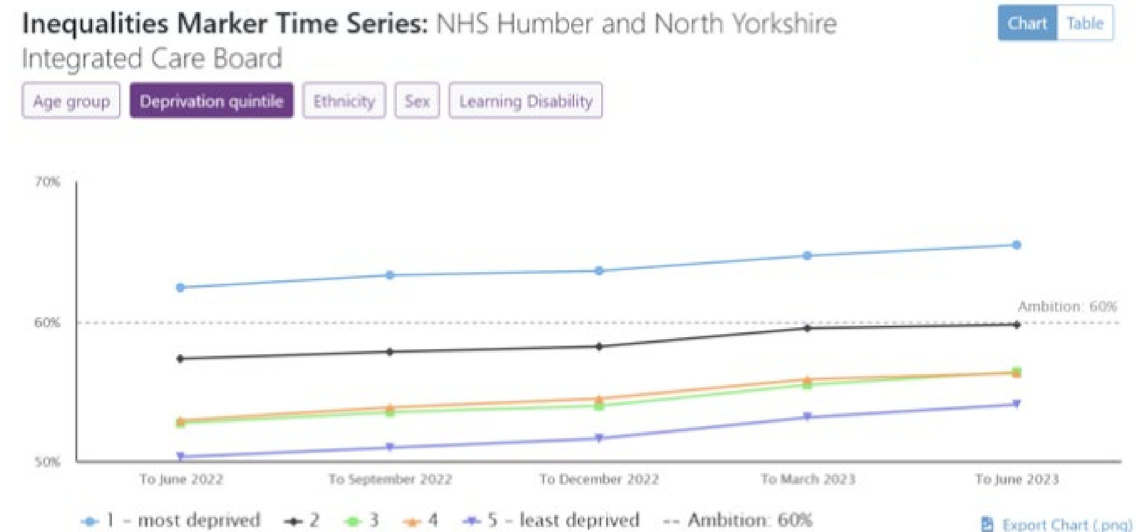
## "Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20% on lipid lowering therapies to 60%"

- HNY ICB data Sept 23 shows that HNY ICB is currently **above the national target of 60%, at 73.6%,** with all places achieving the national target.
- For this metric **patients living in more deprived areas** in Humber and North Yorkshire **have higher values** than those living in less deprived areas and this gap has remained consistent.




| ORGANISATION | LATEST | TARGET | ACTUAL | VAR. | ASS. | PLAN MET |
|---|---|---|---|---|---|---|
| HNY ICB | September 2023 | 60.0% | 73.6% | | | |
| NHS East Riding Of Yorkshire | September 2023 | 60.0% | 74.2% | | | |
| NHS Hull | September 2023 | 60.0% | 73.1% | | | |
| NHS North East Lincolnshire | September 2023 | 60.0% | 75.2% | | | |
| NHS North Lincolnshire | September 2023 | 60.0% | 73.4% | | | |
| NHS Vale Of York | September 2023 | 60.0% | 71.2% | | | |
| NHS North Yorkshire | September 2023 | 60.0% | 74.5% | | | |

**Cholesterol: QRISK 20% or more treated with LLT performance versus deprivation**



# Programme update

- Two ICB CVD prevention and transformation programme leads started at the beginning of November and recruitment to CVD clinical leads for each place across the ICB continues.
- The CVD prevention workplan is currently being reviewed with emphasis on developing a data driven approach and targeting interventions to areas with greater inequalities. CVD Programme Leads will work with practices and other partners to better understand variation and develop targeted approaches at place that improve CVD prevention, detection and outcomes.
- In recognition of similarities and interactions between CVD risk factors and other conditions (e.g. CKD, Diabetes, Ca), opportunities are being explored to develop a collaborative approach across clinical networks where commonly identified risk factors have been identified.
- Work continues to promote NHS Health Check activity and opportunistic BP checks with several successful community outreach projects being delivered and developed at place level.
- A paper is being drafted describing the principles and aspirations that the ICS should look to adopt in relation to NHS Health Checks, as a mechanism to support Local Authority colleagues build on their existing activities and successes.
- The programme is developing an approach to improve CVD prevention and outcomes within our coastal areas, home to some of our most deprived and at-risk communities. A task and finish group has been created to define which coastal areas to focus on, combining health and inequalities data and local intelligence. The group will approach partners at Place to inform the initial scoping work and develop potential projects within these areas.
- The programme continues to link with community pharmacy colleagues regarding the BP/CVD components of Pharmacy First and the development of the Independent Prescribing Pathfinder sites.

# Medical Retinal Drugs: background

## Background

- ICB's system Ophthalmology costs are the second highest in England (all costs)
- QEP opportunity identified in Anti-VEGF (Vascular endothelial growth factor) treatments, specifically used in the treatment of Wet (neovascular) AMD (age related macular degeneration) and Diabetic Macular Oedema (DMO).

## Latest position

- Quality Committee October 2023 approved the new HNY Anti-VEGF clinical commissioning policy confirming the prescriber should, in consultation with the patient, use the lowest cost treatment option, for all existing patients and new patients, where this is clinically appropriate. To only use the more expensive agents when the most cost-effective option was not suitable.
- Even taking into consideration the cost of the appointment, the biosimilar ranibizumab is always the most cost-effective option.

Humber and North Yorkshire Health and Care Partnership

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# Medical Retinal Drugs: next steps

## Implementation: actions taken so far

- Support requested from Collaborative of Acute Providers and System Eye Care Clinical Network.
- Ideally, will be a system wide implementation but may be that some trusts implement sooner than others.
- Key discussion points include (i) dispelling myths; (ii) wanting to understanding the ‘tipping point’ for when using a more expensive agent may be justified; (iii) potential to explore other alternative ways of running clinics.
- ICB has agreed purchasing of ‘Blueteq’ prior approval system: Ophthalmologists will have to demonstrate that patient meets the NICE TA criteria and why they require that particular agent. (Need an agreed pathway before we can implement.)

## Challenges and next steps

- Encourage System Eye Care Clinical Network to set up a system wide meeting. Potential for divergence of views which needs to be understood and managed.
- Continue to work with individual trusts regarding implementation.
- Continue to work on Blueteq prior approval system.
- Commission an independent review of the clinical evidence for all agents, if appropriate.
- Think of novel ways for creating capacity.