

## Making best practice everyday practice

4th-5th November 2016

East Midlands Conference Centre, Nottingham

This year's Issues & Answers Conference encouraged GPs, practice nurses and other primary care professionals to make best practice everyday practice. Professor Mike Kirby (editor of the *Primary Care Cardiovascular Journal*) and Jan Procter-King (editor of the *British Journal of Primary Care Nursing*) welcomed delegates to a unique meeting that included catching up with old friends, inspiration from leading experts, and equipping to make a difference in local practice.

The conference included plenary sessions, practical workshops and seminars on a wide range of cardiovascular topics described in brief here. For further resources, including key presentation slides, see [www.issuesandanswers.org](http://www.issuesandanswers.org)

### KEYNOTE ADDRESS: MAXIMISING THE RIGHT CARE



Matt Kearney

Dr Matt Kearney (GP and National Clinical Director for Cardiovascular Disease Prevention) said that preventable illness poses an "existential threat" to the NHS, but that two-thirds of premature deaths are avoidable through prevention or better treatment. He urged delegates to seize the opportunities offered by new models of primary care and Sustainability and Transformation Plans (STPs) to do things differently and deliver quality improvement in detection and prevention of cardiovascular (CV) diseases.

Population measures, individual behaviour change and improved secondary prevention in high-risk patients can all make significant improvements in the nation's health, and Dr Kearney highlighted the role of primary care in increasing the focus on CV disease prevention. He encouraged the audience to provide leadership in primary care to challenge:

- Other primary care professionals to lead the conversation about prevention in the NHS
- Partners in local authorities and elsewhere to do more to help patients stay healthy

- The wider healthcare systems to find more effective ways of identifying and treating high-risk patients (to reduce CV events, morbidity and the burden on general practice)



Matthew Cripps

Professor Matthew Cripps (National Director of NHS RightCare) provided some exciting examples where the new NHS RightCare approach is building improvements in people's care. In 2009 the first *NHS Atlas of Variation in Healthcare* highlighted huge variation in care across the NHS in terms of access, quality, outcomes and value.

Professor Cripps said that, 'RightCare aims to reduce this unwarranted variation in care to improve people's health by identifying where to look, what to change and how to make those changes'. The method provides clinicians with data on their outcomes compared with other similar areas and the facts and motivation to make improvements where necessary. Dramatic improvements have been seen in many areas, including Bradford and Slough, using this approach.

Further information is available at [www.rightcare.nhs.uk](http://www.rightcare.nhs.uk)



Professor Michael Kirby

**“I love the buzz when everyone arrives, and the interaction with the speakers. It's wonderful to see enthusiasm for improving practice. The conference is designed to be highly interactive so that delegates can ask the really difficult questions and get the answers they need to benefit the people they care for. This great conference is part of a life-long learning process that makes us better at what we do.”**



Jan Procter-King

**“This conference is a wonderful opportunity for us all to learn as much as possible, share experiences and improve our day-to-day practice. We can then use this to help every person we come into contact with at work to stay healthy and enjoy life to the full. I always say that learning should be fun, and this conference always combines both of these in abundance! We had a great time!”**

The Fifth UK Primary Care Cardiovascular Conference was made possible by sponsorship from the following:  
 Bayer, Boehringer Ingelheim, Bristol-Myers Squibb/Pfizer, Novartis, British Heart Foundation, Heart Valve Voice, Servier, Medtronic, Merck Sharp & Dohme.  
 The organisers thank these sponsors for their generous support and for offering delegates the opportunity to attend satellite symposia and workshops during the meeting.  
 This report was prepared independently and does not necessarily reflect the views of sponsoring companies.

# ISSUES AND ANSWERS IN CARDIOVASCULAR DISEASE

## ENCOURAGING BEST PRACTICE IN PRIMARY CARE

Four 1-hour sessions covered best practice in heart failure, lipid management, atrial fibrillation and stroke prevention, and diabetes. Leading experts provided delegates with the keys to best practice in these areas.



Ahmet Fuat

### HEART FAILURE

Professor Ahmet Fuat (GPwSI Cardiology, Darlington) highlighted the need for accurate diagnosis of heart failure using BNP and NT-proBNP. In terms of treatment, he encouraged up-titration wherever possible and the use of dynamic diuretic dosing. If there is no improvement on standard heart failure drugs, Professor Fuat encouraged prescribers to consider ivabradine or sacubitril/valsartan. Patients should be referred to secondary care if there is deterioration and be considered for cardiac resynchronisation therapy if appropriate. Involvement of a specialist heart failure nurse was encouraged together with regular review for all patients. He also highlighted the value of primary care intelligence packs in allowing review of local data in order to drive up standards of heart failure care.



Matthew Fay

### AF AND STROKE PREVENTION

Dr Matthew Fay (Westcliffe Cardiology Service, Shipley) described five ways to achieve best practice in atrial fibrillation:

- Screening: highlighting the growing role of handheld 1-lead ECGs and simple pulse checking in patients presenting with AF symptoms
- Assessment of stroke risk
- Assessment of bleeding risk using HAS-BLED
- Stop using antiplatelets for stroke prevention
- Reduce stroke risk using appropriate anticoagulation.



Chris Harris

### LIPID MANAGEMENT

Dr Chris Harris (GP, Bradford) and Dr Youseff Beaini (GPwSI Cardiology, Bradford) described the lessons being learned in the Bradford Healthy Hearts campaign which is aiming to reduce cardiovascular events by 10%. They gave five key messages for optimal lipid management:



Youseff Beaini

- Treat patients based on their cardiovascular risk
- Use an effective statin dose from the start of therapy
- Check the cholesterol level and ALT once during the process
- Trial three statins before stopping therapy (then statin resistance should be explored)
- If statins are unsuccessful do not feel compelled to use other agents



Mike Kirby

### DIABETES

Professor Michael Kirby (*PCCJ* editor) and Jane Diggle (Practice Nurse, W Yorkshire) reminded delegates that guidelines are never absolutes and that personalising targets and treatments are key in this area. Management of blood pressure was also highlighted as a valuable method of addressing cardiovascular risk. Encouraging patients to self-manage and be involved in treatment decisions is another important goal. Delegates were urged to continue with professional development in diabetes management with valuable resources such as the Integrated Career and Competency Framework for Diabetes Nursing ([www.trend-uk.org](http://www.trend-uk.org)) and Six Smart Steps to Insulin Safety (Primary Care Diabetes Society). Finally, they described the importance of preparing well for the annual diabetes review.



Jane Diggle

## WHAT'S THE TRUTH ABOUT STATINS?



Sir Rory Collins

Disturbing claims made in both the popular and scientific media about statins are based on questionable data, according to Professor Sir Rory Collins (Oxford University). He added: "It is important to understand what evidence is reliable and what is not."

The rumbling debate over the efficacy and safety of statin therapy was highlighted in a workshop chaired by Professor Jamie Waterall (NHS Health Check National Lead). The recent arguments began in 2013 when a paper in the *BMJ* questioned the efficacy of statins and suggested adverse events of 18-20% (Abramson J, *et al. BMJ* 2013;347:f6123). In 2014 NICE added to the debate by recommending statin therapy for primary prevention of cardiovascular disease (CVD) in people with a  $\geq 10\%$  10-year risk of developing

CVD (NICE CG 181), thus 'lowering the bar' for statin use in adults at risk of heart disease.

During his presentation, Professor Collins highlighted the importance of randomised controlled trials (RCTs) and criticised reliance on observational data. "Observational studies can only be relied on for detecting large effects on rare outcomes and cannot be relied on to demonstrate cause and effect." He also said that myopathy associated with elevation of creatine kinase levels is only seen in very small numbers of people taking statins. He described the following benefits and harms associated with statin therapy (Table) based on careful review of RCTs.

### Benefits and harms per 10,000 people treated with statins.

Benefits	Harms
<p><i>Heart attacks, strokes and revascularisations</i></p> <ul style="list-style-type: none"> <li>• 1000 (10%) fewer in secondary prevention</li> <li>• 500 (5%) fewer in primary prevention</li> </ul>	<p><i>Adverse events</i></p> <ul style="list-style-type: none"> <li>• 5 more myopathies</li> <li>• 5-10 more cases of haemorrhagic stroke</li> <li>• 50-100 cases of newly diagnosed diabetes</li> <li>• Up to 50-100 more symptomatic adverse events</li> </ul>

# ISSUES AND ANSWERS IN CARDIOVASCULAR DISEASE

## A NEW EDITOR FOR THE *BJPCN*: BEV BOSTOCK



After 17 years of inspiring and dedicated leadership, Jan Procter-King has handed over the role of Editor of the *British Journal of Primary Care Nursing (BJPCN)* to Bev Bostock. Bev currently works as a nurse practitioner in a rural primary care practice in the Cotswolds, after many years in general practices across the Midlands. She is a clinical lead for respiratory and cardiovascular disease, diabetes and musculoskeletal disorders at Education for Health, and is a visiting lecturer for the MSc in preventive cardiology at Imperial College, London. She is a very welcome member of the *BJPCN* team. Jan will still be very much part of the primary care cardiovascular world and is fully committed to her training and education role; she also promises to be at next year's Issues and Answers conference!

## WHAT'S NEW IN MANAGING...

Four presentations focused on new developments in different aspects of lifestyle.



Bev Bostock

### WEIGHT LOSS

**Bev Bostock (Practice Nurse, Moreton-in-Marsh)**

reminded delegates that general advice should be to eat a nutritionally sound diet combined with increasing activity levels – for example, aiming to walk 10,000 steps a day. However, as the NICE guidelines emphasise, it is essential to consider a personalised approach to address the specific needs of each individual (NICE PH53, 2014). She said that lifestyle change is extremely difficult for many patients and collaboration (with good communication) is the key to success in weight loss programmes. In addition, healthcare professionals need to look at their own lifestyle issues before lecturing patients in order to have credibility. Setting small and specific goals such as “walk briskly for 20 minutes on a Sunday morning” are also important to emphasise rather than vague encouragements to “be more active”.



Claire Bellone

### WOMEN'S HORMONES AND THE HEART

**Claire Bellone (Clinical nurse specialist, Chelsea & Westminster Hospital)**

provided further reassurances on the safety of hormone replacement therapy (HRT). Recent guidelines recommend individualising HRT dose, using the lowest effective dose, and close consideration of risk vs benefits (NICE 2015, MHRA). A number of points should be considered when assessing the appropriate hormones for women requiring HRT:

- Oral oestrogen is pro-thrombotic and increases blood pressure (BP) but transdermal oestrogen appears to have no effect on clotting and is the preferred option
- Not all progestins are the same; drospirenone has an antiandrogenic effect and is the only progestin to have antimineralocorticoid effects. It also demonstrates significant BP reduction so may be preferred if BP reduction is required
- Testosterone is not widely used but should be considered during assessment
- Transdermal oestrogen and a natural progesterone should be used to reduce breast cancer risk



Claire Bailey

### THE BLOOD SUGAR DIET

Weight loss has been shown to both prevent and reverse type 2 diabetes. **Dr Claire Bailey (GP, Burnham)** described the 8-week blood sugar diet which is designed to restrict calories and carbohydrates and has been very successful in her patients. She described a number of other diets that are being tested

in this patient group and encouraged the use of a Mediterranean diet which includes nuts, oily fish, olive oil, non-starchy vegetables, some fruit (non-tropical), moderate meat consumption and slow release carbohydrates (including seeds, lentils, pulses and whole grains).

### ALCOHOL: HOW MUCH IS TOO MUCH?



Michael Kirby

**Professor Michael Kirby** highlighted the confusion that continues over the harms and benefits of alcohol. New UK guidelines recommend drinking no more than 14 units of alcohol (1.5 bottles of wine) per week (best spread over three days or more) for both men and women (UK Chief Medical Officers' Alcohol Guidelines Review 2016). The new guidelines also say that there is no justification for recommending drinking on health grounds. Any benefits for heart health only seem to apply for women aged >55 years and at levels of about 5 units per week or less. The guidelines also state that no level of alcohol is safe to drink during pregnancy.

## CVGP FORUM: VALVE DISEASE IN PRIMARY CARE

Dr Yassir Javaid (Primary Care Cardiovascular Lead, East Midlands) and Dr Jim Newton (Consultant Cardiologist, Oxford) gave a comprehensive review of managing valve disease in primary care. The exciting session hosted by the Cardiovascular General Practice Forum (CVGP) was chaired by Dr Chris Arden (GP, Winchester).

Valvular heart disease could be thought of as the ‘Cinderella’ of primary care CVD despite there being a rising burden of disease. It is effectively a neglected public health problem with 1 in 8 people >75 years having moderate-severe valve disease. The presentation included details on detection and screening in primary care, including correct auscultation points, how to identify indications for surgery, and differentiating physiological from pathological echo findings using a number of useful case studies. The speakers also described some of the newer less invasive surgical procedures, including transcatheter aortic valve implantation (TAVI).



# ISSUES AND ANSWERS IN CARDIOVASCULAR DISEASE

## LAUNCH OF THE NURSE EDUCATION NETWORK (NEN)



Bev Bostock, the new editor of the *BJPCN*, launched the Nurse Education Network (NEN) – an exciting new initiative to provide accredited Continuing Professional Development (CPD) for practice care nurses across the country. NEN plans to bring together general practice nurses, community nurses and other healthcare professionals to share experiences and practical learning through accessible CPD programmes and resources. These will support, inform and enhance knowledge with the aim of improving the diagnosis and care of the patients seen in daily practice. At this stage, the Network is gathering members and researching the most valuable topics to begin training programmes.

**Membership of the NEN is free – so please join now and encourage your nursing colleagues to do so by signing up on the website at [www.nursednet.org](http://www.nursednet.org)**

## BEST PRACTICE POSTER AWARD 2016

The Best Practice Award recognises success in making best practice everyday practice in CVD and related disorders. The winner is chosen by the editors of the *BJPCN* and *PCCJ* at the Issues & Answers Conference. Congratulations to this year's winner:

**Mental health audit for CVD risk**



**Pam McNeice (Clinical Lead Learning Disabilities) and Team  
NHS South Tees Clinical Commissioning Group (CCG)**

## NEW DEVELOPMENTS IN HYPERTENSION



**Sarit Ghosh**

A plenary session chaired by **Dr Sarit Ghosh (GP, Enfield)** looked at the latest developments in the management of hypertension.

**Dr Terry McCormack (GP, Whitby)** described a number of new trials that may lead to changes in the NICE Hypertension Guidelines (CG 127,

2011 and Evidence Update 2013). These included the Pathway 1, 2 and 3 studies and the SPRINT and HOPE 3 trials. He encouraged increased use of spironolactone, but said that patients need to be carefully followed up and told to stop treatment temporarily if they are dehydrated or suffering from diarrhoea. He also said that physician inertia must be tackled in order to use three blood pressure-lowering agents in those patients who require it. He highlighted that Canada and Spain have had great success with this approach and it is now unacceptable for a doctor to ignore raised blood pressure and not add a third drug in these countries. In concluding, he said that the UK needs a new strategy to improve blood pressure treatment. Finally, he noted that it is very important to measure standing blood pressures in order to include people with postural hypotension who are vulnerable to overtreatment.



**Terry McCormack**



**Chris Harris**

**Dr Chris Harris (GP, Bradford)** provided further details on the successes of the Bradford Healthy Hearts campaign where over 17,000 people have had an intervention over 15 months that has improved their health, with net savings of approximately £1.2 million from reduced incidence of stroke and myocardial infarction.

**Dr Matt Kearney (GP and National Clinical Director for Cardiovascular Disease Prevention)** assessed how well primary care is doing in managing hypertension. He highlighted the importance of CVD primary care intelligence packs in helping CCGs to compare their performance in prevention, diagnosis and management with other similar regions. This helps healthcare professionals to ask the right questions to help improve performance. Detection of hypertension could be improved with increased blood pressure testing in people with long-term conditions and automated systems in waiting rooms, encouraging greater take-up of the NHS Health Check, and involving pharmacies in more testing. Management of hypertension could be improved with routine testing in nurse-led clinics, supporting adherence and expanding the community pharmacists' role, as well as by promoting self-monitoring and telehealth options.



**Matt Kearney**

# ISSUES AND ANSWERS IN CARDIOVASCULAR DISEASE

## EXPERTS SHARING THEIR EXPERIENCE

Dr David Milne (GPwSI Cardiology) introduced four interactive clinical case studies given by Dr Clare Hawley (Dementia), Dr Ivan Benett (Chest Pain), Dr Kathryn Griffith (CKD/Acute kidney injury) and Dr Jim Moore (Atrial fibrillation). It is hoped these will be published in greater detail on the *PCCJ* and *BJPCN* websites in following months.



David Milne



Clare Hawley



Ivan Benett



Kathryn Griffith



Jim Moore

## SUPPORTED SESSIONS

We are grateful to our sponsors for organising and funding the following satellite symposia:

- Real-world evidence in NOAC use for non-valvular AF  
*Bayer*
- AF Breaking News  
*Boehringer Ingelheim Ltd*
- Cardiology conversations: The evolution of heart failure management and its impact on the primary care team  
*Novartis Pharmaceuticals UK Ltd*
- Anticoagulation in VTE: Is there an alternative way forward?  
*Bristol-Myers Squibb/Pfizer*

Workshops were organised in association with the following:

- Practical guidance for heart valve disease  
*Heart Valve Voice*
- Managing heart failure in elderly patients – results from the UK-specific LIVE@LIFE study  
*Servier Laboratories*
- Familial hypercholesterolaemia workshop  
*British Heart Foundation*



## MAKING BEST PRACTICE EVERYDAY PRACTICE

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