

Reference Number: IA202324//040
From: Private Individual
Date: 04 April 2023
Subject: Partnership between Novartis and ANSN relating to the Accelerated Access Collaborative for Inclisiran.

We would be grateful for your help with obtaining the following information.
Please disclose:

Q1 All funding from Novartis to your organisation in the last 5 years

A1 Information not held – Funding for Innovation Agency was not received directly from Novartis however was received via North East North Cumbria (NENC) Academic Health Science Network (AHSN), Cheshire and Mersey ICB and Lancashire and South Cumbria ICB.

For information, Pharmaceutical industry partners disclose details of payments and other benefits made in kind to Health Care Professionals and Organisations via the Association of the British Pharmaceutical Industry (ABPI) disclosure portal (Disclosure UK) ABPI: <https://search.disclosureuk.org.uk/>. This covers funding from 2019 through to 2021, with data for 2022 due to be published in June 2023.

Q2 What this funding was used for (staff, training, education, equipment, trials), and the date

A2

- Funding for the NHS to support the development of local lipid pathways (e.g., based on the AAH / AHSN lipid pathways, N.B. Novartis were not involved in the development of these).
- Support for patient searches, including the development of patient search tools that identify secondary prevention patients whose lipids are not optimally managed and identification / communication of existing tools.
- Funding of local initiatives that support the establishment of lipid management services and the identification / spread of innovative practice
- Targeted workforce support to clinical services that are delivering lipid management.
- Research on implementation approaches.
- Project and programme management within the AHSN

Q3 How many meetings with Novartis in the last 5 years and minutes

A3

Date	Event
04.03.22	Novartis/IA intro session Daresbury (meet the IA lipids team)
31.03.22	AHSN/Novartis Development Day
05.04.22	Online IA inclisiran training delivered by Novartis Med Science Liaison
07.07.22 onwards	Online fortnightly National Lipid Management Delivery Oversight Group (DOG)
09.07.22	Follow-up online IA inclisiran training delivered by Novartis Med Science Liaison
12.09.22	Online Novartis/IA intro session (meet the IA CVD team)
22.09.22	AHSN/Novartis Development Day
27.04.23	AHSN/Novartis Development Day

Information not held – These meetings/attendances were not minuted

For further information, Novartis were invited to attend the monthly AHSN-led Lipid Management Programme Board, although were excluded where a conflict of interest was identified. This meeting is not minuted but an action log is maintained, see attachment *Item 4 – LMPB actions and decisions*.

There is also a monthly NHS England led meeting to which both AHSNs and Novartis are members (the Joint Steering Committee). Since June 2022, the AHSN Network has been represented at the monthly joint steering meetings. NHS E would need to be approached for further information on this meeting (<https://www.england.nhs.uk/contact-us/foi/>).

Q4 Contact with charitable organisations on the theme of cholesterol management in the last 5 years

A4 Innovation agency has not had direct contact with charitable organisations on this theme, though did attend a number of webinars hosted by Heart UK.

For further information, the AHSN has engaged key stakeholders such as charitable organisations as part of the National Adoption and Spread Programmes. For programmes targeting Cholesterol management such as the Lipid Management and Familial Hypercholesterolemia, we can disclose contact with:

- Heart UK (monthly webinars)
- British Heart Foundation
- British and Irish Association of Stroke Physicians
- British Cardiovascular Society
- Primary Care Cardiovascular Society
- UK Clinical Pharmacy Association

For further information on these programmes, please visit:

<https://www.ahsnnetwork.com/programmes/cardiovascular-disease/lipid-management-and-familial-hypercholesterolemia/>

Q5 Invitation to GP practice and patients, and consent process for Inclisiran, including information sheets

A5 December 2021 – information sent out to local primary care contacts to raise awareness of AHSN lipid programme

Primary care workforce support / information provided to the following:

20/10/22	Chester East PCN
20/10/22	Greater Preston PCN
20/10/22	Newton and Haydock PCN
20/10/22	Fountains PCN
20/10/22	Northwich PCN
20/10/22	SMASH PCN
20/10/22	Blackpool Central PCN
20/10/22	Blackpool South PCN
20/10/22	Warrington Central East Network
24/10/22	Childwall and Wavertree PCN
24/10/22	Winsford PCN
24/10/22	East Warrington Network
24/10/22	Blackburn West PCN
24/10/22	SWAGGA PCN
24/10/22	Blackpool Central PCN
24/10/22	Southport and Formby PCN
24/10/22	Burnley West PCN
25/10/22	West Knowsley PCN
26/10/22	Kirkby PCN
26/10/22	Knutsfield Medical Partnership PCN
26/10/22	Anfield and Everton PCN
27/10/22	Healthier South Wirral PCN
09/11/22	South Sefton PCN
10/11/22	Chorley Central PCN
23/11/22	Widnes PCN
09/11/22	Central and West Warrington PCN
14/11/22	Moreton and Meols PCN

These Primary Care Networks were emailed with the attached supporting information and guidance:

- [234535_Workforce support FAQs](#)
- [241781-1_National Lipids Programme Workforce Support Application question workbook](#)
- [24178701_Applicant Guidance _ National Lipid Programme Workforce Support](#)

In addition, this information was shared with local cardiac networks and may have been disseminated further via the networks' own channels of communication; however, the Innovation Agency does not hold information relating to any onward sharing activity.

Information not held - The Innovation Agency does not hold consent process information for Inclisiran. It is the responsibility of the NHS practitioner or patient practitioner to ensure consent to medical treatment, test, or examination.

National Lipids Programme Workforce Support: Support for the lipid management pathway 2022/23

Frequently Asked Questions

What is a workforce support offer?

The offer is an invitation for PCNs to apply by Expression of Interest (EOI) to build a funded, tailored workforce solution supplied by one of three independent workforce service providers. The process for provider selection was through a full Request for Proposal (RFP) and competitive selection process. An RFP is an open invitation for bids from contractors to supply services.

Where have funds come from?

The National Lipids Programme Workforce Support Solution ("NLPWSS") has been created as part of the collaborative working project between NHS England and Novartis Pharmaceuticals UK Ltd ("Novartis"). Funding for the NLPWSS has been provided by Novartis. Novartis will have (i) no involvement in the operation of the Expression of Interest process and (ii) no involvement in the selection of the recipients of the NLPWSS. Novartis will manage the delivery of solutions to awarded recipients.

As the NHS England-commissioned delivery partner, the AHSNs are providing staffing resource, implementation expertise, and written assets. The AHSNs are leading engagement with and supporting the application process.

Why is the selection process by an Expression of Interest (EOI) and not a bid?

The offer made is for PCNs to apply with an EOI in workforce support from an independent workforce service provider. The final workforce solution will be a flexible and responsive package from the detailed elements of each independent service provider, dependent on needs identified in the application and set-up stage.

Who should submit the EOI?

The PCN should submit the EOI working closely with their AHSN. The AHSNs will lead engagement and provide relevant application documents.

Is there anything my Expression of Interest must cover?

Your expression of interest (EOI) should meet core eligibility criteria as set out in the Workforce Support guidance for applicants and provide full answers in the application form. EOIs must clearly state how ready they are to host an independent

workforce service provider and prioritise clinical caseload by risk. EOIs should also state how they will consider health inequalities through local service delivery. EOIs must predominantly include, but are not limited to, prioritisation of lipid management in secondary prevention (i.e. patients who have already had a cardiovascular event) utilising the AAC national lipid management pathway ([accessed here](#)).

What support is available to help with completing the application?

The Academic Health Science Network (AHSNs) are supporting interested organisations in developing Workforce Support EOIs. Please work directly with your local AHSN Lipid Programme Lead, who will support your EOI and offer advice about the opportunity and EOI process.

The AHSN Lipid Programme Leads have received meeting and webinar briefings and attended presentations from the independent suppliers. During the EOI process two drop-in sessions will be made available for AHSNs to clarify the EOI process, check eligibility and to help refine and update this FAQ document.

Questions around the EOI not answered in the available documents can also be sent to national-lipid-programme-workforce-support@ahsn-nenc.org.uk. The national AHSN team will respond as soon as they can.

When is the application window?

The application phase will open on the 3rd of October 2022 and will remain open for 6 weeks. Therefore, the closing date for applications will be midday on the 11th of November 2022. We will not consider late applications as there are multiple onward approval steps, involving a significant volume of work that must be completed in close succession.

How will the workforce resource be allocated?

The National Lipids Programme Workforce Support panel will explicitly seek to prioritise resource to primary care sites meeting the following criteria in the following order of descending priority:

1. EOI from organisations who are most ready to host on-site and remote support from the independent service providers.
2. EOI from organisations with a clear approach to addressing barriers to access in populations aligned to Core 20 Plus 5.
3. EOI from organisations with the largest known high-risk secondary prevention population not treated to current recommended guidelines.

Is workforce support only available to PCNs?

We would welcome EOIs from PCNs, GP Federations or a unit of practices working together. The panel will review all submissions and take into consideration the total funding envelope and how resource can be used to the greatest clinical impact. For example, there might be an economy of scale in supporting a large clinical pharmacy workforce that would allow resource to stretch further and more patients to benefit.

The focus of the allocation will remain to be based on the criteria listed above.

How will decisions be communicated?

Decisions will be communicated directly to the successful primary care organisation and AHSN after each two-weekly deployment wave. If an application is not successfully prioritised in deployment wave 1 then it would roll into wave 2 and so forth. The final decisions will be communicated to all applicants by 5pm on 18th November 2022.

If the number of eligible EOIs exceeds this initial capacity, the panel will review all EOI received, review all data submitted and prioritise bids based on pre-determined selection criteria. We will work hard to re-open the process as Phase 2 in 2023. Unsuccessful applicants will be welcome to resubmit an EOI in Phase 2.

Will Novartis be involved in the decision making of the workforce support?

No. As stated above Novartis shall not be involved in the identification and/or selection of the recipients of workforce support. The application review process will be led by the AHSNs.

What happens next if my application is successful?

The recipient organisation will be introduced to the independent service provider by the AHSN Lipid Programme Manager. You will work together with their business development team to agree a final solution and arrange for appropriate access (for example, work through information governance).

Do I need to sign a contract?

Yes, on agreement of the final solution, the recipient PCN/organisation will be asked to sign a goods and services agreement with Novartis.

Contracting and administration of the suppliers will be undertaken separately by Novartis.

What reporting & governance will I need to sign up to if successful?

Recipient organisations will be required to submit an end of project evaluation report within 3 months of the close of the project. An evaluation template will be provided.

When will we receive the workforce support?

Depending on agreement of final solutions we anticipate that Interface Clinical Services Ltd. will be available from October 2022.

We anticipate that Soar Beyond Ltd. will be available from January 2023.

We are planning for the Primary Care pilot with Deontics Ltd. to be available from April 2023*

*Dependant on the level of PCN interest and completion of supplier onboarding processes

How long will the independent service provider be available for?

We anticipate that the service providers will work within the organisation for approximately 3-4 months, depending on the ASCVD population, the final agreed service solution, the number of clinical days support and the number of patients requiring optimisation.

What if my question hasn't been answered here?

If you have any additional questions that have not been answered in the FAQ document, please Email the question to national-lipid-programme-workforce-support@ahsn-nenc.org.uk. The national AHSN team will respond as soon as they can.

This FAQ document will also be kept as a live document with any additional questions received being added.

National Lipids Programme Workforce Support application preparation

The National Lipids Programme Workforce Support Solution (“NLPWSS”) has been created as part of the collaborative working project between NHS England and Novartis Pharmaceuticals UK Ltd (“Novartis”). Funding for the NLPWSS has been provided by Novartis. Novartis will have (i) no involvement in the operation of the Expression of Interest process and (ii) no involvement in the selection of the recipients of the NLPWSS. Novartis will manage the delivery of solutions to awarded recipients.

This form will help the applicant prepare answers, **when you are ready to complete, the Application Form can be accessed via this link:**

<https://forms.office.com/r/M9UkG2Mi8x>

1. Name of supporting AHSN
2. Name of AHSN project or Programme manager supporting the Workforce Support work
3. Which Workforce Support do you require?

Contact details for your lead Integrated Care Board (ICB)

4. What is the name of your Integrated Care Board?

Contact details for the Primary Care Network (PCN)

5. Name of Primary Care Network
6. Name of Clinical Director

7. Clinical Lead name
8. Clinical Lead job title
9. Clinical Lead organisation
10. Clinical Lead Email

Approvals

Please confirm that you have received the requisite internal approvals from the Clinical Director and clinical leads to support delivery of this project

11. Clinical Director approval granted?

Details about your local population

12. Number of practices requiring support
13. Number of practices within the PCN
14. Primary Care Network population
15. Atherosclerotic Cardiovascular Disease (ASCVD) population
16. Proportion of people with ASCVD in the population (%)

Treatment to recommended guidelines

17. Percentage of patients aged 18 and over, with GP recorded CVD (narrow definition), in whom the most recent blood cholesterol level (measured in the preceding 12 months) is non-HDL cholesterol less than 2.5mmol/l or LDL-cholesterol less than 1.8mmol/l
18. Proportion of low and medium intensity statins prescribed as a proportion of all statins (%)
19. Does the Applicant confirm the service provision of Workforce Support will be used exclusively to adopt the latest AAC/ NICE endorse Lipid Management Pathway?
20. Do you have a lipid management guideline in place at PCN/place or ICS level?

21. Does the local guideline align to the full AAC/NICE Lipid management guidance?

Readiness

22. How confidently does the current available workforce in your PCN approach lipid optimisation? Which staff groups and numbers are involved in leading and providing care for these patients and how do you envisage developing their competence through workforce support? (Max 500 words).
23. Please describe any challenge or barriers that you may face in hosting an independent supplier and how these will be managed. Please set out key issues and mitigations to help ensure success (max 500 words).
24. When would you be able to implement the support offer?
25. Is this application fully supported by the PCN senior team and member practices?

Addressing healthcare inequalities

26. In relation to CVD healthcare inequalities, please set out the specific challenges in access, experience and outcomes within your PCN and wider population. Please evidence this using national data sets such as the CVDPREVENT audit and IMD data and / or any other information source to elucidate the healthcare inequality challenges identified (max 500 words).
27. Please tell us what your approach will be beyond this workforce support, to sustain staff competence to tackle inequalities in lipid optimisation and CVD outcomes (in your PCN, Neighborhood, Place or System) (max 500 words).
28. Please tell us how, beyond this workforce support, you anticipate patients in the ICS PLUS 5 population groups will have better access, experience, and outcomes in lipids health (in your PCN, Neighborhood, Place or System) (max 500 words).

National Lipids Programme Workforce Support

Guidance document for applicants

Purpose of this document

To provide details of the offers available from the National Lipids Programme Workforce Support.
To set out the requirements to apply for the National Lipids Programme Workforce Support.
To provide information on the National Lipids Programme Workforce Support award and deployment process.

For detailed advice and help applying, please work with your local [Academic Health Science Network \(AHSN\)](#) lipid programme lead, who will lead engagement with the offer and guide the application process.

A FAQ document is available to answer common queries. For further specific enquires about the workforce support application process please email national-lipid-programme-workforce-support@ahsn-nenc.org.uk

Background

To meet the cardiovascular disease (CVD) prevention goals of the Long Term Plan, the AAC AHSN three year [National Lipids Programme](#) commenced in 2020/21. It promotes use of lipid pathways in line with the [AAC NICE endorsed national guidance for lipid management](#) with a focus on primary care secondary prevention.

Most patients at risk of a CVD event are cared for in primary care. However, barriers have been identified that are preventing implementation of the full national guidance. One of the barriers highlighted by primary care organisations is the limited workforce resource to implement and embed the national guidance.

Overview

The National Lipids Programme Workforce Support has been designed and built as part of the Collaborative Working relating to improved lipid management in England associated with the implementation of Leqvio® (inclisiran) into the lipid management pathway between NHS England and Novartis Pharmaceuticals UK. Through an Expression of Interest (EOI) application process, it provides direct access to independent workforce resource and clinical services in primary care and promotes use of lipid pathways in line with the [AAC NICE endorsed guidance](#).

Core offers:

Two independent workforce support services are available:

Workforce Resource due to be available from October 2022: Interface Clinical Services Ltd. Deployment of a team of on-site clinical pharmacists to reduce ASCVD risk within defined cohorts (targeted at secondary prevention*).

**A typical GP practice (9,000 patient population) may receive access to competency framework and associated resources, role based clinical and pathway training, workstream planning and prioritisation and approximately 4 clinical days' support to address high risk patient cohorts*.*

** based on 55 patients (60% of invited population) seen by ICS pharmacists*

Or

Workforce Transformation due to be available from January 2023: Soar Beyond Ltd. Deployment of digital competency frameworks, to establish best lipids optimisation practice and to support service redesign.

Supplementary pilot offer:

Primary Care pilot available from April 2023: Deontics Ltd. Applicants may instead submit an EOI in piloting an Artificial Intelligence (AI) clinical decision support system. Up to **10 PCNs** may pilot this technology solution.

Please see [Appendix A](#) for details of core and supplementary pilot offers.

Please see [Appendix B](#) for details of complementary opportunities delivered by NHS England and the AHSNs.

Application and awards process for workforce support

Up to **100 PCNs** will be awarded the core National Lipids Programme Workforce Support allocated as follows:

- Workforce Resource from Interface Clinical Services- 80 PCN awards
- Workforce Transformation from Soar Beyond- 20 PCN awards

A six-week EOI application process will run between 3rd October September and 11th November 2022. Offers will be made in three waves, at the end of every two-weeks' submission evaluation. Offers will be communicated directly to the primary care organisation and AHSN after each two-week wave. If an application is not successfully prioritised in wave 1 then it would automatically roll into wave 2 and so forth.

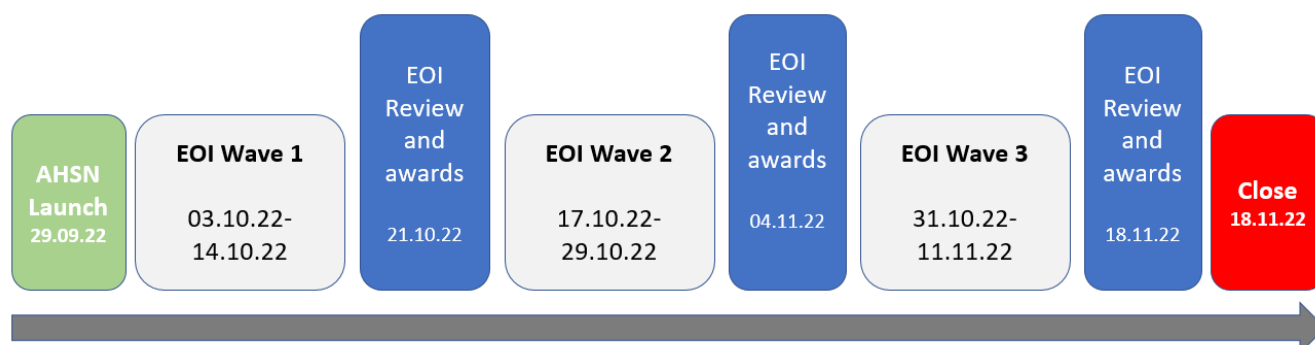


Figure 1.0- Application and awards process

The National Lipids Programme Workforce Support Review Panel (comprised of AHSN national programme leads) will prioritise resource to high-risk primary care populations and where the organisation is most ready to host on-site and remote support from the above independent service providers.

If the number of eligible EOIs exceeds this initial capacity, the panel will review all EOI received, review all data submitted and prioritise bids based on pre-determined selection criteria.

We will work hard to re-open the process with a Phase 2 of the National Lipids Programme Workforce Support in 2023*. Unsuccessful applicants will be welcome to resubmit an EOI where a Phase 2 has been approved and initiated.

*Dependant on future funding availability.

Applicant Eligibility

The following eligibility criteria must be met:

- Applications must be PCN-led. AHSNs will drive engagement and guide the application process. There must be a joint commitment to complete a post-implementation evaluation and confirm that deliverables were achieved.
- Applications must provide details around how the offer being applied for will help tackle CVD healthcare inequalities and access to the [AAC NICE endorsed national guidance for lipid management](#) in primary care, with a focus on secondary prevention.
- All applications must have agreed sign off from PCN Clinical Directors within the applying organisation(s), as well as a clinical lead.
- PCNs can only apply for one of the three workforce offers.

Funding and deployment

The National Lipid Programme Workforce Support Solution (“NLPWSS”) has been created as part of the collaborative working project between NHS England and Novartis Pharmaceuticals UK Ltd (“Novartis”). Funding for the NLPWSS has been provided by Novartis. Novartis will have (i) no involvement in the operation of the Expression of Interest process and (ii) no involvement in the selection of the recipients of the NLPWSS. Novartis will manage the delivery of solutions to awarded recipients.

Contracting and administration of the suppliers will be undertaken by Novartis. Deployment contracts will be between Novartis and the recipient organisation selected by the National Lipids Programme Workforce Support Review Panel (comprised of AHSN national programme leads).

Successful applicants will be contacted by the National Lipids Programme Workforce Support Review Panel. They will organise hand over to Novartis personnel to initiate deployment. Onward deployment regarding assignment of the supplier to the Primary Care recipient will be managed by Novartis. Contracting and ongoing supplier management will be supported by Novartis’ Customer Solutions team.

The Novartis deployment team will instruct the supplier to initiate the set-up process including relevant service agreements and documentation and commence service activity. The supplier will conclude the service activity (aligned to agreed scope of service) and prepare legacy materials for close.

The relevant AHSN Lipids Programme Manager will conclude follow up with the recipient to complete a post implementation evaluation and confirm that deliverables have been achieved.

Solutions that include access to digital technology will receive access to those components for the defined period as set out in the contract.

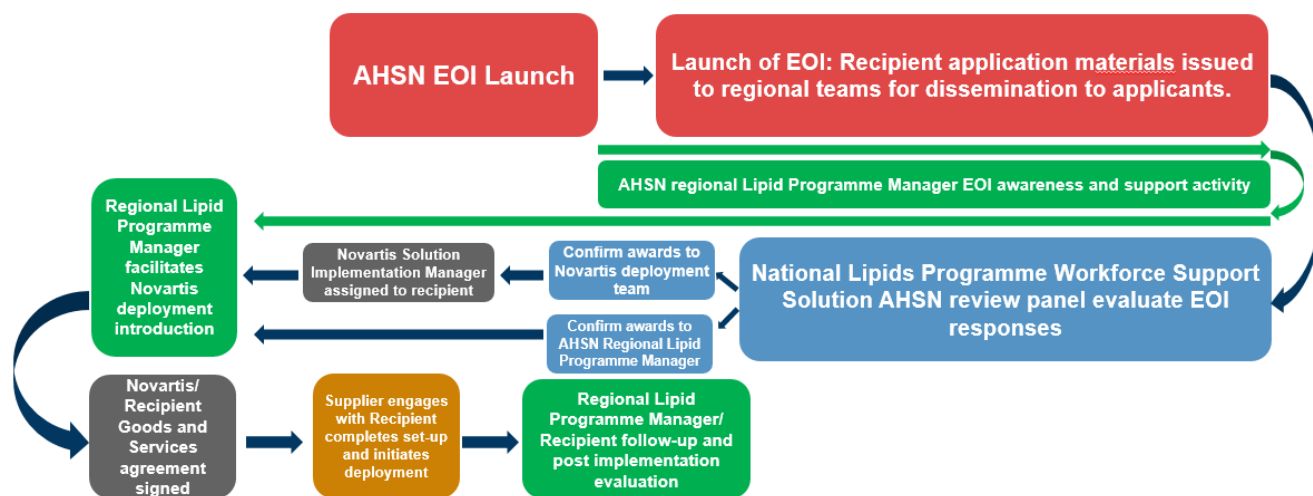


Figure 2.0- Deployment process

What happens when deployments are concluded

AHSN regional lipid programme managers will remain in contact with PCNs to support with activities that ensure that benefits delivered are sustained.

Further ongoing costs associated with access to these solutions outside of the period specified by the contract will be agreed between supplier and recipient directly and fall outside of the Goods and Services agreement between Novartis and recipient.

Appendix A

Details of core and supplementary offers

Core offers overview	
Interface Clinical Services Ltd. (Workforce Resource)	Soar Beyond Ltd. (Workforce Transformation)
Due to be available from October 2022	Due to be available from January 2023
Rapidly supplements capacity of existing workforce	Cultivates service redesign via skills and capability mapping
Cultivates sustained clinical competence of existing workforce towards lipids service delivery models	Builds capability through structured competency frameworks including ARRS for lipid management
Accelerated NICE endorsed pathway implementation	Focus on utilisation of all existing workforce and roles towards transformative, sustainable change
A flexible and responsive package from the detailed elements below, dependent on needs identified in the set-up stage	All deployments will include i2i Smart platform. Additional Best Practice Pharmacist and/or 4D service redesign will be based on needs identified in the set-up stage
Details	
Data driven insights: <ul style="list-style-type: none"> Running of Electronic Medical Record (EMR) searches and guidance for staff Aggregated, dynamic search dashboards 	i2i SMART workforce platform: <ul style="list-style-type: none"> SMART platform unlimited access (any healthcare professional within primary care) for digital competency framework aligned to the national lipid guidance Capability mapping for visibility at PCN, Place or System level
Access to a resource hub: <ul style="list-style-type: none"> Staff competency framework Implementation resources 	Best Practice Pharmacist: <ul style="list-style-type: none"> Competence-based e-learning modules On demand case-based discussions Implementation resources
Clinical Pharmacist consultancy and education: <ul style="list-style-type: none"> In house or virtual training for end-to-end service delivery Mentorship/supported joint clinics Risk stratification /clinical prioritisation of case load Quality Improvement Attend2lipids therapy review platform for patient identification and risk stratification 	4D service redesign method (diagnose, design, deliver, demonstrate): <ul style="list-style-type: none"> Competency assessment and development planning framework Templated implementation resources e-learning content and training log Reporting at individual and service level
Patient reviews:	

<ul style="list-style-type: none"> • Review of records and clinical triage • Virtual and face to face patient review • Medicines optimisation in line with guidance • Post clinic evaluation report and records 	
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Table 1: Core offers

[Back to Application and awards process](#)

Supplementary offer

In addition to the core offers, an alternative opportunity is available for **up to 10 PCNs** who may submit an EOI to pilot an artificial Intelligence (AI) clinical decision support system to support lipid optimisation.

Deployment of this solution is planned for between April and July 2023*.

*Dependant on the level of PCN interest and completion of supplier onboarding processes

Deontics is a deep tech company solving some of the most complex healthcare challenges to date. Deontics are a spin out from Oxford University, University College London (UCL) and Cancer Research UK with a strong AI Pedigree from the late John Fox's early work with Herbert Simon, Nobel laureate and Father of AI, and his inspiration to apply AI for medicine.

At the core is an AI-based engine with fast-processing power and a cognitive decision framework - an intuitive reasoning framework (using pros and cons) that resonates with clinicians. The solution can handle uncertainty, incomplete data, and conflicting knowledge. It has the potential to reduce clinical time and broaden workforce roles required to perform lipid optimisation.

Solution overview

Class 1 Medical device

- AI analytics and clinical decision engine that blends clinical process and reasoning, which is powered by knowledge and data.
- Patient identification, screening, coding, and clinical prioritisation, covering a whole PCN in millisecond
- Automated AI driven patient ID screening and clinical decision support
- Pathway design including value-based healthcare outcomes
- Automated/ guided lipid MDT utilising clinical decision support to minimise clinical capacity utilisation
- Tech-enabled lipid management clinics- supporting competency and confidence of all clinicians
- Design of patient pathways, including value-based healthcare outcomes to identify the true costs and benefits of implementation. Different scenario-based examples can be tested per PCN using their own data to quantify accurate benefits and support the optimisation of clinics and future design of services.

- Automated Lipid MDT clinics using the advanced clinical decision support in autonomous mode to generate at-scale treatment recommendations/ management plans. This option can be used on patients deemed low risk to free-up clinical capacity.
- Tech-enabled Lipid management clinics using the Deontics advanced clinical decision support tool in a guided mode. This tool is integrated into the EMR and will support clinicians in the delivery of the lipid management pathway.

Appendix B

Complementary opportunities

The National Lipids Programme Workforce Support is one of three funding opportunities being delivered by NHS England and the AHSNs. Both the System Transformation Fund and The National Lipids Programme Workforce Support are outputs of the Collaborative Working [population health agreement](#) between NHS England and Novartis Pharmaceuticals UK Ltd. The Innovation for Healthcare Inequalities Programme (InHIP) is separate to the Collaborative Working Agreement.

Name	Purpose	Window
System Transformation Fund	<p>To promote use of NICE-endorsed lipid pathways by making funding available for targeted 12-month service transformation activities. The STF will explicitly seek to prioritise funding to regions and populations impacted by health inequalities.</p> <p><i>Novartis Pharmaceuticals UK Limited (“Novartis”) has provided the funding for the creation of the System Transformation Fund (“STF”) as part of a collaborative working project between NHS England and Novartis. Novartis has had (i) no input into the delivery or execution of the STF and (ii) no involvement in the identification and/or selection of the recipients of the STF.</i></p>	<p>28th September – 9th November 2022</p> <p>Delivery 12 months from contract date</p>
National Lipids Programme Workforce Support	<p>To promote use of lipid pathways in line with the AAC NICE endorsed guidance by making independent workforce resource and clinical services available. Workforce Support will explicitly seek to prioritise high risk primary care populations and where the organisation is immediately ready to host on-site and remote support from independent service providers.</p>	<p>29th September- 10th November 2022</p> <p>Planned delivery October 2022- August 2023</p>

	<p><i>The National Lipid Programme Workforce Support Solution (“NLPWSS”) has been created as part of the collaborative working project between NHS England and Novartis Pharmaceuticals UK Ltd (“Novartis”). Funding for the NLPWSS has been provided by Novartis. Novartis will have (i) no involvement in the operation of the Expression of Interest process and (ii) no involvement in the selection of the recipients of the NLPWSS. Novartis will manage the delivery of solutions to awarded recipients.</i></p>	
<p>Innovation for Healthcare Inequalities Programme (InHIP)</p>	<p>AHSNs to propose how £100,000 would be allocated across their footprint, to scale product-based innovations, aligned with the Core20Plus5 approach and local ICS priorities.</p> <p><i>Novartis Pharmaceuticals UK Ltd has no involvement in the Innovation for Healthcare Inequalities Programme.</i></p>	<p>Proposal deadline 14th October 2022 Delivery Oct 2022-March 2024 Programme resources can be found on the Future NHS platform</p>

Table 2: Complementary opportunities

[Back to Workforce Support application and awards process](#)

Project Title	Funds requested	Building on learning from	Primary project aims	Primary outputs and objectives	Project partners
<p>Oxford AHSN Frimley ICB</p> <p><i>Optimising lipid management at pace: a population approach to supporting primary care to up-titrate evidence-based therapies and improving access to novel therapies for the highest risk patients.</i></p>	£191,630	<p>CVD Prevent data showing 29,300 people across Frimley ICS with pre-existing CVD being prescribed no statin or a low/medium intensity statin.</p> <p>Work with community and faith groups across the ICS during the pandemic, aiming to build confidence and trust in healthcare professionals and in the vaccination programme.</p> <p>A Healthy Behaviours Needs Assessment carried out for the ICS</p>	<p>Through a Lipid Specialist Pharmacist/Nurse role working across primary and secondary care MDT and education:</p> <ol style="list-style-type: none"> 1. An ICS level approach to statin intensification for the 29,300 people who have CVD and who are taking no statin or a low/medium intensity statin 2. A targeted approach to improving CVD outcomes in areas of deprivation, including Slough, Aldershot and Farnborough 	<p>Using a lipids search tool to identify risk stratified groups across the ICS:</p> <ul style="list-style-type: none"> • Provide a central point of contact for moving to a HIST- with a blend of virtual and face to face review • Develop patient facing communications in a range of languages and accessible formats (including videos) • Upskilling primary care staff in patient centred communication • A public facing campaign to raise awareness of the importance of HIST 	Health and wellbeing coaches
<p>Eastern AHSN Suffolk and North East Essex ICB</p> <p><i>Healthy Hearts Together (HHT)</i></p>	£178,026	<p>CHD prevalence is higher in SNEE ICS compared to England average.</p> <p>People in most deprived areas of England are 4x as likely to die prematurely from CVD compared with those in least deprived areas. Evidence suggests long-term trend of deepening deprivation across SNEE</p> <p>People with LD and SMI at greater risk of premature mortality due to CVD</p>	<p>Target cohorts: People either not on statin therapy or sub-optimally treated (~137 LD register, ~465 SMI register), & people in cholesterol 1o prevention group not receiving statin therapy (~178 LD register, ~545 SMI register)</p> <p>HHT project aims to improve lipid management for people with LD & SMI at a high risk of CVD requiring optimisation.</p> <p>Proactive engagement with people requiring cholesterol management in 1o & 2o prevention, optimising clinical & non-clinical support available to improve health outcomes & reduce health inequalities for identified cohorts.</p> <p>HHT project to be coproduced & delivering an NHS / VCSE / user led collaboration.</p>	<p>Provide education & training for PC to enhance successful implementation of AAC lipid management pathway. Sessions delivered in each alliance to support HCPs increase understanding of offering the right LLT. Online training resources available too.</p> <p>Embed systematic approach to proactive engagement with target cohorts using UCLPartners validated search tools to ID & risk stratify patients for lipid optimisation. Practices will be offered a local enhanced service, incl. payment, to support engaging risk stratified target cohorts. Coproduce accessible health literature for CVD prevention & cholesterol management. Optimise mentoring value of lived experience by delivering intensive peer support & personalised care & support planning (PCSP) to target cohorts. Peer support focused on providing meaningful intervention-based support, to help meet their health goals to reduce CVD risk.</p>	VCSE Ace Anglia/Suffolk User Forum

Project Title	Funds requested	Building on learning from	Primary project aims	Primary outputs and objectives	Project partners
<p>Health Innovation Network Our Healthier South East London Integrated Care System</p> <p><i>Lipid and workforce transformation project to reduce CV risk in SEL populations experiencing high levels of inequalities</i></p>	£119,000	<p>According to BHF (Jan 22), in SEL, 130k people live with heart & circulatory diseases, 230k have high BP. Via EMIS; 23k patients with CVD have TC >5mmol/L.</p> <p>SEL lipids transformation working group has focussed on optimisation of lipid therapy for two years. A ‘test beds’ programme explored range of approaches & identified that CVD hubs model proposed will offer maximum impact. Target cohort is 2o prevention population not achieving lipid management or CV risk reduction targets living in boroughs with high inequalities and large proportion of CORE20PLUS5 population: Lewisham, Southwark & Greenwich.</p>	<p>Plan to establishing 2 pharmacist-led or nurse-led CVD community hubs, building on learning from the SEL Predict and Prevent project. CVD hubs will be in areas with high levels of inequalities & address issues around accessing care - thereby tackling wider CVD inequalities, but also inequalities specific to these areas. The hubs will offer 2 clinics per week (5 hours each per clinical patient time), thus 1,248 patients will benefit from this service PY. Clinics co-designed with local community groups to ensure accessibility of CORE20 population. Community groups funded to deliver peer support, helping to address specific challenges around statin adherence and hesitancy in those groups. By reviewing 1,248 high CV risk patients and actively targeting the core20 population in these 3 boroughs we can prevent 100 MIs and strokes in CORE20 populations.</p>	<p>Improve access to lipid therapies & identification of patients requiring CV risk reduction by:</p> <ul style="list-style-type: none"> Recruiting prescribing pharmacists or nurses Identification of target cohorts Follow-up of injectable LLT to reduce waiting lists in SC Assess waiting lists for SC to focus on complex patients & FH/ high triglyceride management Support education/training & virtual patient reviews in community settings from acute <p>Upskill PC HCPs to optimise lipid management & reduce pressure on PC & SC by:</p> <ul style="list-style-type: none"> Identify CVD scope of practice requirements Training from specialist pharmacists & CVD clinical leads Ensure access to existing clinical webinars and educational material locally & nationally <p>Tailored & accessible community service that meet needs of CORE20 population & support reduction of their CV risk by:</p> <ul style="list-style-type: none"> Codesigning setup of hubs to ensure they are accessible (locations, timings, translation services; community languages etc) Fund community groups to help address statin hesitancy 	<p>SEL ICS MDT</p> <p>Voluntary sector partners</p> <p>Potential community groups (TBC)</p>
<p>UCL Partners NHS North East London (NEL) (Y56)</p> <p><i>Optimisation of lipid management</i></p>	£134,250	<p>In NEL, 24% (~489k) people live in areas ranked in Core20. This average masks variation across places.</p> <p>Waltham Forest has higher <75 mortality rate due to CVD and significantly lower proportion of patients diagnosed with CHD than England average. WF population 23% Asian ethnicity, 17% from Black ethnic groups. Target cohort: WF high-risk patient population with CVD (~ 19,650 incl diabetes), of which ¾ not taking HIS, of remaining ¼, 20% still have TC values >5mmol/L thus potentially eligible for lipid therapy intensification</p>	<p>Introduce a new transformative lipid management pathway, leveraging hospital & PCN pharmacists, supported by specialist & PC teams, to drive improvement in CVD prevention across WF. (Proposed model successfully implemented in Redbridge). Key is</p> <ol style="list-style-type: none"> sustainability, with structured education & knowledge transfer. PCN pharmacists continue to promote & deliver enhanced lipid management; integration with existing incentivised priorities for PCNs (diabetes & high BP reviews) & incorporate into Meds Mngt transformation plan 22/23; alignment with UCLP proactive care frameworks, AAC lipid management pathway, & plans for FH case finding 	<p>System: Build on existing networks (Redbridge successful test bed for pharmacist led model for lipid optimisation), infrastructure (incl. DSAs) & relationships established, with view to rollout to wider NEL, prioritising most deprived areas. Similar outputs from the lipid workstream in Redbridge programme are expected with this programme. Proposed Pathway: Hospital & PCN pharmacists conduct joint desktop reviews to optimise lipid management (incl. those needing diabetes & hyper-tension reviews). Simple next steps (according to AAC pathway) undertaken by PCN pharmacist with PC team & social prescribers support. Suboptimal outcomes referred for PCSK9i or flagged for inclisiran consideration. Complex patients triaged for weekly MDT discussion, or referred directly to clinic.</p>	<p>Barts Health NHS Trust</p> <p>UCL Partners</p> <p>Clinical Effectiveness Group (CEG)</p>

Project Title	Funds requested	Building on learning from	Primary project aims	Primary outputs and objectives	Project partners
<p>Yorkshire and Humber AHSN NHS South Yorkshire Integrated Care Board</p> <p><i>Lipid optimisation in secondary prevention of CVD (Cardiovascular Disease) project</i></p>	£295,000	<p>Lipid Management in Secondary Prevention (LMSP)-pathway transformation pilot which was undertaken in Sheffield.</p> <p>Clinical searches for all 4 places in South Yorkshire (Barnsley, Doncaster, Rotherham and Sheffield), identifying 85000 people with ASCVD, of which 47,000 have non-HDL-cholesterol levels higher than 2.5mmol/L..</p> <p>IMD scores identified 18000 of these patients not treated to National Guidance live in the most deprived areas (IMD score=1), with Barnsley place having the highest proportion of patients (35.4% of Barnsley residents with ASCVD and non-HDL-C ≥ 2.5mmol/L, live in the most deprived areas of the country).</p>	Overall to increase the proportion of the ASCVD population treated to nationally recommended cholesterol targets by increasing the use of evidence-based lipid lowering treatments in primary care	<ul style="list-style-type: none"> • Increase the capacity to review and offer advice and guidance in secondary care by 10% at 3 Trusts • Increase the number of primary care led lipid optimisation clinics to reach 85000 risk stratified groups identified by lipids searches • Improve the appropriate assessment and referral to secondary care lipid clinics • identify and overcome the barriers to treatment optimisation and patient engagement. • increase primary care use of novel therapies 	YH AHSN ARRS roles Network Champions
<p>Yorkshire and Humber AHSN West Yorkshire Integrated Care Board</p> <p><i>West Yorkshire Integrated Care System (WYICS) Lipid Optimisation Clinical Taskforce Network</i></p>	£131,527	<p>7,840 patients could benefit from the specialist support provided by integrated care lipid optimisation MDT. (Source: Medicines Optimisation Pack for Inclisiran)</p> <p>WYHCP most deprived PCNs = 769,470 patients.</p> <p>WYHCP CHD prevalent cases in most deprived PCNs (secondary prevention population) = 23,853 patients.</p>	<p>Target patients with history of CVD with non-optimised lipids & optimise as per national lipid guidance for 2o prevention of CVD</p> <p>LOCT drive lipid optimisation across 5 places in WYICS via sharing learnings & working better together</p> <p>Virtual lipid optimisation clinical MDT setup aims to breakdown barrier between PC & SC, improve comms & access to specialist support, & upskill PC clinicians to manage lipid optimisation effectively, especially with Inclisiran. To narrow health inequalities gap, target proactive effort in the 15 most deprived PCNs</p>	<p>a) Set up Lipid Optimisation Clinical Taskforce (LOCT). Members include CVD specialists (with special interests in both PC and SC represented), & VCSE from each place. LOCT will feed into WY CVD Prevention Network & WY Clinical Cardiac Network.</p> <p>b) Set up WY ICS virtual lipid optimisation clinical MDT. This virtual platform allows PC clinicians to discuss their patient cases with a CVD specialist</p> <p>c) Create extra phlebotomy capacity in each place to manage the extra blood tests required for lipid optimisation</p> <p>d) Improve referrals of patients initiated on LLT for community pharmacies' new medicines service & collaboration with Community Pharmacy West Yorkshire</p>	WY Community Pharmacy Leeds Teaching Hospitals NHS Trust

Project Title	Funds requested	Building on learning from	Primary project aims	Primary outputs and objectives	Project partners
<p>North East and North Cumbria AHSN North East and North Cumbria ICB</p> <p><i>Implementation of a patient delivered, lipid blood test into the AAC secondary prevention lipid management pathway in deep end communities in North East and North Cumbria</i></p>	£135,024	<p>CVD most common cause of ill health & early deaths in NE England, 6,700 people die PY, ¼ <75 (2x higher in most disadvantaged populations vs least. NE England has poorest healthy life expectancy compared to elsewhere in England. ⅓ NENC population live in areas of relative high deprivation (in 20% of most deprived areas of England). 430,000 people in NENC live with CVD.</p>	<p>Deep End initiative aims to address health inequalities in most deprived communities via PC. Identified 34 practices fall into 15% most deprived practice populations in England.</p> <ol style="list-style-type: none"> 1. Explore feasibility & acceptability of near/at patient testing for cholesterol in populations at high risk of CVD in CORE20PLUS5 communities in deprived areas with highest levels of CVD mortality & morbidity. 2. Explore if this novel approach to testing increases engagement with AAC Lipid Management pathway. 	<p>Build upon current BCN programme, strong relationships with Deep End Network & capitalize on work within InHIP proposal.</p> <p>With Deep End Network, explore if near/at patient testing of cholesterol using an innovative patient delivered cholesterol testing system (PocDoc) improves ability for high risk populations to engage with AAC lipid management 2o prevention pathway.</p> <p>Implement strategies to enhance engagement & facilitate participation in adequate & appropriate.</p> <p>Implement strategies to enhance engagement by communities who have not participated in annual CVD check. Approach will target those most at risk & begin to address healthy life expectancy gap in the CORE20PLUS5 communities in NENC.</p>	<p>PocDoc Northern Lipid Forum</p>

Project Title	Funds requested	Building on learning from	Primary project aims	Primary outputs and objectives	Project partners
Innovation Agency NHS Lancashire and South Cumbria Integrated Care Board <i>Improving Secondary Prevention Lipid Management across Lancashire and South Cumbria</i>	£121,586	Severe deprivation issues in Blackpool & Blackburn / Burnley (IMD). Lancashire has significantly higher rates of premature mortality from CVD than England average (ONS). 17% fewer patients in Lancashire and South Cumbria with prior CVD, are treated to target compared to national (CVDPREVENT). Across Lancashire and South Cumbria, ¾ patients with established CVD were on a statin & ½ were on HIS, but significant variation at practice level with statin use varying from 65.6 to 93.6% (June 2022 audit). GP practices with low scores from audit & CVDPREVENT will be invited to take part	<p>Address healthcare inequalities within CVD & lipid management by targeting 4-6 practices with high deprivation (Blackpool, coastal community, and Blackburn/Burnley, community with high ethnic minority rates).</p> <p>Address lipid optimisation in people with previous CVD event who are not on HIS, managed to target, or on any statin therapy. Gather insights on behaviours of GPs & patients on attitude to CVD management & access to healthcare, including why patients refuse therapy / non-compliant & identify attitudes to lifestyle interventions aiming reduce health inequalities. Upskill PC teams through education sessions using SC in-reach & PLT education sessions covering AAC NICE pathway & novel therapies</p>	<p>Main Patient Interventions/Outcomes:</p> <ul style="list-style-type: none"> • Offer high intensity statins to all suitable patients who are not currently on a statin • Titrate statins in patients who are not on HIS or are on statins but not managed to target • Understand why such patients not on adequate statin therapy <p>Secondary Patient Interventions/Outcomes:</p> <ul style="list-style-type: none"> • Addition of inclisiran, Ezetimibe, or bempadoic acid if patients not to target on HIS, per national guidelines • Refer appropriate patients to SC lipid clinics for consideration of PCSK9-inhibitor therapy, per national guidelines • Refer patients who may have FH & patients with resistant & persistent high cholesterol to SC lipid clinics per AAC pathway & statins intolerance pathway <p>Lipid Pathway Outcomes:</p> <ul style="list-style-type: none"> • Provide ICB with lipid management plan to roll out across Lancashire and South Cumbria based on collected data 	Blackpool Teaching Hospitals NHS Foundation Trust
Innovation Agency AHSN Cheshire & Merseyside ICS <i>Testing and evaluating the impact of Cardiovascular Disease Medicines Optimisation Clinics to improve the management of patients post CVD event</i>	£143,427	<p>CVD Prevent data showing no inequalities in secondary prevention across the ICS but showing unwarranted variation at a PCN level of secondary prevention patients being controlled to optimal target levels (0.1-41.5%).</p> <p>Cardiac rehabilitation services limited capacity for non medical prescribing and lipids optimisation</p>	<p>Implement a full time pharmacist-led secondary prevention medicines optimisation clinic for immediate post CVD event in Liverpool Trusts and rolling out to Cheshire, to understand which populations do not engage with post CVD event care.</p> <p>The clinic will be secondary care led interfacing with primary care.</p> <p>1st phase: patients admitted with STEMI 2nd phase patient admitted with NSTEMI /unstable angina 3rd phase patients admitted with stroke/TIA</p>	<ul style="list-style-type: none"> • Identify high risk categories for access to novel injectable lipid lowering therapies in: <ul style="list-style-type: none"> ○ statin intolerance ○ Receiving HISTs but not to target as per the National Guidance. • Tailor bespoke interventions by collaborating with relevant VCSE partners • Condense clinic appointments 	<p>Voluntary, Community and Social Enterprise groups identified in the discovery phase</p> <p>Innovation Agency AHSN Heart Heroes</p>

Project Title	Funds requested	Building on learning from	Primary project aims	Primary outputs and objectives	Project partners
<p>Health Innovation Manchester AHSN Greater Manchester ICB</p> <p><i>Addressing Inequalities in Lipids Management through direct co-designed engagement of two under-represented communities within Greater Manchester.</i></p>	£377,839	Manchester’s Winning Hearts and Minds (WHM) programme framework and recruitment process ‘Be Brave: Building Community Led Initiatives in North Manchester. Using an approach of in-depth community development to improve heart and mental health through understanding wider social determinants of health.	To work across primary care and community services with Pakistani and Black Caribbean communities within Rochdale and Manchester where management and optimisation of high cholesterol is lower comparatively to both the average for GM and for the communities represented within these selected localities.	<ul style="list-style-type: none"> Using the GM lipid search tool, identify the highest risk categories: <ul style="list-style-type: none"> High cholesterol on no lipid lowering therapies Receiving lipid lowering therapy but not to target as per the National Guidance. Increase access to novel injectable lipid lowering therapies. Increase blood pressure awareness, testing and management Improve access to CVD reviews Develop culturally specific leaflets and social media 	Fike Welie, Caribbean & African Health Network and the Black Health Agency.
<p>West Midlands AHSN NHS Black Country ICB App 1</p> <p><i>Using clinical ambassadors to optimise cholesterol management in deprived populations in the Black Country</i></p>	£120,159	<p>Target population: Those areas with an IMD value > 33 & with a standardised mortality rate for circulatory diseases in <75s of greater than 210. Translated to ~ 5% of population of black country, with ~ 12% of this population (6k patients) expected to require LLTs.</p> <p>Dudley & Netherton PCN pilot undertaken to embed lipid pathways into PC, initial learnings will inform this project.</p>	<ul style="list-style-type: none"> Enable practices to optimise lipid management more effectively using search tools (UCL Partners). Embed NHSE guidance for lipid management into local pathways. Upskill PC pharmacists to effectively review patients requiring LLT & optimise treatment. Maximise opportunity to reduce CV risk through accelerated uptake of PCSK9 inhibitors & inclisiran. Opportunistic review of 2o prevention in patients who have experienced acute coronary syndrome (ACEIs, antiplatelets, beta blockers & LLTs). 	<p>Specific action will target practices in deprived areas with high premature cardiovascular mortality.</p> <p>In general terms, mortality data is presented by geography and health care performance data by organisation. Some initial work will be required to translate geographically based need into PCN and practice-based targeting.</p> <p>Although the work will target specific areas, much of the pathway development will benefit the entire Black Country Population.</p>	Voluntary / community bodies

Project Title	Funds requested	Building on learning from	Primary project aims	Primary outputs and objectives	Project partners
<p>West Midlands AHSN NHS Shropshire Telford and Wrekin ICS</p> <p><i>A collaborative multi-level approach to improving lipid management in secondary prevention, using health inequality and cardiovascular datasets to deliver a targeted service.</i></p>	£155,838	13 surgeries identified with biggest challenge in effective lipid management by triangulating CVDPREVENT, UCLPartners, & local deprivation data. Access to phlebotomy services is vital when optimising cardiovascular medication. In a pilot secondary care-based lipid clinic, 40% of patients declined to attend for a blood test at the hospital when invited.	Provide point of care lipid testing and lipid optimisation as part of a one-stop multi-disciplinary cardiac rehabilitation programme to which all patients are invited 3-to-6 months after a cardiac event. Target specific GP surgeries by combining health inequality, CVDPREVENT & engagement previous CVD project datasets & provide each with a bespoke support package (includes surgery champion, training & support sessions, specialist support & advice, & back-fill funding)	Upskill primary care teams, via specialist mentorship & training, to continue good lipid management & positive outcomes for population. Educate HCP on gold-standard lipid management, anticipating outcomes, & tailoring service to community. Reduce pressure on acute services. Improve health inequalities & inequities for practices most in need of intervention. Build long term system wide working relationships. Public comms initiative for display in community pharmacies, practices, & acute trusts. Point of care capillary blood testing to address patients not wishing to attend blood test in acute setting. Include lipid management specialist pharmacist in cardiac rehabilitation clinic (which currently sees patients 6-months post-MI) for multi-disciplinary approach to secondary prevention in single trip.	Shrewsbury and Telford NHS Hospitals Trust, Shropshire Council Telford and Wrekin Council, Telford and Wrekin Council
<p>West Midlands AHSN Herefordshire & Worcestershire ICB</p> <p><i>Lipid optimisation service</i></p>	£171,253	<p>Local work over recent years (incl C-19 vaccination programme) around outreach & mobile treatment vehicle offer to support Making Every Contact Count (MECC).</p> <p>HW system Inequalities collaborative Board signed off focus areas for PLUS elements of the Core20plus5 would be unregistered populations, and Health Literacy</p> <p>HW are ranked one of the highest nationally for CVD prevalence for the most deprived quintiles (CVDPREVENT)</p>	<p>Lower incidence of cardiovascular events through improving uptake of LLT in 1o prevention cohort, & Increasing number of patients on appropriate & optimal LLT in 2o prevention cohort, & subsequently an improvement in cholesterol levels</p> <p>Deliver a lipid optimisation service to populations less likely to access healthcare setting (incl. seasonal workers, unregistered populations, vulnerable groups & areas of low uptake & high deprivation).</p> <p>Use outreach / treatment vehicle model to support increase access to 1o & 2o prevention interventions for lipid optimisation & management</p>	<p>Establish Lipid Optimisation service provided through vehicles & outreach venues. Following hospital discharge, SC team arrange blood test to ensure the 3 monthly full lipid profile is obtained</p> <p>(Patients identified via PCN will have service appropriate hospital data extracted and be offered point of care testing (POCT) for lipid profile & QRISK calculation). Service reviews 2o prevention patients who need to be seen again based on national guidance. Service ensures compliance with drug therapy, educates patients on medication & lifestyle factors, & optimises treatment as appropriate.</p> <p>12-month review offered to all patients at which transferred back to GP care &/or direct referral to SC pathway (support provided if GP link not in place). Refresh PCNs', practices' & hospital clinicians' knowledge of AAC lipid pathway for lipid management</p>	None

Project Title	Funds requested	Building on learning from	Primary project aims	Primary outputs and objectives	Project partners
North East and North Cumbria AHSN	£32,997	N.A.	Programme support funding: STF Coordinator Fee £23,000 NENC delivery fee £9,997	Coordination of programme and supporting a community of practice	AHSNs in receipt of funding

Project ID	Recipient Site	TOTAL AWARD
907-PR686	Black Country ICB	£ 120,159.00
908-PR687	Frimley ICB	£ 191,630.00
909-PR688	Greater Manchester ICB	£ 377,839.00
910-PR689	North East London (NEL)	£ 134,250.00
911-PR690	Shropshire, Telford and Wrekin ICS	£ 155,838.00
912-PR691	Cheshire and Merseyside ICS	£ 143,427.00
913-PR692	Lancashire and South Cumbria ICB	£ 121,586.00
914-PR693	North East and North Cumbria ICB	£ 135,024.00
915-PR694	Our Healthier South East London ICS	£ 119,000.00
916-PR695	South Yorkshire ICB	£ 295,000.00
917-PR696	Suffolk and North East Essex ICB	£ 178,026.00
918-PR697	Hereford and Worcester ICB	£ 171,253.00
919-PR698	West Yorkshire ICB	£ 131,527.00
		£ 2,274,559.00

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907-PR686	Black Country ICB	£ 120,159.00
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		£ 2,274,559.00

AHSN / AAC Lipid Management Programme – governance structure

Updated March 2023

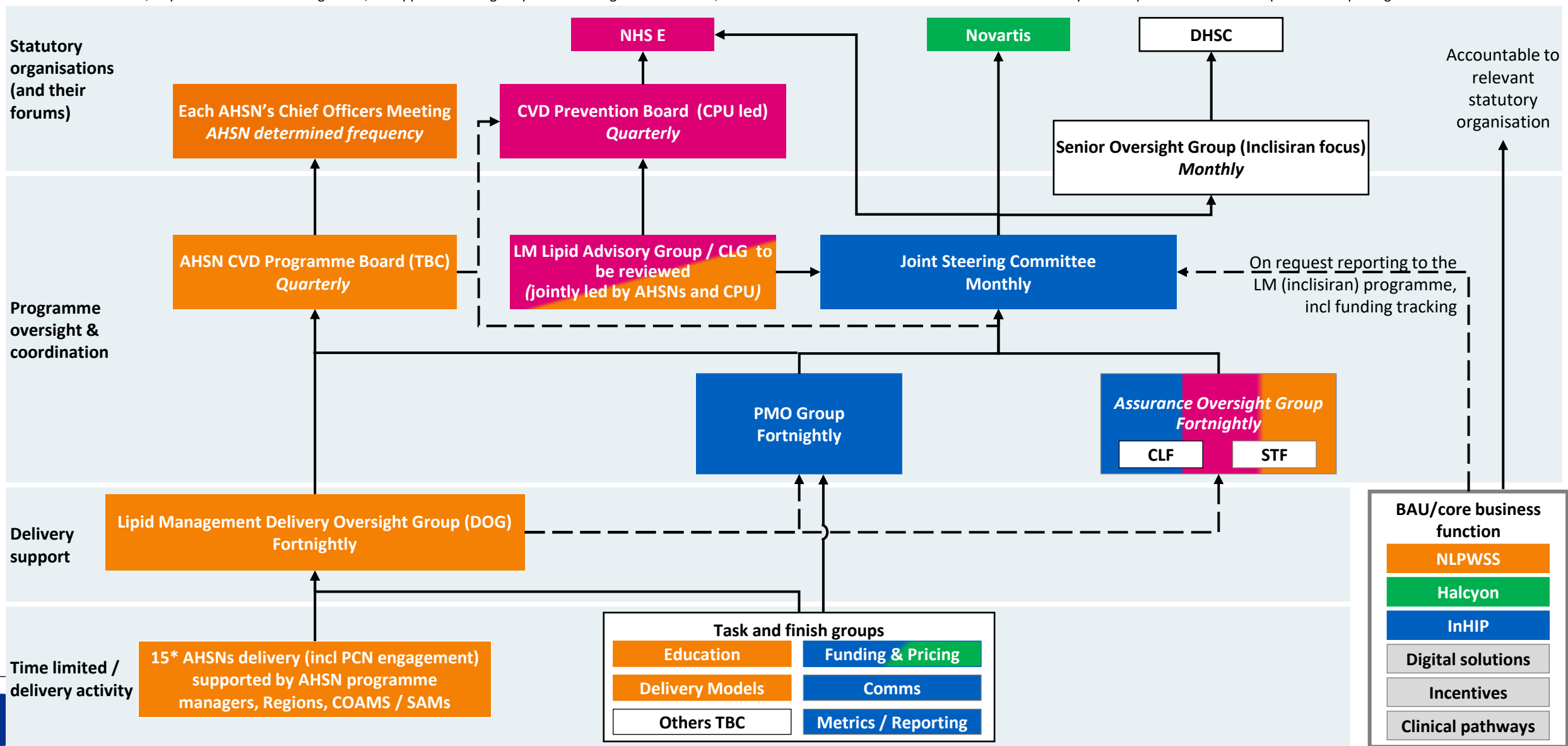
Overarching governance framework- proposed

Function	Function Description	Governance Groups	Meeting Frequency	Supported By
Overarching governance	Provide coordinated programme delivery and oversight, including ensuring clear accountability back to the constituent members of the tripartite	<ul style="list-style-type: none"> Strategic Oversight Group (SOG) Joint Steering Committee (JSC) AHSN CVD Programme Board (TBC) Clinical Leadership Group (under review with the intention of forming a joint group with CPU) 	Monthly (CVD PB potentially quarterly)	Virtual central PMO drawn from across the tripartite (MR, AH, AG, VH, SC, NU)
Delivery Support	Interface with AHSNs & support on-the-ground delivery of lipid management, through facilitating a community of practice, service improvement support, problem solving & contract hosting	<ul style="list-style-type: none"> Delivery Oversight Group 	Monthly	NENC Programme Team (SC, NU, JL)
Management of key deliverables	Delivery of a range of key deliverables that are needed to deliver programme objectives specified by the JSC and LMPB	<ul style="list-style-type: none"> Communications Task and Finish Group Pricing Task and Finish Group Delivery Models Task and Finish Group Education Task and Finish Group Metrics and Reporting Task and Finish Group Others as required based on additional deliverables 	As required to deliver specified requirement	T&F leads (Comm – LS, Pricing – MR / AG, DM – SC, Education – SC, Metrics – LC) T&F leads (TBC)
Assurance Oversight	<i>Rolling set of meetings with AHSNs on a one-to-one basis to support the management / assurance of STF and CLF contracts, reviewing delivery and unlocking barriers to delivery</i>	<ul style="list-style-type: none"> Assurance Oversight Group 	<i>Every other week, meet with three AHSNs per meeting (40 mins each)</i>	<i>MR, AH and NENC Programme Team (No NVS)</i>
	<i>Active review of programme. Focused on overseeing deliverables, proactive risks and issues mitigation and management, including escalations to relevant group with JSC ultimate escalation point in programme</i>	<ul style="list-style-type: none"> Programme Management Office Group 	<i>Fortnightly and alternate to Assurance Oversight Group</i>	<i>MR, AH, AG, VH, and NENC Programme Team</i>

A new proposed part of the programme governance arrangements, which recognizes the significant levels of funding being placed with AHSNs and local systems. Delivery support, with a service improvement focus, will continue to be through the Delivery Oversight Group with the Assurance Oversight Group meeting with individual AHSNs to undertake deep dives to review local delivery and unlock challenges / barriers to delivery. The PMO Group, along with active programme management function will provide assurance to NVS colleagues who cannot be involved in assurance meetings with AHSN bodies who have received funding to promote improvements in lipids management.

Proposed governance framework – lipid management and inclisiran programme

The work on inclisiran, as part of wider lipid management, is supported through tripartite working between NHS E, AHSNs and Novartis. This means the lines of accountability are complex with a need to report to multiple organisations.



Summary of proposed outcomes from existing task and finish group deliverables review

Group	Programme – existing T&FG retained with refreshed deliverables	Programme –T&FG ceases but Implementation support provided	BAU – T&FG ceases, any follow on action transfers to core business function	Current lead	Future lead
Metrics & Reporting	✓			NHS E – AAC	NHS E – AAC
Education materials	✓			AHSN	AHSN
Communications	✓			NHS E - AAC / AHSN	NHS E
Delivery models	✓			AHSN	AHSN (to ~Apr '23)
Pricing, funding & supply	✓			NHS E - AAC / AHSN / NVS	NHS E / NVS
STF		✓		NHS E – AAC	NHS E
NLPWSS		✓		AHSN / NVS	AHSN
Clinical pathways			✓	NHS E / AHSN	N.A.
Incentives			✓	NHS E – AAC	N.A.
Digital solutions			✓	NHS E / AHSN or NHS E - AAC	N.A.
Health Inequalities (HI)	Alignment of work with core NHS E HI focus, including monitoring arrangements			NHS E – AAC	TBC

Task and finish groups deliverables progress – current T&FGs that would continue operating within programme structure (1/2)

Task & finish group	Completed deliverables	Continuing deliverables	Additional deliverables
Metrics and reporting	<ul style="list-style-type: none"> Agree short-term timeline for metrics currently available to support implementation Data definition (data dictionary) against the list of metrics (although review as work progresses) Reporting mechanism / medium (dashboard) (although additions and improvements ongoing) Permission received to share data from NHS E and NHS BSA with inclisiran and CVD programme leads 	<ul style="list-style-type: none"> Design list of metrics to support performance tracking, to monitor the impact on health inequalities and to identify unwarranted variation (Produce performance reporting) Agree long-term timeline for when additional metrics are implemented (Still to align other lipid metrics work in AHSN & NHS E then h/o dashboard to CDAO products team) 	<ul style="list-style-type: none"> Develop single version of the data truth owned by tripartite Consider links with other NHS E work / business intelligence solutions / tools Consider expanding dashboard scope to support local delivery Agree health inequality metrics across the tripartite and linked to NHS E health inequalities dashboard
Education materials	<ul style="list-style-type: none"> Scope need & feasibility of reintroducing National Advice & Guidance Service for Lipids (cancelled) Complete Shared Decision Making (SDM materials tender process) (in progress, completion expected by 31 March 2023) Pending compliance, combine a NVS-AHSN-HEART UK calendar of overarching events (cancelled, replaced with linking locally in AHSN region) 	<ul style="list-style-type: none"> Wider dissemination of Tackling Cholesterol Together material Deliver collection of online case studies. Review/update all current existing materials & consider partnerships with other colleges or third sector to develop new on demand content 	<ul style="list-style-type: none"> Define scope of SDM digital tool, where SDM tool effort sits, & clarify NVS exit from SDM discussion Determine where Patient Advocacy / Change Maker programme sits Identify necessary links to other groups & define information flow process
Pricing, funding, and supply	<ul style="list-style-type: none"> Wholesaler AAH (Delivery Costs & Surcharges, Ordering/Account Set Up, Ordering Caps/Stock Management) Primary Care Access (FP34D reclaim for PCN's / GP Federations, Short dates stock) 	<ul style="list-style-type: none"> Complete funding model activity Publish Funding & Supply NHS Guidance Implement consistent approach to query management & resolution 	<p>Largely dependant on NHS E decision therefore:</p> <ul style="list-style-type: none"> Publish updated Funding and Supply Document Establish log and standard operation process for queries Monitor queries resolution & ensure a prompt response

Task and finish groups deliverables progress – current T&FGs that would continue operating within programme structure (2/2)

Task & finish group	Completed deliverables	Continuing deliverables	Additional deliverables
Communications	<ul style="list-style-type: none"> Design comms plan, with timeline, for implementation programme, encompassing internal and external stakeholder comms Create comms toolkit & information pack for secondary prevention in PC pathway (in progress, completion expected by 31 March 2023) Identify comms support (in progress, completion expected by 31 March 2023) 	<ul style="list-style-type: none"> Design joint BP & lipids messaging pack & quotes / hold joint webinar (ICS CVD leads, AHSN DMs, regional leads) Continue to present TCT education resources to PC to widen reach of messaging Determine single space for resources on inclisiran & lipids programme; updating published docs & web pages with new narrative / Share achievements from schemes (when underway) 	<p>To be agreed:</p> <ul style="list-style-type: none"> Refresh comms plan with milestones & timeline for next phase, ensuring strategic and proactive focus Support programme to maintain patient & public focus through comms messaging Create links to other groups with defined information flow process to ensure comms group have sight of all activity (i.e. National Programme's comms team)
Delivery models	<ul style="list-style-type: none"> Build and publish interactive PDF with digital agency (publishing approval in progress, completion expected by 31 March 2023) Design / capture best practice delivery models for implementation of national lipid guidance in both primary and secondary care 	<ul style="list-style-type: none"> Produce additional case studies as identified by Novartis or AHSNs (FCB Health etc) Define Delivery Model specific stakeholder & comms plan & sign off Harvest materials for search tools, case studies, project Halcyon evaluations, process maps Obtain more material on secondary care collaboration & Halcyon project evaluation to illustrate real world delivery Publish secondary care delivery models (e.g. WM, NEL, NENC) 	<p>No refresh given short continuation timeline however group to determine where ongoing activity will be handed off to and if / how the programme will need ongoing oversight, then enact with the support of programme leadership</p>

Task and finish groups deliverables progress – current T&FGs that would no longer be part of the programme (although reporting and assurance to programme maintained) (1/2)

Task & finish group	Completed deliverables	Comment
STF	<ul style="list-style-type: none"> Recommend & agree design & ambition of the Fund Prioritisation and eligibility of funding (aim to target funding where there is greater health inequalities) Support to applications completion, coordination, assessment, & selection Develop and ensure successful applicants sign contracts 	<ul style="list-style-type: none"> Operational delivery of the STF to now be supported via NENC contracting arrangements and via the PMO, monitored by the Assurance Oversight Group
NLPWSS	<ul style="list-style-type: none"> Development & execution of EOI process, allocations to 102 PCNs achieved Define solution deployment packages (specification), execute Tripartite contracting, and disperse funds 	<ul style="list-style-type: none"> Execute supplier selection process / Complete final actions to execute Soar Beyond & Deontics deployment work orders, and signoff Competency Framework, finalise materials signoff. NENC, as holder of contract, to provide performance monitoring (likely via communities of practice) and report on progress of 102 PCN initiatives against agreed milestones to JSC / LMPB using agreed metrics and evaluation template
Incentives	<p>Indicators devised:</p> <ul style="list-style-type: none"> across primary & secondary prevention for endorsement, which incentivise optimisation of lipid management in patients across the whole pathway which are suitable for use in either IIF or QOF, subject to due process internally at NHS E & the negotiation process with GPC Secure financial underpinning for draft indicators for QOF Successfully negotiate indicators into contract 	<ul style="list-style-type: none"> Links to be maintained via the PMO with the NHS E primary care contracting team to monitor the impact of the new lipid incentives coming into QoF from 01/04/23

Task and finish groups deliverables progress – current T&FGs that would no longer be part of the programme (although reporting and assurance to programme maintained) (2/2)

Task & finish group	Completed deliverables	Comment
Digital solutions	<ul style="list-style-type: none"> Delivery of phase 1 patient identifier tool (incl algorithm to translate from non-HDL to LDL) (cancelled, digital briefing pack delivered instead) 1st stage of inclisiran algorithm live across all suppliers Design reporting on update and usage of patient finding tool Specify phase 2 & assessing viability (incl stakeholder sign-off). On hold Convene a webinar where suppliers of tools can take Q&A (in progress, completion expected by 31 March 2023) 	<ul style="list-style-type: none"> New group to be stood-up should additional digital incentives be identified
Clinical pathways	<p>In support of the newly developed acute and primary care pathways:</p> <ul style="list-style-type: none"> Create an overarching narrative, to drive engagement with stakeholders through educating & understanding the detail of clinical pathways work Complete a gap analysis to understand what routes of engagement currently exist & where additional routes are required Design a comprehensive comms & engagement plan (in progress, completion expected by 31 March 2023) Articulate approach to onward monitoring & reporting of engagement Agree & assign ownership across the tripartite of the key messaging, key audiences, engagement channels & reporting engagement 	<ul style="list-style-type: none"> Further work to be supported through revised clinical advisory group led by AHSNs and CPU jointly, or Comms Group
Health Inequalities	TBD	TBD

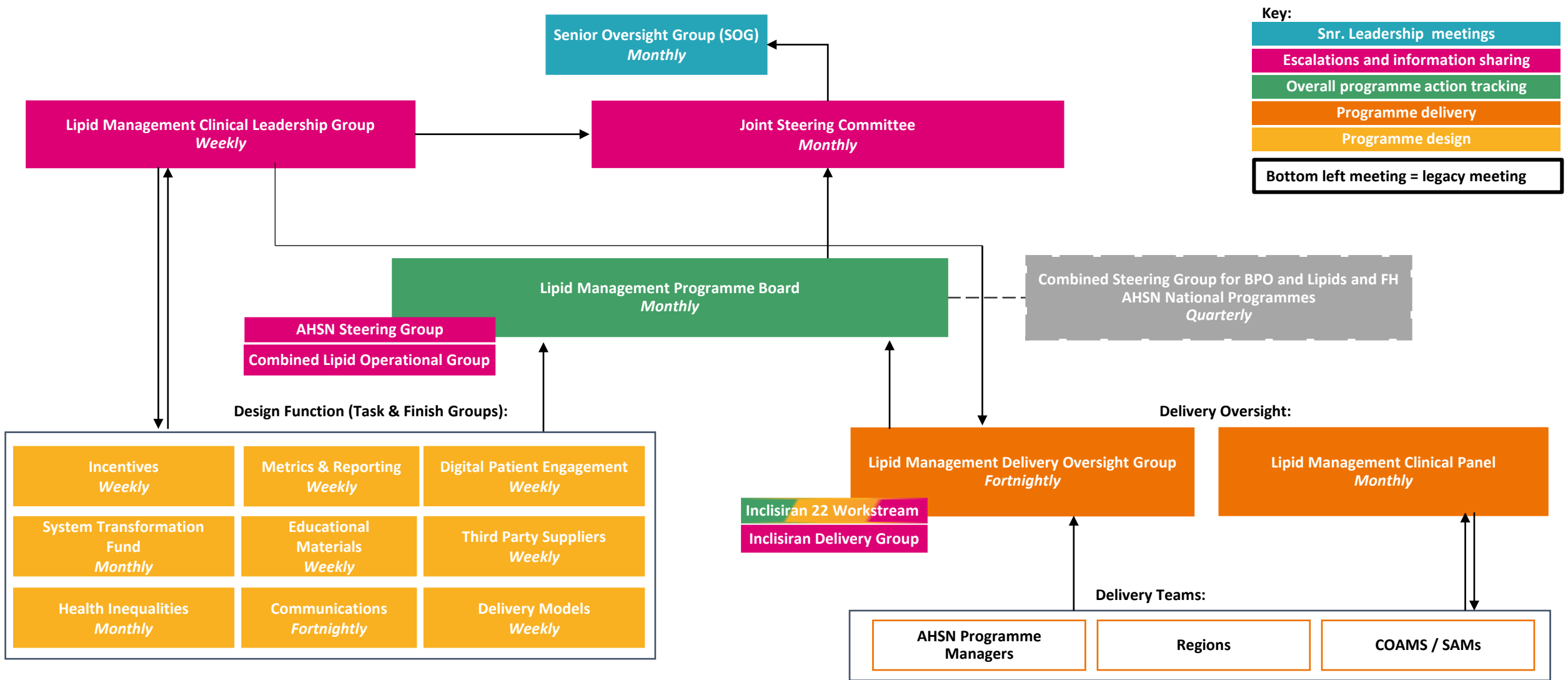
Terms of reference summary for key groups

Group	Comment
Strategic Oversight Group	Stay as is with updated membership
Joint Steering Committee	Terms of reference and membership to be updated
Lipid Management Programme Board	A quarterly AHSN CVD Programme Board will potentially be established in place of the current monthly LMPB, which will be stood down, the previous LMPB monthly content will be managed through the JSC and PMO
Programme Management Office meeting	Has been meeting since summer 2022 and now being more formally brought into the governance structure to support programme delivery (including taking on some coordination functions from the LMPB) – terms of reference to be agreed
'Clinical Advisory Group'	Joint Group being set up with CPU to replace the Clinical Leadership Group – details awaited
Delivery Oversight Group	Terms of reference and membership will be updated to reflect changes
Assurance Oversight Group	A new group to support the provider oversight and assurance of the 13 system transformation fund (STF) initiatives and the 12 Combined Lipids Fund (CLF) contracts, including reviewing progress on local delivery and unlocking barriers to delivery
Task and Finish Groups	Will not have Terms of Reference but will have PIDs detailing deliverables and list of members, including identification of lead / chair

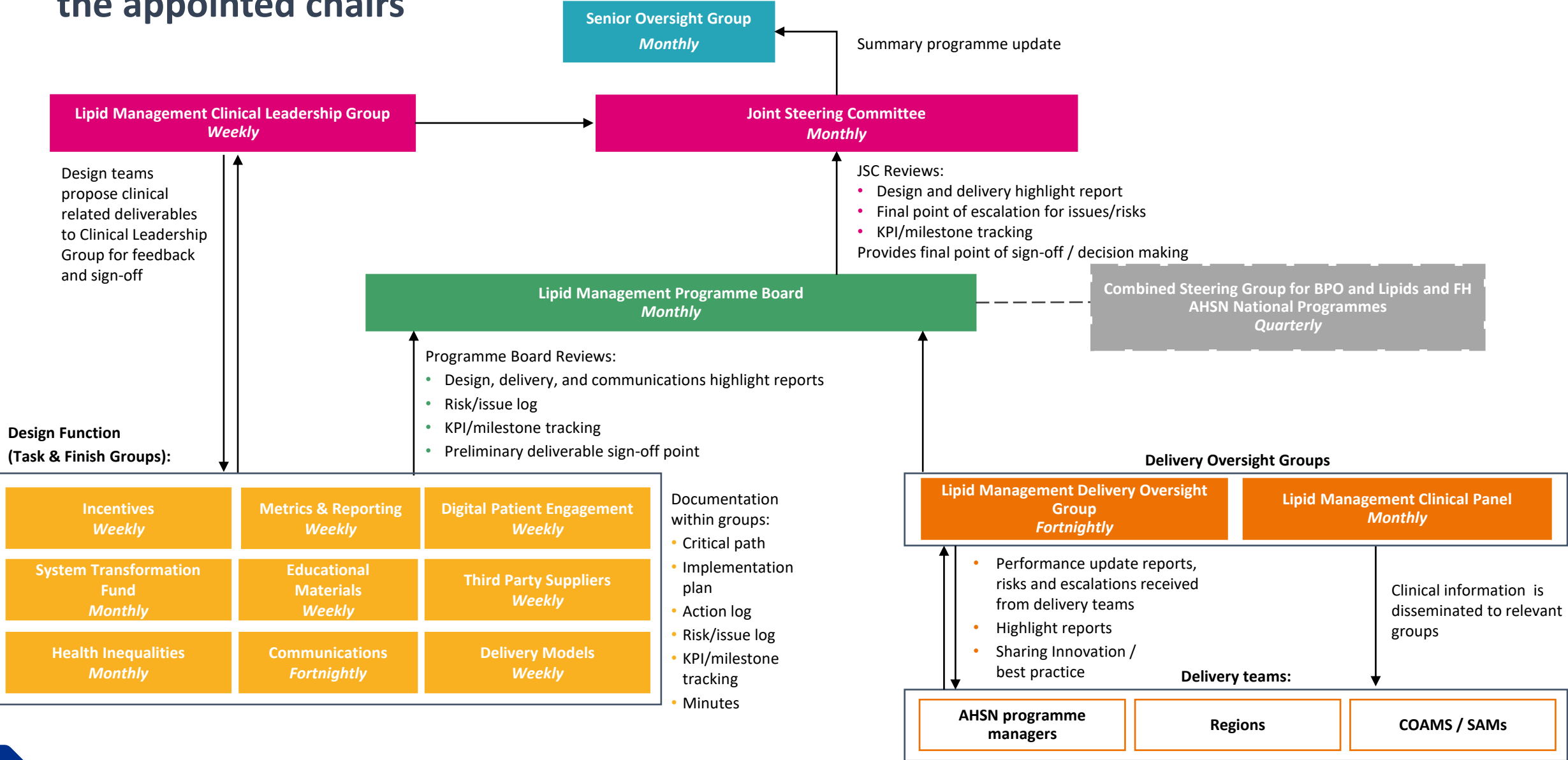
AHSN / AAC Lipid Management Programme – governance structure

June to March 2023

The new governance structure looks to approach the programme as a true tripartite, minimising the need for single organisation meetings



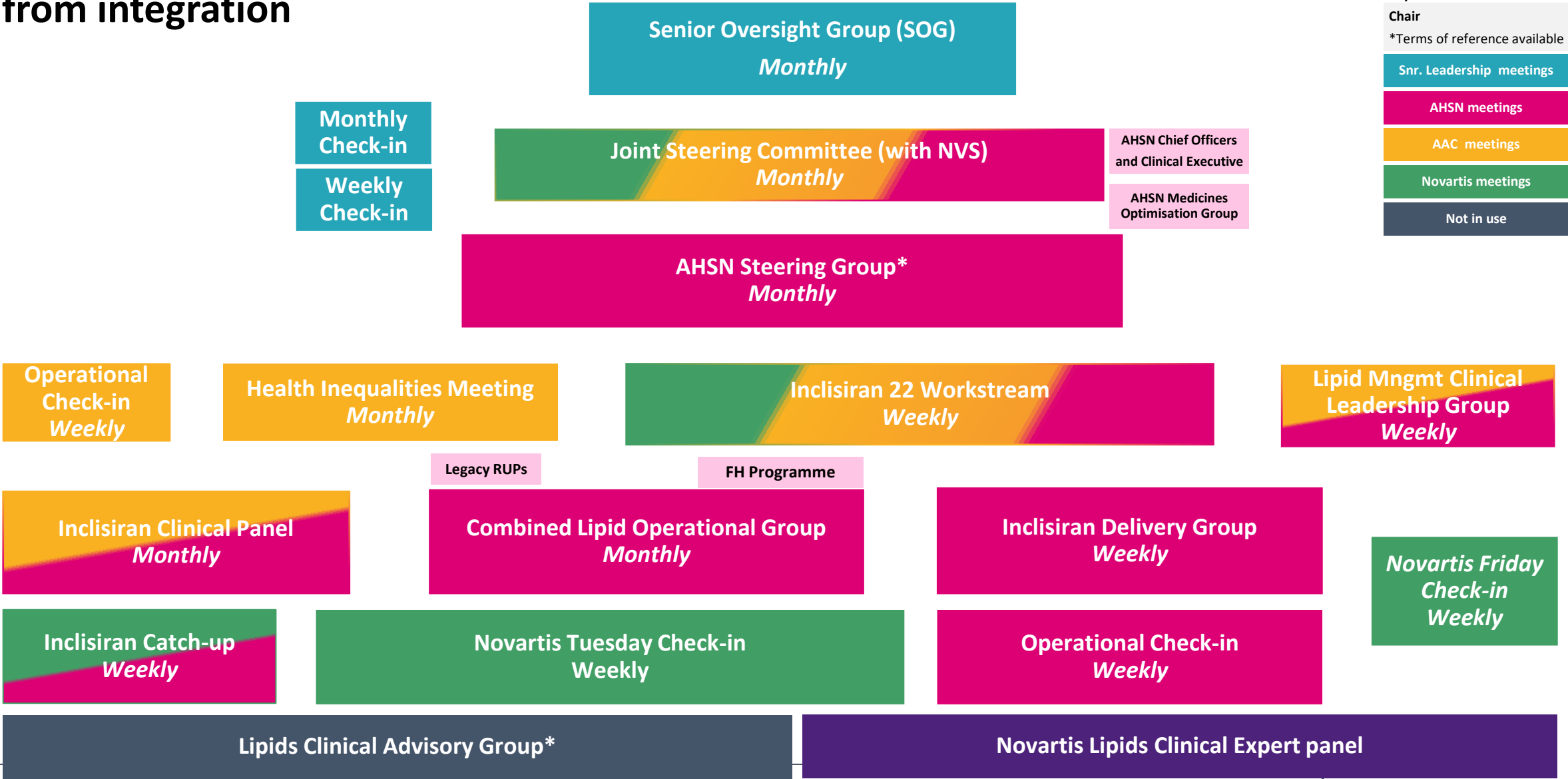
The new governance structure has a structured flow of information and reporting, with the appointed chairs



AHSN / AAC Lipid Management Programme – governance structure

Pre-June 2022

This previous governance structure contained 19 meeting groups and would benefit from integration



Inclisiran Implementation Action Tracker

Last review: 27/03/2023

Today's date: 19/04/2023

TIPS FOR USING THE TRACKER

1. Ensure that you are using an accurate ID number and not duplicating one that may have already been used.
2. Ensure that you have filled out columns B, D, G, H, I, L and R (as a minimum)
3. Once an action is closed, mark this in column K
4. When searching actions assigned to a meeting, do this using column R, 'New Governance Group', so that any legacy actions are pulled through

ID	MEETING / DOCUMENT	DATE	OWNER	DELIVERABLE / ACTION	DEADLINE	STATUS	NOTES
A0191	Lipid Management Programme Board meeting	08/07/22	MR / GF / JN	To refine the agenda for LMPB into 2 parts with BPO Leads to contributing with agenda items for BPO part	12/08/2022	Closed	Agenda will consist of 2 parts – first part NV5 to be included. BPO will be responsible for their parts of the agenda but should be present in the entire meeting as there is significant overlap with both groups
A0192	Lipid Management Programme Board meeting	08/07/22	MR	Ensure that recognition of progress made is included as a key element of the terms of this meeting so that they are fed into JSC	12/08/2022	Closed	
A0193	Lipid Management Programme Board meeting	08/07/22	MR	To remove the box containing "Legacy meetings" as currently there are no legacy meetings in the governance structure	12/08/2022	Closed	
A0194	Lipid Management Programme Board meeting	08/07/22	MR / GF / JN / PJ	To discuss & agree on the functionality of CLOG	12/08/2022	Closed	To define a need for ongoing interaction of the CLOG members eg as a CoP for shared best practice and to receive performance updates.
A0195	Lipid Management Programme Board meeting	08/07/22	MR / GF	If possible, to reduce the LMPB to 15 to 20 members	12/08/2022	Closed	To ensure we have line of sight of critical members
A0196	Lipid Management Programme Board meeting	08/07/22	GF / JN / KW	Circulate for group to review (suggestion amendments and addition)		Closed	
A0197	Lipid Management Programme Board meeting	08/07/22	NA	To discuss the cost associated with SPIRIT	12/08/2022	Closed	NA to own an agenda item (10 minutes) at the next LMPB to discuss SPIRIT
A0198	Lipid Management Programme Board meeting	08/07/22	JS / JT	To clarify if appropriate for information and data around PCSK9i be shared at the LMPB	12/08/2022	Closed	If there are any commercial sensitivities around the PCSK9i uptake data, the agenda will be divided into two sections where competing industry partners are not present.
A0199	Lipid Management Programme Board meeting	08/07/22	LC / JS	Discuss if treatment adherence and LDLC outcomes can be included in the data and metrics. Ensure a breakdown of AHSN level uptake of all therapies is provided to the LMPB.	12/08/2022	Closed	Treatment adherence is already included in the primary care data but is not possible in secondary care because the data does not include patient identifiers. Although, when a GP prescribes multiple vials for a patient on a single prescription then adherence monitoring becomes less useful because the other doses are held by the GP. GP data is needed to monitor cholesterol levels and also if you want see the combination with adherence. Cholesterol levels and treatment adherence are not centrally collected for secondary care.
A0310	Lipid Management Programme Board meeting	08/07/22	KW	Further LMPB meetings to be divided into 2 parts (2 meeting invites); 1st invite to include NV5 members, 2nd invite to be sent to exclude external members	01/09/2022	Closed	As previously agreed, further LMPB meetings will be divided into two parts due to commercial sensitivity and relevance. KW to create and own two separate LMPB meetings going forward. Every third meeting of the LMPB will consider the wider AHSN work on lipid management (e.g. BP and FH), through a part 2 to the meeting with an extended membership (excluding external partners). There may also need to be part 2 discussion to the monthly meetings, where external partners are asked to leave, where there is an identified conflict of interest.
A0311	Lipid Management Programme Board meeting	12/08/22	NA	To inform the Programme on how the learnings from the SPIRIT study are being used to accelerate uptake in primary care	01/09/2022	Closed	NA to share the final report and present if needed. Content to be shared to this group, clinical leaders group, and JSC
A0312	Lipid Management Programme Board meeting	12/08/22	MR	To provide membership lists of all meetings which sit above LMPB to MS	26/08/2022	Closed	Funding issues to be escalated to JSC
A0313	Lipid Management Programme Board meeting	12/08/22	MR / KW	To request JSC course of action for when the commercial agreement expires	01/09/22	Closed	21/11 - Part of Pricing T&F group and included within FAQ section of new Funding and Supply Document 26/ 08 - Added joint ownership with KW
A0314	Lipid Management Programme Board meeting	12/08/22	MR	To update risk register: - Help needed from AHSN colleagues around FH (JC / NU); - Risk around payment issues for inclisiran to be added; and - Risk in relation to a potential delay to signing the Collaborative Working Agreement to be added (noting impact on the go-live for the STF and Third Party Suppliers work)	01/09/2022	Closed	25/08 - Risk register updated and reviewed
A0315	Lipid Management Programme Board meeting	12/08/22	MR	To escalate discussions around Collective Working Agreement to the JSC	05/09/2022	Closed	26/08 - Added to agenda for JSC 5 Sept
A0316	Lipid Management Programme Board meeting	12/08/22	SC / DM	Membership for Delivery Models T&F Group to be brought up to LMPB for review	01/09/2022	Closed	23/08 - Revised deadline to reflect new meeting date
A0317	Lipid Management Programme Board meeting	12/08/22	LC / JS/ MS	Metrics and Reporting to be brought out to September LMPB	30/08/2022	Closed	LC, JS and MS to discuss whether a joined up approach on metrics & reporting might be beneficial.
A0318	Lipid Management Programme Board meeting	12/08/22	SC / NU	Provide more detail around secondary care data relating to inclisiran	30/08/2022	Closed	Also, to provide detail around the early success of implementation in West of England; how do we replicate that in other 13 AHSNs?
A0319	Lipid Management Programme Board meeting	12/08/22	JC	To provide more robust data around Lipid optimisation & FH, and FH only	30/08/2022	Closed	JC conducting one to one AHSN support meetings reviewing stages of adoption to enhance better uptake and achievement of programme trajectories. Use the last Q1 (2022/23) AHSN level performance data to reiterate the relationship between better pathway adoption by GP practices and achievement of set quarterly trajectories. Support sessions with the 15 AHSN lipid leads all organised.
A0393	Lipid Management Programme Board meeting	09/09/22	AS / NA	PW to attend appropriate groups/meetings to provide overview on SPIRIT Early Insights Report	01/10/2022	Closed	
A0394	Lipid Management Programme Board meeting	09/09/22	KW	Update Terms of Reference to reflect new structure and quarterly BPO meeting	14/10/2022	Closed	
A0395	Lipid Management Programme Board meeting	09/09/22	LC	Confirm that dashboard can be hosted on FuturesNHS and if there is any sensitivity around publicly available data	14/10/2022	Closed	05/10 - Dashboard now live on Futures as interim platform until more suitable option is decided on
A0396	Lipid Management Programme Board meeting	09/09/22	SR	SR to submit formal patient engagement paper to LMPB for review	11/11/22	Closed	26/01 - Shared as part of LMPB agenda today 08/12 – Confirm if still required, following confirmation from ET 11/11 - MR to Follow-up with SR for update on patient engagement
A0397	Lipid Management Programme Board meeting	09/09/22	ET	Confirmation required as to whether a patient representative can attend LMPB moving forwards	30/09/22	Closed	08/12 - MR confirmed that ET has provided formal confirmation 11/11 - Aligned on LMPB being owned by AHSN, need to ensure there are clear parts of the meeting where external stakeholders are excluded
A0439	Lipid Management Programme Board meeting	14/10/22	SC / NU	Pathway Dissemination - Confirm w/AHSN comms team for Pathways to be uploaded to AHSN Network websites w/c 17 Oct	11/11/22	Closed	14/10 - Noted that Novartis colleagues can access and are welcome to utilise uploaded content on AHSN Network & Heart UK as this is in the public domain (i.e. is open access content)
A0440	Lipid Management Programme Board meeting	14/10/22	JP / SR	JP and SR to review animation and patient information leaflet and feedback to GF (and LMPB)	11/11/22	Closed	03/03 - Completed, initial animations and leaflets completed and comms colleagues taking forward plan for dissemination. Here are links to current resources and the comms plan Leaflets - https://www.heartuk.org.uk/cholesterol/booklets Animations - https://youtube.com/playlist?list=PLSVkh3ksjmuLwL65QI2DYjgchYSRX 31/01 - Pending update from SR 09/12 - JP send SR feedback 08/12 – Clarify next steps for materials: where will they be posted and who will be delivering. Suggestion for Sian to join comms working group within Clinical Pathways T&F group 11/11 - Meeting with SR scheduled for December

A0441	Lipid Management Programme Board meeting	14/10/22	MR	Understanding Health Inequalities - Gain understanding on what intelligence we hold on Lipid Management data against CVD (cholesterol) data. Explore the ability to compare data on the use of LLTs against HI demographic data	11/11/22	Closed	11/11 - Action to be closed as it fits with action A0450 and work on Metrics T&F Group.
A0442	Lipid Management Programme Board meeting	14/10/22	SC / DM / NU	Produce a comparison of formulary statuses of Inclisiran vs. Bemp Acid	11/11/2022	Closed	Closing action to instead reframe as decision
A0443	Lipid Management Programme Board meeting	14/10/22	NA	NA, GF, MR, and SC to discuss further work around the ARC study. Meeting to occur ahead of next JSC	28/10/22	Closed	11/11 - Action to be closed
A0444	Lipid Management Programme Board meeting	14/10/22	JP / SR	Pathway dissemination - include Pathways in Heart UK HCP (sent w/c 17 Oct)	19/10/22	Closed	11/11 - Action to be closed
A0445	Lipid Management Programme Board meeting	14/10/22	DECISION	DECISION - Information on all LLTs to be presented in monthly LMPB, but appended when LMPB is held the same day as 'Combined steering group for BPO and Lipid Management and FH AHSN national programmes' meeting	Decision	Decision	
A0446	Lipid Management Programme Board meeting	14/10/22	MR	Explore the ability to compare data on the use of LLTs against HI demographic data	21/10/22	Closed	21/11 - Merged to A0446 due to duplication 11/11 - Action to be closed and transferred into Metrcis T&F Group.
A0447	Lipid Management Programme Board meeting	14/10/22	MR / GF	Consider additional research study being led by PW and the need to further engage AHSNs as key parties to this (further discussion and review to take place outside of LMPB / JSC)	31/10/22	Closed	31/10 - Raised at JSC meeting. MR update
A0448	Lipid Management Programme Board meeting	14/10/22	GF	Schedule meeting with Deputy Chief Scientific Officer to review provision of LDL tests from pathology labs / networks (e.g. to understand current service disposition). MR & SC to join meeting	26/01/23	Closed	02/03 – Action closed, survey completed and following on work will be reported against in due course 20/12 - Following meeting with AD, a survey of pathology networks will be undertaken to ascertain current practices in laboratories. JC is preparing the survey based on current best practice and members of the programme have been invited to meet Pathology Network Leads in January to update on work to date and introduce the survey. Deadline updated to reflect update 08/12 – Meeting with AD scheduled for 13 Dec. Confirm whether JM to join the meeting, or schedule a follow up 11/11 - GF - No update from AD, waiting on the response from the group AD chairs. GF to follow up (SC, MR, and GF in talks with JM, need to be joined up).
A0449	Lipid Management Programme Board meeting	14/10/22	MR	Schedule meeting with GF and HW to review role of CLG and the future arrangements for a clinical panel to support work on lipid management (reporting to both CPU and AHSN work programmes)	28/10/22	Closed	GF / MR update on meeting outputs in LMPB 11 Nov
A0450	Lipid Management Programme Board meeting	14/10/22	LC	Meet with JN and JC to confirm what is needed from the dashboard for future iterations	28/10/22	Closed	28/02 - Closed. First iteration of the dashboard was delivered with further dashboard development ongoing based on any newly requested content. JN and JC input received 09/12 - LC team to work towards updated dashboard to include inclisiran KPIs and data for all therapies (as is for inclisiran) and complete in Jan. 11/11 - Action to remain open. Discussions are ongoing around what can be added to the dashboard for future iterations.
A0485	Lipid Management Programme Board meeting	11/11/22	GF / HW	CPU - SD and KP will develop TOR, and the meeting series will be scheduled.	09/12/22	Open	05/04 - MR to chase 28/03 - Moved new governance group from LMPB 27/03 - AH emailed KP for an update on CAG/CLG ToR 08/12 – MR chased for terms of reference and is working with KP to progress outputs 11/11 - MR to follow up with SD, KP, and GF. 08/08 - GF: The new group co-chaired by HW and himself has yet to meet but a date was being looked for by CPU. 03/03 - Conversations have happened and a provisional date identified. Clinical Leadership Group proposals (with input from GF) with CPU comms and should be brought into programme of work
A0486	Lipid Management Programme Board meeting	11/11/22	JP	Heart UK to communicate with NICE around patient advice	09/12/22	Closed	08/12 - MR confirmed that JP has written to NICE, advising on the benefit of an absolute target from patient perspective 11/11 - MR to follow up with JP.
A0516	Lipid Management Programme Board meeting	09/12/22	SC / JS	Present quarterly updates around the on-the-ground progress of INHP, STF, and NLPWSS and focus on learnings up to date.	10/03/22	Closed	11/01 - Presented at JSC, 5 Jan 09/12 - Utilise existing meetings (CLOG, Community of Practice, etc.) to provide updates to the wider programme.
A0517	Lipid Management Programme Board meeting	09/12/22	SC / GF / SM	Escalate to JSC - Agree on a course of action following the latest developments in West of England's LMC.	30/01/23	Closed	02/03 – Action closed, JSC informed, ongoing activity includes some further meetings with NVS colleagues where warranted
A0544	Lipid Management Programme Board meeting	26/01/23	DECISION	DECISION: LMPB agreed to cancel both 10 February and 10 March LMPB meetings. The former as it is only two weeks after the meeting on 26 January, and the latter will be moved to 3 February to bridge the gap before reverting back to second Friday of the Month	Decision	Decision	
A0546	Lipid Management Programme Board meeting	26/01/23	SC	Share the draft evaluation plan (from Imperial College) with LMPB JSC members once developed	09/04/23	Open	30/03 - Following agreement of revised governance framework, LMPB is to be disbanded and a quarterly AHSN CVD Programme Board established. Current LMPB actions will transfer to JSC or PMO Group (including this action) 15/03 - Outline project spec with Imperial College London awaiting budget management / itemised costs quote 03/03 - Informal and early conversations underway at the moment, Adjust deadline from 09/03 02/02 - One of the suppliers (from NLPWSS) has had Imperial College London offer to evaluate their intervention. The programme (SC) is currently in discussion with Imperial College to do a wider evaluation piece across the entirety of NLPWSS. Informal conversation have been held with the programme agreeing to provide specifications to Imperial College for them to produce a draft evaluation plan and indicative cost.
A0566	Lipid Management Programme Board meeting	03/03/23	MR / AB	Update LMPB members once offers have made and accepted to successful CLF EOs	17/03/23	Open	23/03 - NU shared tracker with AH 20/03 – Post JSC meeting 27/03 15/03 - 12 AHSNs (1 project each) have been made an offer subject to contract: milestones, and payment schedules, in progress with NENC. CLF agreement in final review. AH to find out if NU has final tracker of offer of acceptance plus details of subject to satisfactory responses supplied
A0567	Lipid Management Programme Board meeting	03/03/23	LMPB members	Review Issues and Risks Logs based on whether the logs are comprehensive a) nothing missing or redundant, and b) entries inform the programme's management and mitigations are achievable and focus on progressing the programme.	10/03/23	Closed	30/03 - LMPB to be disbanded, action closed 28/03 - No comments sent to date
A0568	Lipid Management Programme Board meeting	03/03/23	MR / SC	Reach out to ex-Clinical Leadership Group members (via RK & GF) regarding statins intolerance pathway on NHSE site. To note, the pathway is up to date and does not need reviewing however, the website says differently (i.e. needs amending). CLG members to provide formal response for a new pathway review date	10/03/23	Closed	09/03 - Close. Passed on to HW as chair of group that developed it and will address issue 08/03 - GF: CLG had no involvement in the intolerance pathway and not clear on who owns the document (post meeting note - was developed by the AAC/NICE group chaired by HW, however this group no longer exists)