

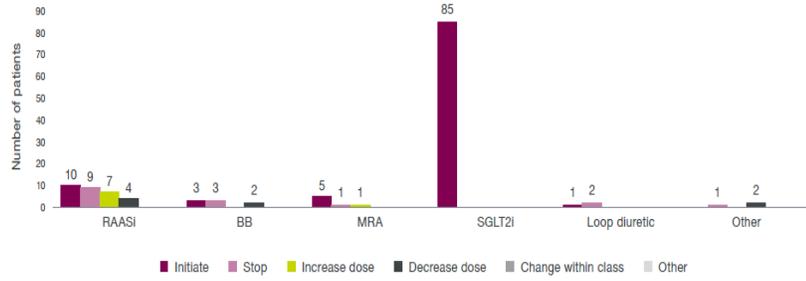


Executive summary of Joint Working Outputs

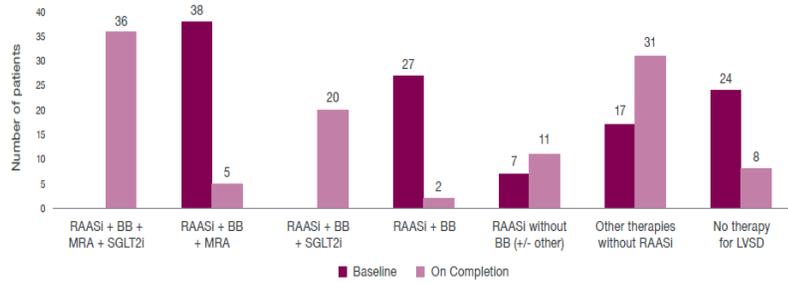
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Project title	Medicine Optimisation and Heart Failure Detection Project
Duration	Dec 2020 – Dec 2021
Project partners	The Mid Yorkshire Hospitals NHS Trust and 5 Towns PCN
What was the issue to be addressed?	<p>Objectives of the project were to:</p> <ul style="list-style-type: none"> - Increased prevalence & tighter register of disease - Provide more timely review of patients from baseline - Improved therapeutic optimisation levels from baseline in eligible patient population - Reduced RTT for Echo in patients from 5 towns PCN from baseline - Report defining the care pathway
What were the results?	<p>Across the HealthCare First Group the project identified a significant number of patients who were not coded appropriately for inclusion on the practices QoF registers for HF and LVSD.</p> <p>At baseline Qof Registers across expanded from 211 patients at baseline to 403; an increase of 192 patients representing a prevalence shift of 0.7% to 1.47% in HF register coding and a prevalence shift 0.21% to 1.28% in LVSD register coding.</p> <p>This lift in coding was estimated to generate a further £35,377 in additional QoF revenue once all associated indicators were achieved.</p> <p>The accurate coding then allowed patients to be optimized in line with NICE GDMT with substantial patient numbers now receiving contemporary medical therapy at close vs baseline.</p>

Summary of pharmacological interventions by intervention type and therapy class



Patient management by drug class after pharmacist review



RAASI: Renin-angiotensin aldosterone system inhibitors; BB: beta-blockers; MRA: Mineralocorticoid Receptor Antagonists; SGLT2i: Sodium glucose co-transporter 2 Inhibitors; LVSD: Left ventricular systolic dysfunction

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