West Yorkshire
Health and Care Partnership

The Healthy Hearts Way: Implementation roadmap

Healthy Hearts is a programme that has been created by West Yorkshire Health and Care Partnership, local organisations across West Yorkshire, and Health Innovation Yorkshire & Humber.

Healthy Hearts is not a Boehringer Ingelheim programme however Boehringer Ingelheim have collaborated with Healthy Hearts to create assets to share the learnings from the programme with the wider NHS.

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This non-promotional, educational slide deck has been developed and funded by Boehringer Ingelheim, including honoraria where appropriate.

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West Yorkshire
HEALTHY HEARTS

Healthy Hearts is an initiative with the vision to reduce the impact of CVD and help prevent heart-related illnesses

Healthy Hearts was developed by West Yorkshire Health and Care Partnership in collaboration with Health Innovation Yorkshire & Humber and local NHS organisations, and aims to:

- Contribute to reducing risk of CVD, including heart attacks and strokes, in its area by >10%
- Help prevent 800 heart attacks and 350 strokes over the course of the 3-year initiative
- Save the local health economy more than £12 million

To achieve the vision, Healthy Hearts was split into 3 phases: hypertension, cholesterol and diabetes

A range of resources were created including 1-page clinical guidance, clinical searches, pre-prepared letters to give to patients and patient resources

This interactive document will help you understand the key steps involved in setting up and implementing a programme such as Healthy Hearts and will provide you with tips to be able to do this in your local area

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CVD: cardiovascular disease.

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A roadmap for driving change

Healthy Hearts is an initiative with the vision to reduce the impact of CVD and help prevent heart-related illnesses.

Click the boxes to find out more about each step

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CVD: cardiovascular disease.

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1) Select a leadership group

A leadership group facilitates shared accountability and responsibility

Identify leaders with a shared belief in the core mission and aims

Identify natural leaders within systems who are passionate about clinical challenges, health inequalities and/or service development, and are motivated to drive the programme

Include different stakeholders and organisations to form a multidisciplinary team (MDT) e.g. doctors, nurses, pharmacists and allied healthcare professionals (HCPs) from primary and secondary care as well as representatives from integrated care systems (ICSs).

- This will allow you to use each others strengths, experience and perspectives, and share ideas and tasks

Consider reaching out to contacts outside your local area who have similar objectives

Leadership styles can vary but key qualities include:

- ✓ Good listening
- ✓ Influential
- ✓ Honesty
- ✓ Integrity
- ✓ "System-wide thinking" rather than organisational interests

2) Know your baseline

Understanding the baseline data will allow you to identify areas where improvements in care are needed

Measure the baseline data

- Understand your population i.e. socioeconomic status, age, ethnicity

e.g. The **Healthy Hearts** team identified that Bradford's demographic is different to the rest of West Yorkshire; the population is the youngest, has the highest prevalence of diabetes and ethnic minorities, has high deprivation and low literacy

- Understand the patient pathway i.e. access, interventions
- Look for health inequalities
- Consider prevalence and incidence of common comorbidities to help work towards managing comorbid conditions efficiently

e.g. **Healthy Hearts** tackled CVD by considering hypertension, high cholesterol and diabetes

Measure the variation in the baseline data e.g. gap analysis

Data sources include:

- CVDPREVENT
- Fingertips (PHE)
- NHS RightCare
- QOF
- Investment and impact fund (secondary care datasets)

Related links

- NHS Long Term Plan
- NHS Core20PLUS5

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CVD: cardiovascular disease; PHE: Public Health England; QOF: quality and outcomes framework.

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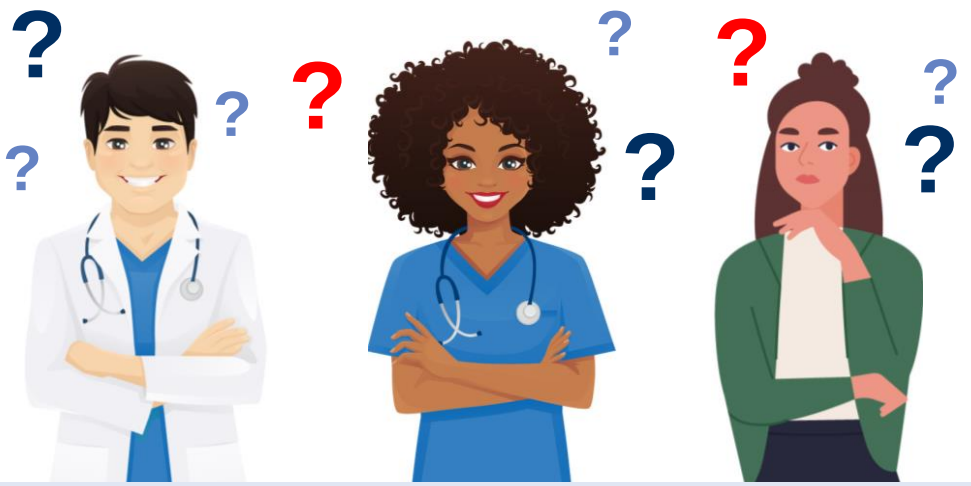
3) Identify the unmet need

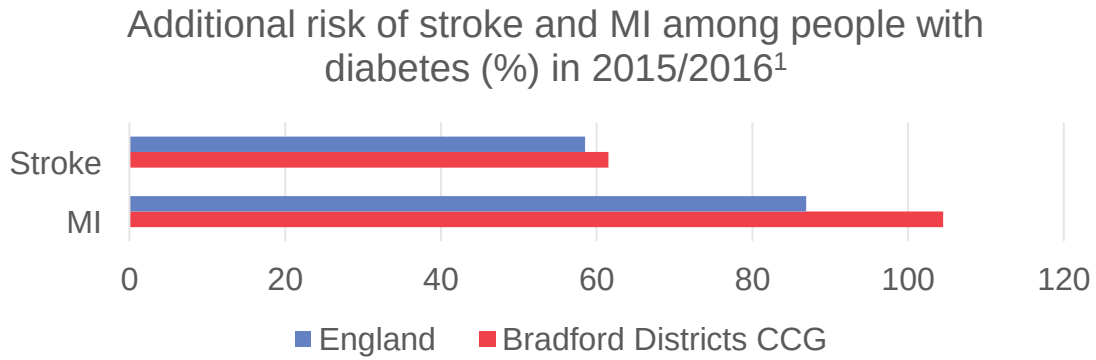
1 2 **3** 4 5 6 7 8

Collecting and analysing baseline data can help to identify the unmet need

- Compare your data to other areas and the national data
- Question why differences occur
  - Could it be due to variation in care and pathways?
- Use the gaps identified to help you select your targets



Data from Fingertips showed an increased risk of MI and stroke among people with diabetes in Bradford compared with the national risk[1]



Access data from Fingertips

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CCG: clinical commissioning group; MI: myocardial infarction.

1. Fingertips | Public Health Data. Cardiovascular Disease. Available at: https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease/profile/cardiovascular/data#page/1/gid/1938133107/pat/15/ati/152/are/E38000019/iid/241/age/187/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 (Accessed July 2023).

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4) Set your targets

1 2 3 **4** 5 6 7 8

Setting clear aims and objectives will help you achieve what you have set out to

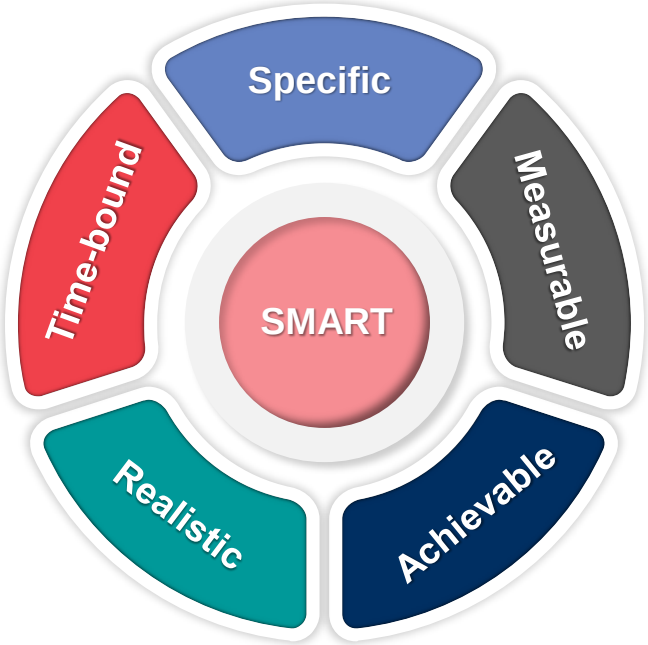
Think about what good looks like

Benchmark desired outcomes – What is the local ICS benchmark? How does it compare with neighbouring regions and the rest of the UK?

- This allows you to consider the context of your targets within the wider population

Set SMART objectives

Implement actions in phases, if needed, to achieve your aims



e.g. **Healthy Hearts'** broad aim was to reduce CVD outcomes – the programme is split into 4 phases (Phase 1: hypertension; Phase 2: cholesterol; Phase 3: diabetes; Phase 4: hypertension, lipids and atrial fibrillation).

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CKD: chronic kidney disease; CVD: cardiovascular disease; HF: heart failure; ICS: integrated care system; SMART: specific, measurable, achievable, realistic, time-bound.

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5) Have a kick-off meeting

A kick-off meeting is a vital step in activating the programme in the system

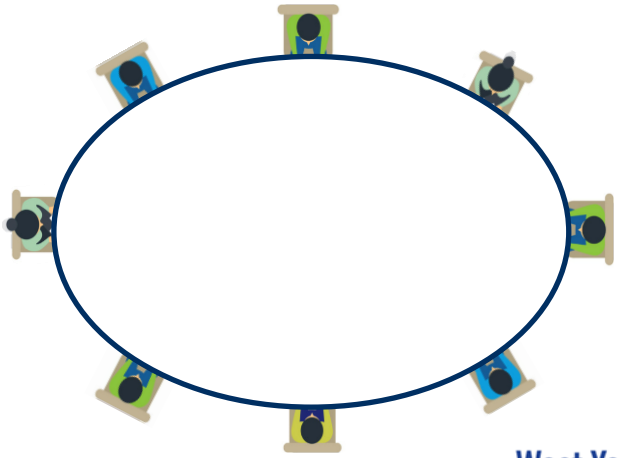
Plan the meeting agenda

Use this meeting to:

- Create a shared vision and common goal
- Scope your plan and actions – what will you do? how will you do this?
- Unite your team to work together towards the vision – it is the system wanting to drive change rather than individuals
- Make notes based on the discussions held in the meeting and the actions agreed

Include key stakeholders and enablers e.g. programme managers

Ensure representation from different parts of the system e.g. place-based leads, therapy area leads, ICS, primary care, secondary care, doctors, nurses, pharmacists, allied HCPs, the VCSE sector and people with lived experience to share the patient voice



HCP: healthcare professional; ICS: integrated care system; VCSE: voluntary, community, social, enterprise.

6) Engage colleagues in the healthcare system

Membership and support from like-minded people throughout the healthcare system is key to driving change

Share the purpose and objectives to gain engagement

Ensure cross-sector involvement e.g. ICS, primary and secondary care, different specialties e.g. CV, nephrology, endocrinology

- Primary care is often a key end driver

e.g. **Healthy Hearts** engaged with Bradford District and Craven Health and Care Partnership to get them on board

Tailor conversations based on the audience to engage stakeholders at all levels

- Macro engagement involves e.g. commissioners, ICS – discuss cost and outcomes
- Micro engagement involves e.g. clinicians – discuss support and resources

Show people variance in care and outcomes to stimulate competitive engagement

Hold monthly meetings with representation from all sectors

CV: cardiovascular; ICS: integrated care system.

7) Implement your actions

1 2 3 4 5 6 **7** 8

A range of actions can be used to drive improvements in delivery of care

Research and create resources

- Find out what is already available
- Create educational materials
  - Patient resources
  - HCP resources
- Ensure resources are evidence based but also pragmatic, easy to read and implement, concise, simple and visual

Create and implement your new pathways and processes

- Create searches
  - Use the ‘Plan, Do, Study, Act’ methodology before publishing
  - Include safety measures e.g. avoid contraindications/high risk
- Select champions to drive the new pathways and processes
- Promote local engagement with practices and the ICS, and ensure system-wide activation
- Hold events e.g. launch webinar, educational meetings

Medicines management

- Analyse cost–benefit ratio
- Take a system-level view on budget and consider the net impact
- Focus on macro and micro outcomes
  - Micro: Shorter term, based on direct actions e.g. prescribing medication for hypertension
  - Macro: Longer term, downstream impact on e.g. reduction in heart attacks

e.g. Healthy Hearts created:

Pre-prepared letters to send to patients

Patient resources

Other materials include 1-page A4 summary guidance and clinical searches

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HCP: healthcare professional; ICS: integrated care system.

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8) Evaluate your progress

1 2 3 4 5 6 7 **8**

Evaluation will allow you to measure the success of your programme and identify areas for improvement

Involve your committee

Measure against the baseline and objectives

Measure and reward success

- Consider awarding biggest improvement in the area rather than top performance in the area

e.g. **Healthy Hearts** created awards to empower and enthuse clinical teams
Healthy Hearts also won a HSJ award

Healthy Hearts has helped achieve quality improvement across the region:

Hypertension*

Register increased by >22,000 patients

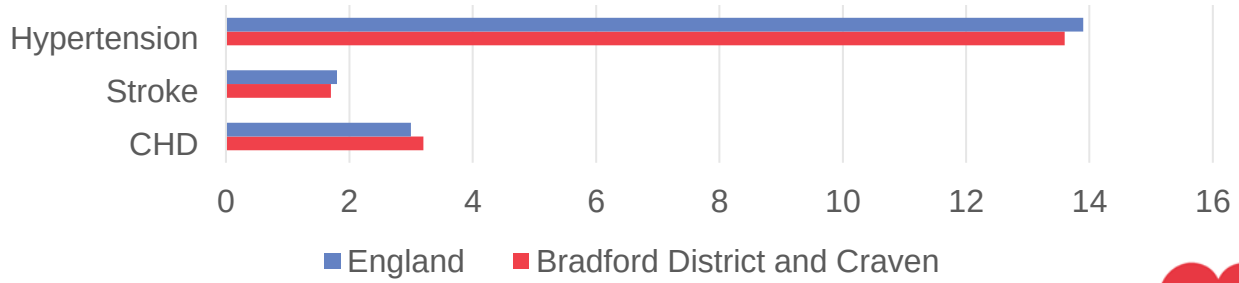
An additional 17,000 patients were treated or optimised

Lipids*

Almost 11,500 patients had statin intensification

1,800 patients with QRISK >20% were prescribed a statin

QOF prevalence (%) of hypertension, stroke and CHD in 2021 was similar or lower in Bradford District and Craven compared with the national prevalence[1-3]



***From 2018 to May 2022. Data provided by Healthy Hearts programme clinicians/contributors.**
CHD: coronary heart disease; HSJ: Health Service Journal; QOF: quality and outcomes framework.

1. Fingertips | Public Health Data. Cardiovascular Disease, Risk factors. Available at: https://fingertips.phe.org.uk/profile/cardiovascular/data#page/1/gid/1938133106/pat/222/par/E40000009/ati/167/are/E38000232/yrr/1/cid/4/tbm/1/page-options/car-do-0 (Accessed July 2023); 2. Fingertips | Public Health Data. Cardiovascular Disease, Stroke. https://fingertips.phe.org.uk/profile/cardiovascular/data#page/1/gid/1938133110/pat/222/par/E40000009/ati/167/are/E38000232/yrr/1/cid/4/tbm/1/page-options/car-do-0 (Accessed July 2023);
3. Fingertips | Public Health Data. Cardiovascular Disease, Heart. Available at: https://fingertips.phe.org.uk/profile/cardiovascular/data#page/1/gid/1938133108/pat/222/par/E40000009/ati/167/are/E38000232/yrr/1/cid/4/tbm/1/page-options/car-do-0 (Accessed July 2023).

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To learn more, visit

www.westyorkshireandharrogatehealthyhearts.co.uk

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