



Viewpoint: We must do more to identify those at risk of CVD

- By Dr Kosta Manis on the 12 August 2015

Patients with increased cardiovascular risks are being ignored by the NHS in England, says GP Dr Kosta Manis. He believes that community pharmacists could play a key role in addressing this.



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- **Dr Manis: 'Community pharmacists are ideally placed to help GPs tackle the cholesterol challenge'**

NICE by name but not by nature was my first thought when government mandarins 'retired' all but one of the cholesterol indicators from the QOF last year.

I have a professional interest in cardiovascular disease and the decision had all the surgical acumen of a poorly swung axe removing the importance of cholesterol from GPs' target-driven agendas.

It is an extraordinary decision given that the first domain of the NHS Outcomes Framework is the 'prevention of people dying prematurely' and makes the oft-quoted NHS mantra 'prevention is better than cure' ring hollow.

Public health funding cuts

The gap between the reality and rhetoric on prevention has been further exposed by a serious blow to public health finances. In June, the chancellor George Osborne announced a £200m cut in public health funding for local authorities. Such a deep cut makes a mockery of the NHS Five Year Forward View's plan for a 'radical upgrade in prevention'.

The ill-judged removal of cholesterol indicators and the cuts in public health spending have left groups including those with stroke/TIA, CHD, peripheral arterial disease and patients with mental health problems, increasingly vulnerable.

They also spell further trouble for patients with familial hypercholesterolaemia. This hugely undiagnosed, life-threatening condition affects one in 500 people in the UK and yet, due to the absence of screening in England, we are only aware of 15-20% of cases. The majority of those affected run the risk of premature death if they are not treated with aggressive lipid lowering therapies.

So, what can we do for people running a high risk of cardiovascular disease when faced with apathy from the powers that be?

Community pharmacy can help tackle cholesterol

I (along with charities like Heart UK and British Heart Foundation) believe that the current incentive structure for the management of cardiovascular disease in primary care must be reviewed. CCGs and health and wellbeing boards must move to fill the gap in care that currently exists.

Community pharmacy could provide the answer. Community pharmacists are an integral part of primary care and are ideally placed to help GPs tackle the cholesterol challenge.

We have more than 11,000 pharmacies across the UK seeing an average of 1.6m people a day. The majority of patients use the same pharmacy and pharmacists also have computerised records of patients' medication,

indirectly offering information on their current condition(s) allowing them to actively help in identifying hyperlipidaemia patients and even spot undiagnosed relatives of FH sufferers.

They can go further and offer positive lifestyle advice, an essential component of cardiovascular risk management.

A couple of good examples are the [Healthy Living Pharmacy scheme](#) where pharmacists used regular interaction with the public to deliver services including smoking cessation, sexual health and nutritional advice and positive lifestyle changes.

Lloyds Pharmacy also won a national award some years ago for identifying individual's long-term vulnerability to cardiovascular disease. This echoed a randomised trial in the US that showed significant improvements in patients at risk of a cardiovascular event when cholesterol-related issues were targeted by pharmacists.

Our biggest challenge is now a radical upgrade in prevention of cardiovascular disease.

- Dr Kosta Manis is a GP in Bexley, south east London. He has won several national awards for his work around commissioning and has a lifelong interest in the causes and prevention of cardiovascular disease.