Q&A for Invitation to Tender: Evaluating the impact of the CDRC Precision tool for lipid management in primary care

Updated 25th November 2021

1. What types of healthcare professionals will be using the CDRC Precision tool within the surgeries?

The lead healthcare professional for the pilot is a Primary Care Network (PCN) Pharmacist. Other healthcare professionals involved might include GPs, nurses, pharmacists, advanced practitioners or physician's associates.

2. Are there any other healthcare professionals, who do not work in surgeries, that may be involved in the pilot and that we should be including in the research?

It is possible that one or two secondary care consultants may be linked to the pilot for the purposes of providing advice to primary care or reviewing patient information, however they have not yet been approached.

3. Approximately how many healthcare professionals in total will be involved in piloting the CDRC Precision tool (i.e. is it just one or two per surgery or 10 or 20 per surgery)?

One PCN Pharmacist will pilot the tool across four GP surgeries. The research is likely to involve up to three healthcare professionals per surgery to understand business as usual approaches, compared with the new approach.

4. What datasets are likely to be available for the evaluation team to analyse?

- Numbers of patients identified for lipid optimisation and/or familial hypercholesterolaemia before and after implementation of the tool.
- Prescription numbers for high intensity statins, ezetimibe, and bempedoic acid for each GP practice within the PCN.

5. Will there be any data sharing issues, or can the data be anonymised before being provided to us? NB: if the data will be provided at an anonymised patient level basis, will different datasets already have been matched at patient level?

The datasets above will be anonymised and no data sharing issues are anticipated. We are interested, for example, in how many patients whose cholesterol level meets the threshold for intervention were identified over a given period before the tool was introduced, compared with after; and how many patients received a new prescription as a result of being identified by the tool.

6. **Has this pilot already started and has a baseline been taken? If so when did the GP practices start using the CDRC tool?**

The pilot is due to start in December 2021. The baseline for each quantitative measure will be established via the GP practice clinical systems. The PCN Pharmacist is working with colleagues to establish a Standard Operating Procedure (SOP) for the pilot across the PCN, prior to the December start.

7. **If the pilot has not started, when will the GP practices start using the CDRC tool? A regime change can take time to show discernible impact, and so collecting data in April if the innovation was introduced to GP practices in January may run the risk of not capturing the full effect of this innovation.**

The innovation is being introduced to the PCN via the PCN Pharmacist, who will use the tool and follow up on the results in consultation with colleagues at the four GP practices. It will be possible to collect data on the current approach to lipid management taken across the four practices before April 2022. By April 2022 the tool will have been used over a sufficient period to understand its impact.

8. **How were the practices in the pilot identified? Have any other CVD or lipid management initiatives taken place in these practices?**

The PCN was identified as a result of their interest in working with Eastern AHSN to improve their lipid optimisation pathway. We are unaware of any other initiatives that have taken place aside from business as usual.

9. **Will we have access the total number of patients served by each GP practice?**

Yes

10. **From our understanding of this invitation to tender, the project appears to have two objectives:**

    a) **The testing of the CDRC precision tool for lipid management in primary care, gathering of user feedback and identification of barriers to wider adoption in the UK**

    b) **The impact of the CDRC precision tool in primary care management of patients with hypercholesterolaemia in Suffolk; both in terms of identifying cases and better managing the cases by higher prescribing of statins as per the NICE-endorsed lipid management pathway.**

    Could you please confirm whether our understanding of these objectives is correct?

Yes, this is correct with some clarifications. We are testing the impact of the tool in one Suffolk PCN rather than the whole county. We are looking at the role of the tool in managing patients across the NICE-endorsed lipid management pathway (not just higher prescribing of statins).

11. Have the four pilot GP practices started to use the lipid management tool yet/how far has implementation progressed?

The CDRC Precision tool is not being used yet. The PCN Pharmacist is working with colleagues to establish a Standard Operating Procedure (SOP) for the pilot across the PCN, prior to a December start.

12. Will the practices be able to use the tool to provide us with aggregated data for the quantitative analysis component of the work or would we need to produce our own queries for their systems?

Yes, the practices will be able to provide the data required.

13. If practices can provide the data, can this be for retrospective dates or only relating to the date of the query?

The CDRC Precision tool will provide real time data based on information held within the practices' clinical systems. However the practices will have retrospective data for the number of patients reviewed and the outcome.

14. Is the expectation that we would include data from practices other than the 4 in the pilot and if so, are there any practices that will not be using the tool within the project timeframe that would be able to provide corresponding data for their patients?

There is no expectation that practice level data from clinical systems will be included, except from the four practices involved in the pilot. However, prescribing data may be used to compare prescribing rates across the Eastern region. This will be provided by Eastern AHSN.

15. Given the bullet point at the top of page 7 of the tender document that says "Each bid excludes the cost of making a presentation to key stakeholders and Eastern AHSN on the findings", does that mean that the cost of the producing the slideset and the cost of presenting it at the workshop mentioned near the end of page 4 is not included in the £20,000 budget and should be costed separately or not costed within this bid? Whereas the key deliverable for the costed bid is the Word report?

The maximum lot for the evaluation is £20,000. The presentation on the findings should be factored into the bid at no additional cost.