

## Using the PRIMIS Familial Hypercholesterolaemia (FH) quality improvement tool

### CVD08 Screening for Familial hypercholesterolaemia (FH)

All patients identified as at risk of FH are screened using the Simon Broome criteria and referred to Lipid clinic / FH clinic as appropriate (CVD08)

Measure:

- Number of patients with diagnosis of familial hypercholesterolaemia- heterozygous / homozygous
- % of patients with FH screened using Simon Broome criteria
- Number patients identified as very high risk of FH
- % of patients at very high risk of FH screened using Simon Broome criteria
- % of patients referred to lipid clinic / FH clinic

1. **Run the PRIMIS Familial Hypercholesterolaemia (FH) quality improvement tool on clinical system using CHART software.** Before using the tool you must ensure that CHART is installed and you are familiar with how to use the software. Detailed instructions can be found on the PRIMIS website: <http://www.nottingham.ac.uk/primis/tools-chart/chart/obtain-install-chart.aspx>
2. This tool will prioritise patients at risk of FH for screening:
  - a. Those with any type of familial hypercholesterolaemia diagnosis
  - b. Those at very high risk of FH (using FAMCAT criteria)
  - c. Those that have been screened in last 12 months (Simon Broome)
3. Once run you will see displayed in CHART the Classic view summary sheet shown on the next page.
4. **The details of the two groups of patients you need to review are highlighted by the Red Box.** Click on the number and this will display the patient list in an Excel spreadsheet. You can make a copy of the spreadsheet or print the list (by highlighting the columns you require, e.g. name, address, DOB)
5. Review the patient in the following groups using the Simon Broome Criteria<sup>1</sup> and the local referral pathway<sup>2</sup> :
  - a. Diagnosed of whom have not been screened in last 12 months
  - b. Very high risk of whom have not been screened in the last 12 months
6. Keep a record of when patients have been reviewed and the outcome. If you have copied the spreadsheet save this file and add comments in the last column. Practices should also make a note in the patient record, e.g. Records reviewed as part of FH audit..... As a minimum **ensure the Read code: Assess using Si Broome diagn criteria familial hypercholest (XaR6H or 3878.) has been added** – this will then show on the summary sheet when the audit tool is rerun.
7. When considering referral, please refer to the Sheffield Teaching Hospitals referral pathway for adult patients with query Familial Hypercholesterolaemia (FH). **Those meeting the criteria should be referred to the Sheffield/Rotherham FH service** for diagnostic testing and potential cascade testing in family members (See links below). **Record as Referral to Lipid Clinic (8HT1.)**
8. **Please note: baseline triglycerides should be <2.5 mmol/l to be eligible for referral to FH clinic. If >2.5 mmol/l consider referral to Lipid Clinic, especially if total cholesterol >9 mmol/l.**

<sup>1</sup> <http://best.barnsleyccg.nhs.uk/clinical-support/diagnostic-tools/Cadiovascular/Familial%20hypercholesterolaemia%20Simon%20Broome%20criteria.pdf>

<sup>2</sup> <http://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/Sheffield%20Pathways/Sheffield%20referral%20pathway%20for%20adult%20patients%20with%20query%20Familial%20Hypercholesterolaemia%20FH%20December%202017.pdf>

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M12345  
Data extracted on 06/07/16 using Reference date 05/07/16

**PRIMIS** Make Believe Practice  
**CHART** care and health analysis in real time  
The University of Nottingham

### FHC CASEFINDER LIBRARY

Practice Population	11666
Of whom are aged 16 to 120	9617
Of whom have had a cholesterol recording at any time	4730
Of whom have had a cholesterol recording in last 12 months	1832

	Diagnosed	Very High Risk	High Risk	Population Risk
<b>BREAK DOWN OF ABOVE PATIENTS INTO RISK GROUPS</b>	<b>8</b>	<b>83</b>	<b>491</b>	<b>4148</b>
Of whom were diagnosed in last 12 months	2			
Of whom have been screened in last 12 months	6	2	4	17
Of whom have not been screened in last 12 months	8	81	487	4131

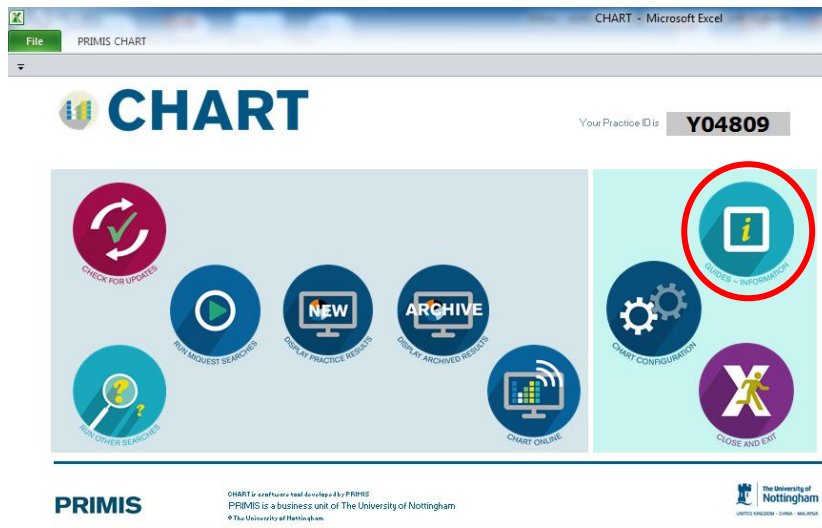
	Diagnosed	Very High Risk	High Risk	Population Risk
<b>PATIENTS SCREENED IN LAST 12 MONTHS</b>				
Number of patients screened/assessed/in last 12 months	0	2	4	17
<b>Screening Methods</b>				
Of whom were assessed by Dutch Criteria in last 12 months	0	0	0	0
Of whom were assessed by Simon Broome in last 12 months	0	1	0	0
Of whom had Hyperlipidaemia screen in last 12 months	0	1	4	17
<b>Referred to Specialist or Consultant</b>				
Of whom were referred to a Specialist/Consultant in last 12 months	0	0	1	0

	Diagnosed	Very High Risk	High Risk	Population Risk
<b>FAMILY HISTORY CODES - Recorded since July 2016</b>				
All patients	8	83	491	4148
Of whom have a Negative Family History	0	0	0	0
Of whom have a Positive Family History	0	0	0	0
Of whom have a Unknown Family History	8	83	491	4148
Of whom have a Contradictory Family History	0	0	0	0

	Diagnosed	Very High Risk	High Risk	Population Risk
<b>LIPID LOWERING DRUGS IN LAST 6 MONTHS</b>				
All patients	8	83	491	4148
Of whom have a contraindication to statins	0	0	1	8
Of whom are on high potency statins	4	26	170	870
Of whom are on medium potency statins	1	0	8	43
Of whom are on low potency statins	0	1	0	9
Of whom are on another lipid lowering drug	0	2	0	6
Of whom have no statin contraindication and are not on any of the above drugs	3	54	312	3212

**When loading named patient data:**

- Mail Merge Option 2 will create a mail merge source file containing these unscreened very high risk patients.
- Mail Merge Option 3 will create a mail merge source file for these high risk patients who have not had a family history recorded since July 2016.
- Mail Merge Option 4 will create a mail merge source file for these high risk patients.
- This is a one off mail merge that you do the first time you use the audit to capture an up to date family history for these high risk patients



Further guidance on using CHART, running Miquest and specific audit tools can be found via the CHART software: Guides - Information