



# Improving the uptake of lipid-lowering therapy for primary prevention

Case studies

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# Overview

**Organisation:** NHS Sussex Cardiovascular Prevention Team

**Organisation type:** Integrated Care Board (ICB)

We delivered a system-wide quality improvement project aimed at increasing the uptake of lipid-lowering therapy (LLT) for primary prevention in people with a QRISK score of 20% or more. We used [NICE's guideline on cardiovascular disease: risk assessment and reduction, including lipid modification](#) as the standard for this project.

The programme included education, the provision of standardised searches for the cohort at practice level, as well as GP and consultant pharmacist clinical leadership with ongoing engagement support by the ICB medicines optimisation team.

To close the treatment gap towards national ambitions (65% of people in this cohort to be prescribed LLT) and reduce unexplained variation in achievement, all practices were given a core target of increasing LLT by 2 out of 1,000 list size, and the lower achieving practices were given a stretch target of an additional 5% or 10% uplift. The standardised searches provided the list in 4 cohorts sorted by gender and age (40 to 79 years) to allow practices to focus on where the treatment gap was within their practice. People newly identified during the project period were excluded, with practices tasked with managing these additional people in line with NICE guidelines.

The payment incentive scheme was outcomes-based, as practices were only paid for the prescription of LLT, but structured to recognise that more consultations than the target number would be needed and that a longer consultation would be beneficial to allow for shared decision making.

The project ran over a 6-month period between April and September 2025.

# Outcomes and learning

## Outcomes

All 156 GP practices in Sussex enrolled in the programme, with 148 (94.9%) submitting data. By the end of the project, LLT uptake for this indicator had increased in Sussex from 59.93% (March 2025) to 63.79% (September 2025). As a result of our programme, the rate of increase in Sussex over this period was significantly increased compared with our peer group in South East England and nationally, closing the gap towards national achievement from 3.69% to just 0.16%. The Sussex ICB performance position improved from 37 of 42 ICBs to 19 of 42.

For the project cohort, 5,482 were initiated on LLT (40.2% of consultations). The 2 out of 1,000 list size was achieved by 139 practices (93.9%) and for those tasked with a stretch target, 52 of 80 practices (65%) achieved the additional 5% uplift and 6 of 12 (50%) achieved the additional 10% uplift.

The number of practices achieving the national 65% target more than doubled (30 to 64) while those achieving less than 50% reduced from 12 to 2. Furthermore, at the close of the project for both females and males in the age range of 40 to 79 years, the national target of 65% had been exceeded. This reflects the focus of the project, which was on the population with the most life years to gain from primary prevention.

## Learning

- A data-driven approach to quality improvement, outcomes-based incentives and appropriate remuneration can substantially improve primary prevention management in primary care.
- Multidisciplinary education coupled with strong clinical leadership drove the improvements, which should be sustainable beyond the project period.
- Our model could be replicated at scale in other clinical areas or other geographical locations, supporting wider delivery of CVD prevention.

## Supporting information

Please see the [Cardiovascular Disease Prevention Audit \(CVDPREVENT\)](#) national primary care audit for further information.

### Quotes

"This investment in primary care that has allowed a focus on CVD prevention is valuable."

GP, Chichester

"The education sessions as well as personalised support from the GP Clinical Lead, Consultant Cardiology Pharmacist and the MOT team were helpful."

Clinical pharmacist, Bexhill

### Contact details

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