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Cardiorenal Optimisation For Patients With Type 2 Diabetes

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Elizabeth Jenkins
Lead Pharmacist for Diabetes in Primary Care

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Cardiorenal Optimisation Project

- Project initiated in 2023 with funding from the Value-Based Healthcare (VBHC) team
- Aim: deliver a cardiorenal optimisation service to GP practices.
- Primary focus on optimising use of SGLT2 inhibitors to improve patient outcomes
- Delivered by a multidisciplinary team:
  - Independent prescribing pharmacists
  - Pharmacy technicians
  - Administrative support
- Clinical support from secondary care:
  - Consultant nephrologists and diabetologists.

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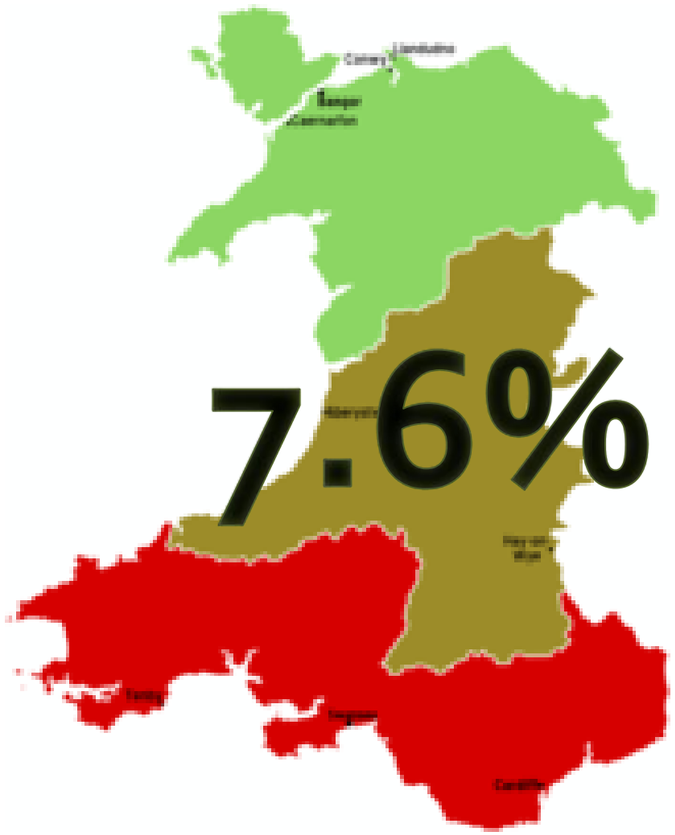
Cardiorenal Optimisation: Reasons for the project



CKD stage 3-5

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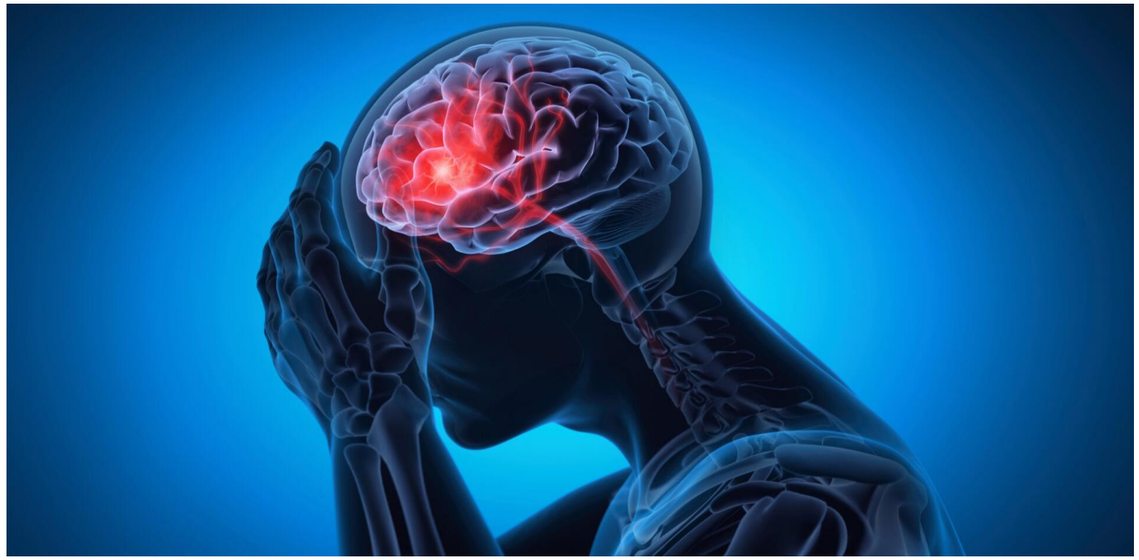
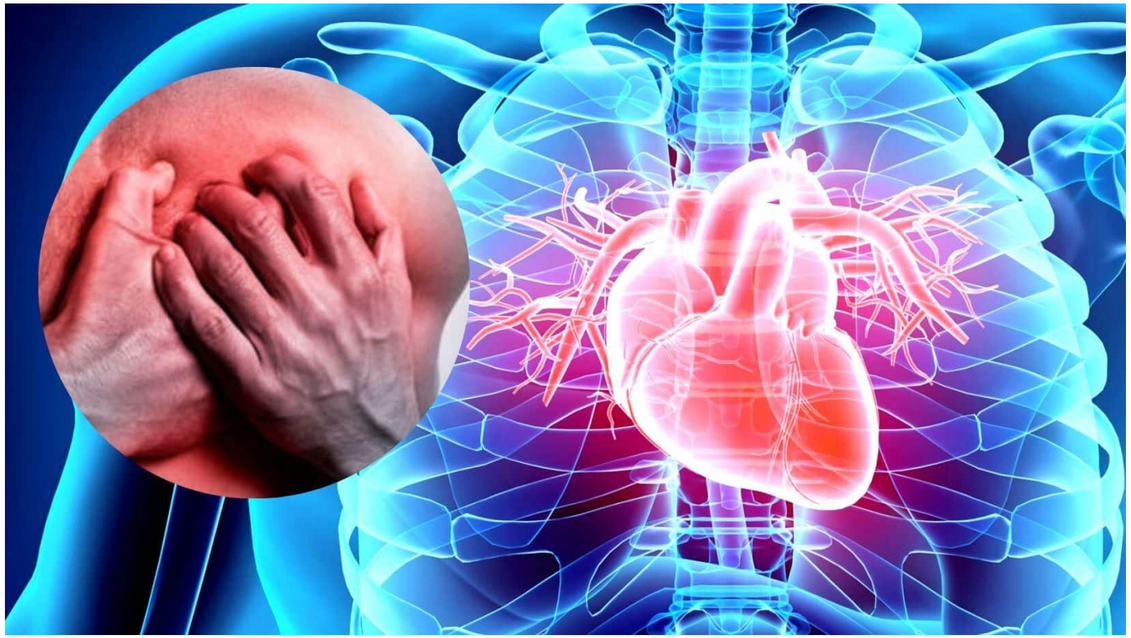
Increasing Stroke and MI





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42% T2DM → CKD

ESRD

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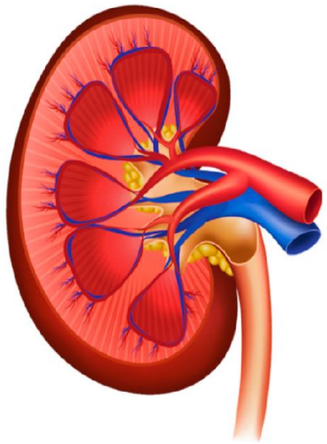
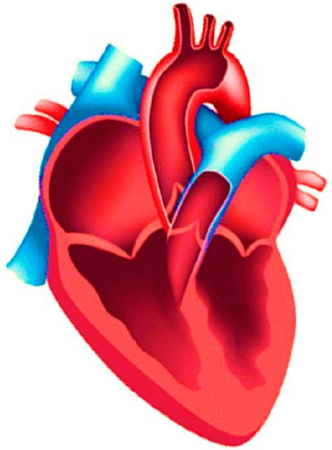


SGLT2
inhibitors
and cardiorenal
protection



NICE
National Institute for
Health and Care Excellence

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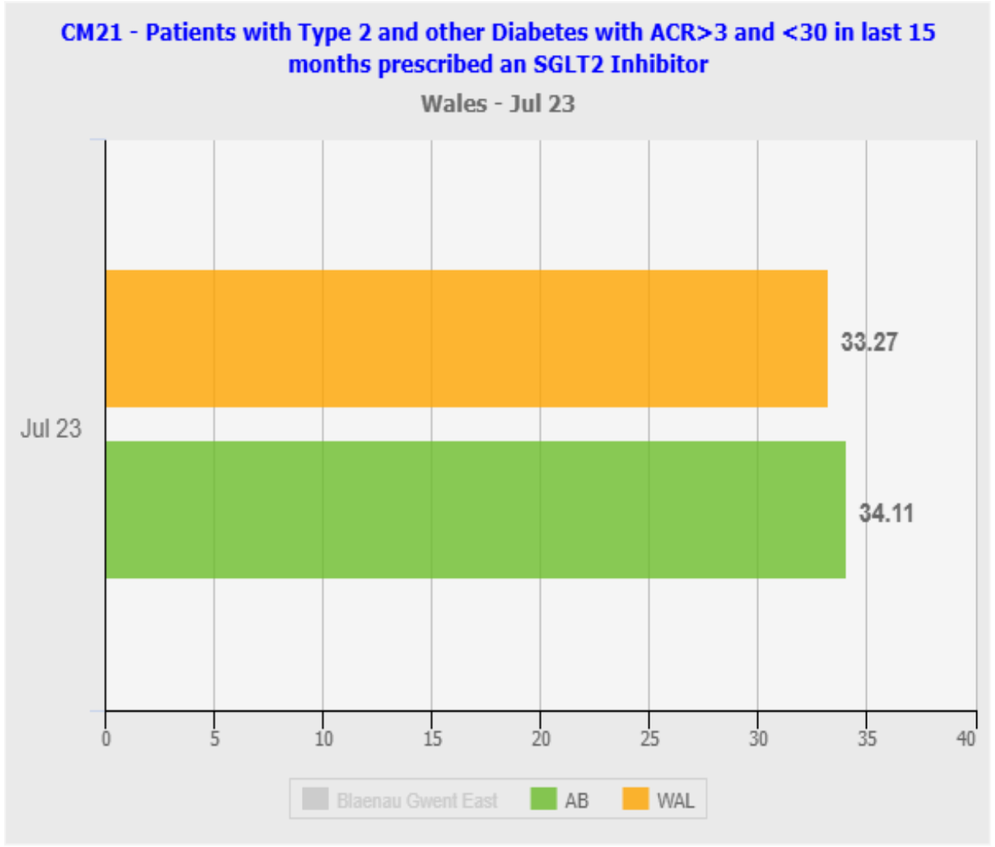
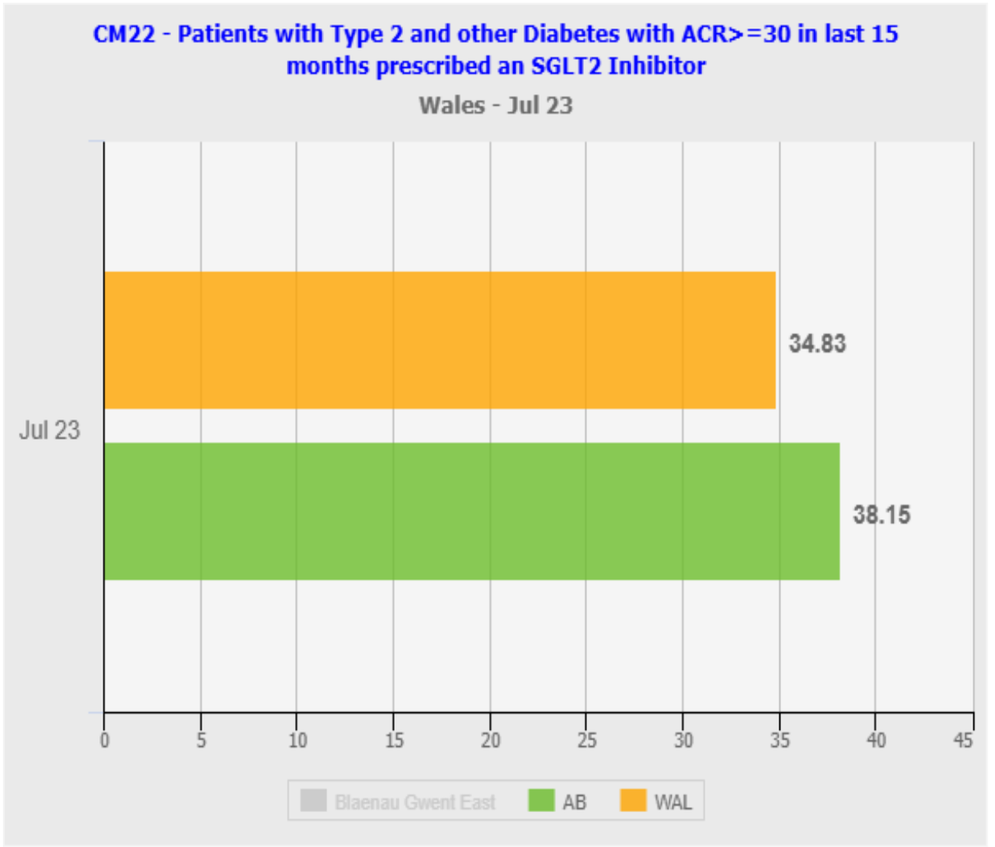
SGLT2i Rx 28%

Baseline SGLT2i prescribing rates (%)





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Project Objectives

To identify patients with a diagnosis of T2DM and CKD or at risk of CKD who would benefit from a SGLT2i

Prevent or delay the progression of CKD

Reduce the number of patients reaching ESKD

Reduce the risk of CV complications

Carry out patient centric medication reviews and optimise medication where needed.

Deprescribe medicines with no health-related gains as per NICE guideline NG28

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Pharmacy-led DKD Optimisation Project: Target group

Patients aged 18-80 (80+ if PMH CCF)
T2DM with HbA1c 50-80
and either:
eGFR 25-60 (no ACR requirement)
eGFR 60-90 and ACR >3mmg/mmol or QRISK>10%

Exclusion criteria (MDT compiled checklist) *e.g, not exhaustive*
T1DM/Type 3C/LADA
DKA history
Active diabetic foot disease
Already optimised on a SGLT2i/recorded drug intolerance

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Practice Engagement

- VBHC funding approval secured
- Project presented at NCN cluster meetings
- Attended by GPs, practice managers, and wider HCPs
- Cardiorenal optimisation project introduced
- Clear message: supporting practices without increasing GP workload

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Project Set-up and Practice Onboarding

- Project received very positively by practices
- Key enabler: no additional GP workload
  - Patient identification, contact, and appointment booking handled by project team
  - Practices only required to set up clinic sessions on the GP system
- Pharmacy technician followed up with practices to confirm participation
- SOP shared for review and sign-off
- EMIS logins and remote access arranged for project team

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Screening

Eligible patient list derived from audit plus/Emis/vision

Notes review for C/I to SGLT2i

Proposed optimisation plan recorded (escalated to MDT where required)

Agreement of clinic dates with practice

Invitation/explanatory letter sent to patients

Patients contacted and booked for a F2F appointment

F2F appointment

BP, weight, BMI recorded, urine sample collected.

Lifestyle/Diet advice
Smoking Cessation referrals

Inform and educate:
Individualised target HbA1c
CKD stage
CV risk

Medication optimisation and counselling as indicated:

-Add/increase ACEi/ARB
-Add SGLT2i
-titrate insulin/diuretics
-BP meds optimised
-Add statin
-Consider GLP1-RA
-Consider de-prescribing SU/DPP4i/Glitazones

F/U, Recording and Outcomes

Where intervention anticipated to have immediate effect (e.g. Insulin/SU/diuretic titration) f/up appt booked in 1 week

Patient in receipt of sick day rules and medication booklet

All vital parameters, patient education and medication changes recorded directly in patient GP record and CKD code accuracy checked

Outstanding further optimisation steps logged in GP records (if relevant)

PREM, GP practice feedback

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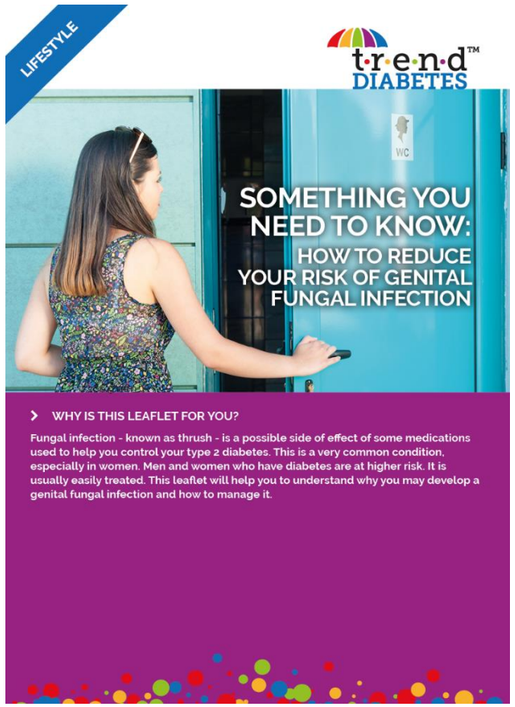
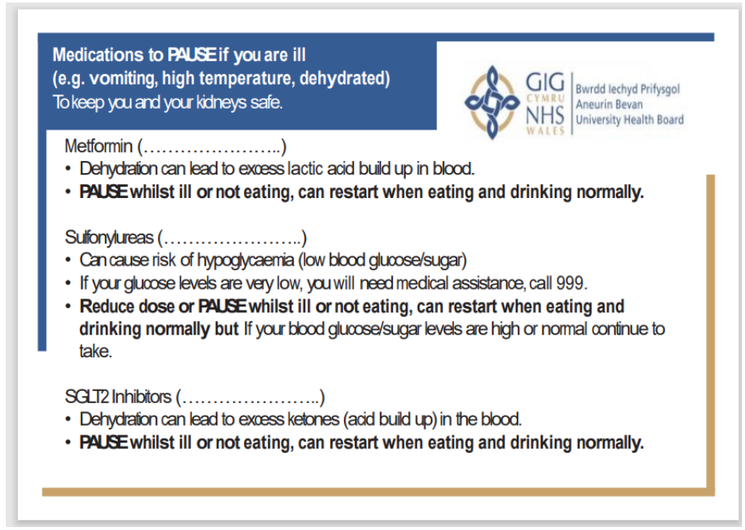
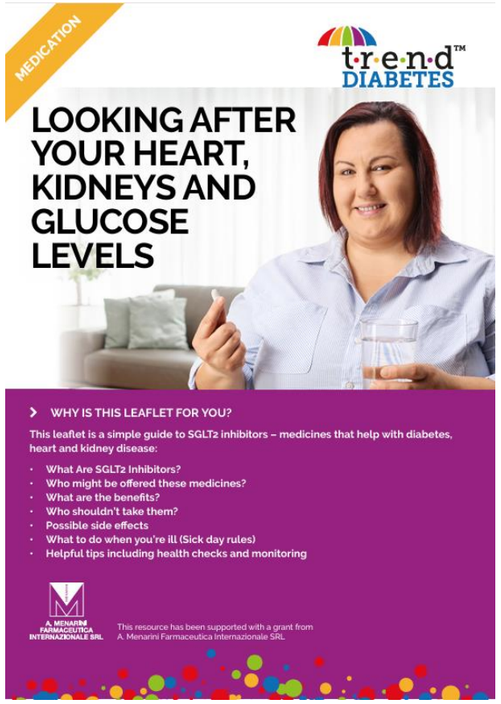
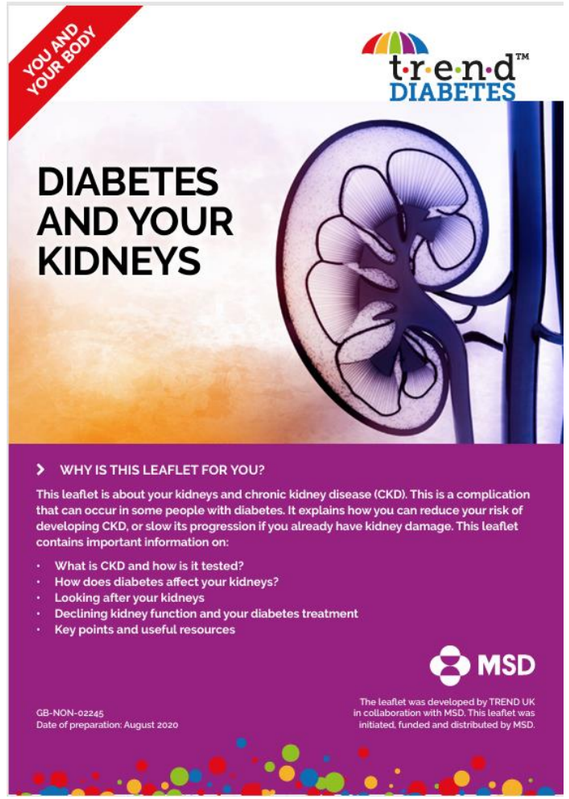
Provision of Patient Information Leaflets and Sick Day Rule Card









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Additional Funding and Project Success

- Project continuation supported by successful outcomes and a positive interim Value-Based benefit assessment
- Funding secured from Public Health Wales and the Tackling Diabetes Together scheme to continue delivery in 2024/25
- Additional funding from Boehringer obtained to support further expansion in 2025/26
- Funding enabled recruitment of additional pharmacist, pharmacy technician, and administrative support hours

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Additional Funding and Project Success

- Increased capacity allowed the project to progress more efficiently across ABUHB
- Service expanded into additional regions within the health board
- Expansion targeted areas with high T2DM prevalence and low SGLT2i prescribing rates
- Aimed to reduce variation in care, improve access to evidence-based treatment, and enhance patient outcomes

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ABUHB: Cardiorenal Optimisation Project

43/52 practices completed optimisation plan

83% practice engagement

Patients identified for optimisation
n= 3,667

Only 26 patients aware of sick day rules!

Diet advice **n= 1005**

Informed of CKD stage **n= 1632**

CKD code updated **n=456**

f2f appts booked
n= 2,490

DNA
n= 272
Unable to contact
n=390
Patient Declined
n =129

Seen and optimised
n= 2,218

SGLT2i starts **n= 1445**

ACEi start/increase **n= 40**

Other BP meds **n=15**

Statin starts **n= 70**

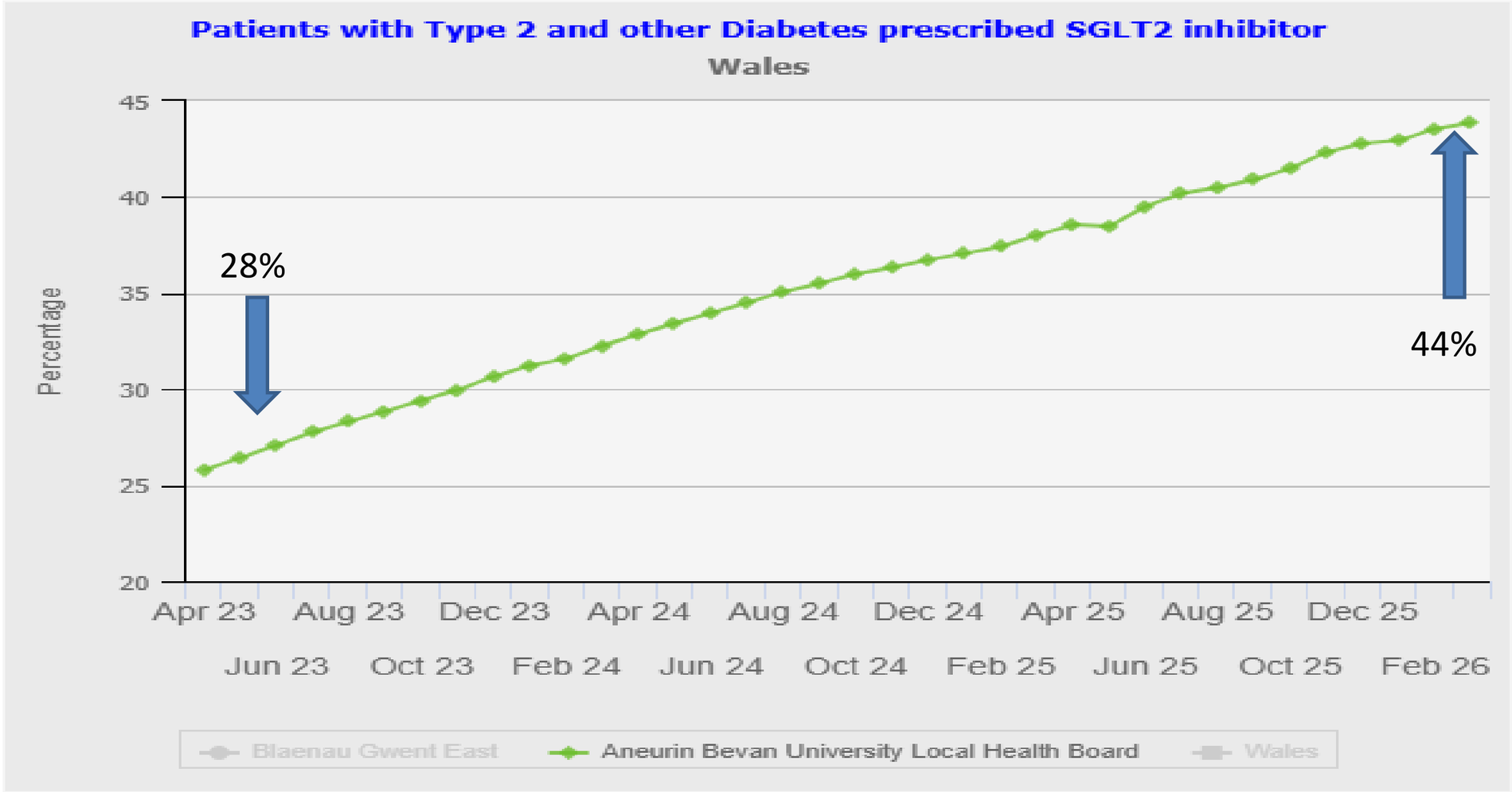
DPP4i stopped **n= 123**
cash releasing (£42'700)

Insulin dose reduced
n= 36

Tel F/up
n= 116

Based on speaker's own data

Percentage of patients prescribed an SGLT2i with T2DM



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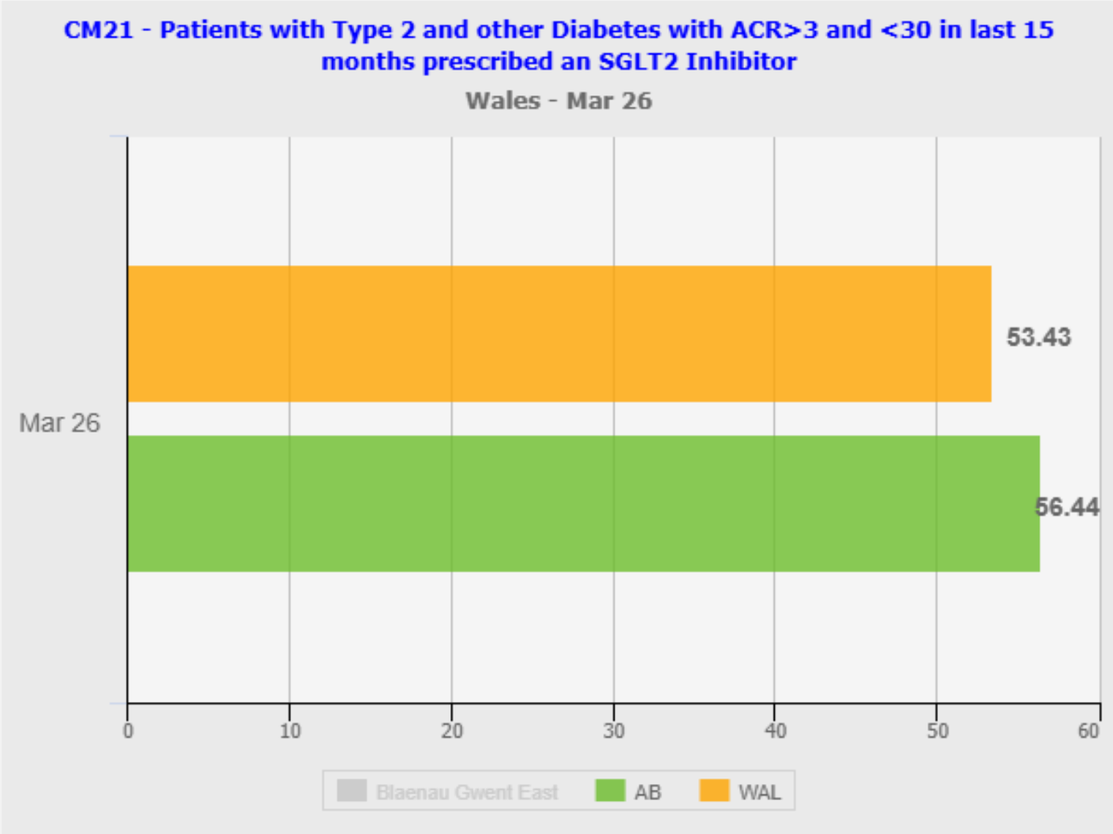
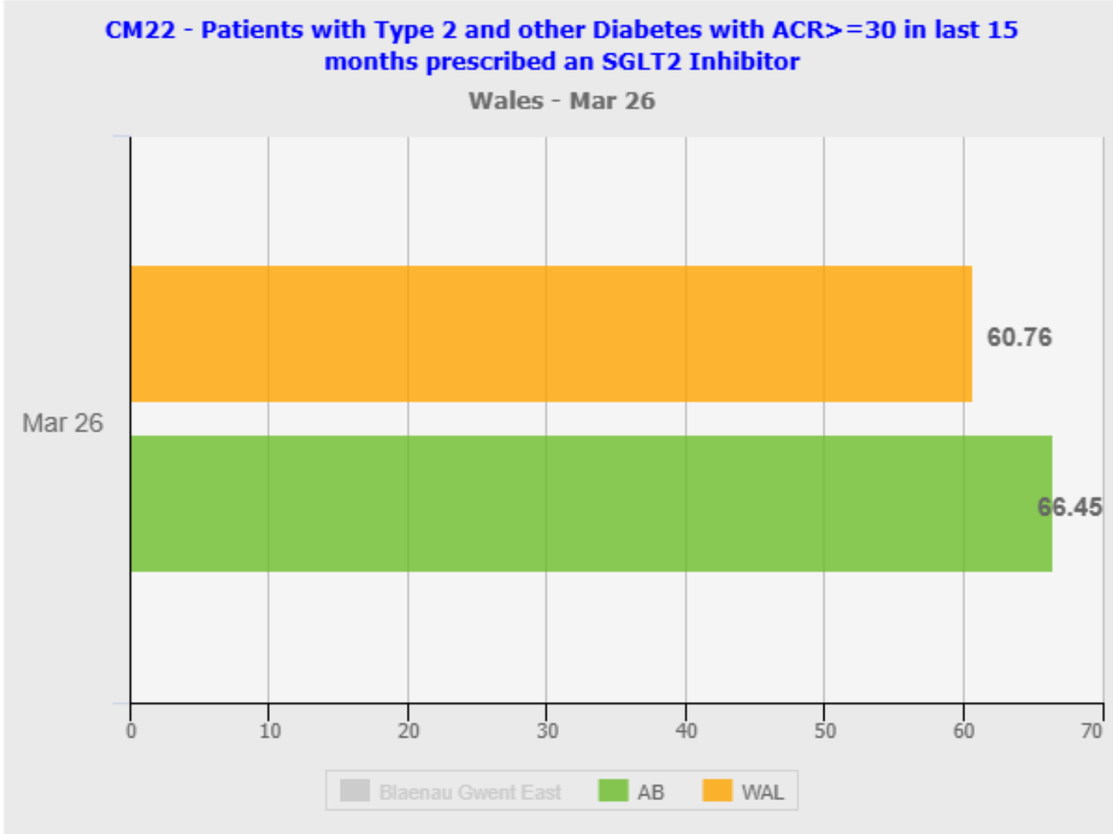
Increased SGLT2i prescribing in patients with a raised uACR





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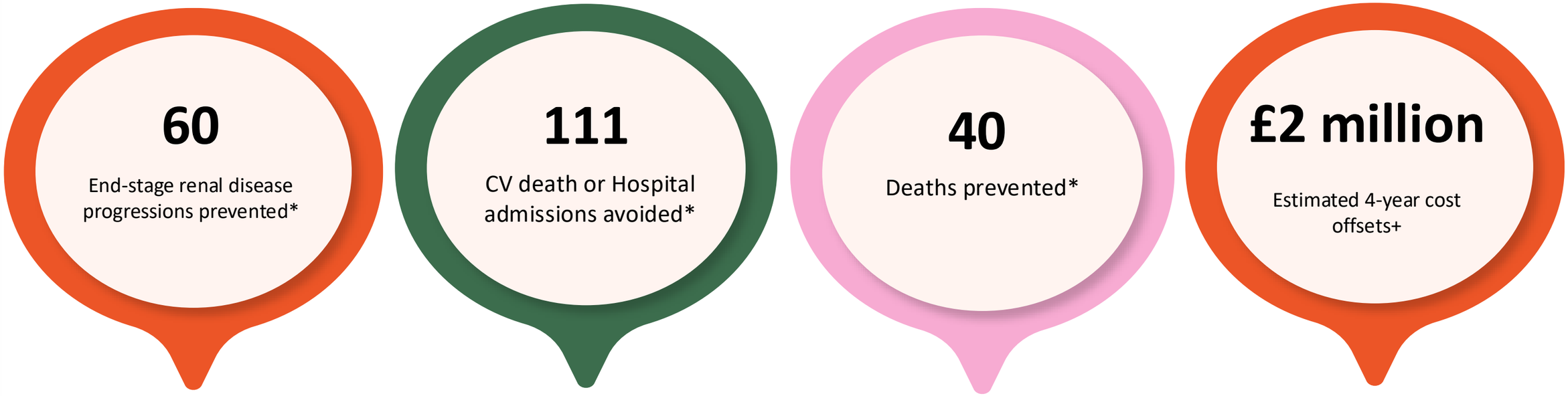
Value-Based Benefit Analysis



Based on NNT data from Dapa-CKD trial[1]

*Estimated over a 4-year time horizon based on parametric survival analysis of event rates from Dapa-CKD

+Based on cost savings (UK)[2]associated with dialysis, transplantation, hospitalisation for heart failure, AKI and adverse events – but excluding cost of SGLT2i

[1]Heerspink HJL, et al. *N Engl J Med* 2020;383:1436–1446

2. McEwan P, et al. Clin J Am Soc Nephrol. 2022 Dec;17(12):1730-1741.;

Patient testimonials

Stopped furosemide, left the house for the first time in years!

As I am in my 80th year I am pleased to give my thanks and gratitude for all the treatment I have received over many years since my quadruple bypass surgery. My life has been relaxed knowing that my health board is taking care my medical conditions i.e. diabetes, kidney function, blood pressure etc. Becase of this my living is more relaxed knowing I am being cared for. Cant offer enough Thanks.
Patient - D. H - Newport.

”I didn’t realise my kidneys were at risk until the clinic. I feel more in control now.”
Patient A - Newport

“I’ve stopped tablets I didn’t need and started one that protects my kidneys. I’m really grateful.”
Patient C – Caerphilly

“This was the first time someone looked at my heart and kidneys together. I’m finally getting the right care.” Patient B - Monmouth

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GP Feedback

Did you find our service useful to your patients and practice?	**100% YES**
Did accommodating our pharmacist clinic cause any disruption to your practice?	**100% NO**
If the pharmacological optimisation of DKD was financially remunerated via QIP or QAIF equivalent, how likely would you be to prioritise this work within your practice?	**100% VERY LIKELY**

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Local Pilot to National Adoption

- Project outcomes directly influenced **national policy and investment**
- Evidence underpinned a **£7 million, two-year all-Wales GMS investment** in CKD optimisation
- Represents one of the **largest targeted CKD investments** in Welsh primary care
- Project-developed **SOP recognised as best practice** and adopted nationally
- SOP embedded in **Welsh Government QIP guidance**, ensuring consistent, scalable cardiorenal optimisation across Wales

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Any Questions?

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