

**Royal College of General Practitioners and Warwick Medical School**  
**Annual Education, Research and Innovation Symposium 18<sup>th</sup> May 2017**  
**Abstract Submission Form**

<b>PRESENTER'S DETAILS</b>	
<b>Title</b> (Prof, Dr, Mr, Mrs, Miss) <b>Dr Andrew Askey</b> <a href="mailto:Andrew.askey@walsall.nhs.uk">Andrew.askey@walsall.nhs.uk</a>	
<b>Department or organisation</b> St John's Medical Centre, High Street Walsall Wood, Walsall, WS9 9LP	
<b>Category</b> Audit	
<b>PRESENTATION DETAILS</b>	
<b>Authors</b> Dr Andrew Askey	<b>Title of Study</b> Improving Cholesterol targets in type 2 diabetes using quality improvement methodology
<p><b>What's the problem you are tackling?</b>            Care of adults with type 2 diabetes is appropriately provided in primary care, with treatment targets largely driven by the Quality and Outcome Framework. NICE guideline support tighter control of cholesterol levels, and the National Diabetes Audit reports cholesterol targets for 4mmol/l and 5mmol/l. National Diabetes Audit shows there has not been any significant improvement in cholesterol targets in recent years.</p>	
<p><b>How did/will you do it?</b>            I was one of 4 local clinical leads for the RCGP/NDA project to improve quality of care for people with diabetes using quality improvement methodology. Data analysis from NDA (and QOF and individual audit) showed a fall in the percentage of people reaching cholesterol target of 5mmol/l in 2014. Process mapping helped to identify where intervention could be made. Data was collected monthly for cholesterol targets of both 4 and 5mmol/l and run charts used to demonstrate improvement.</p>	
<p><b>What did you find?</b>            The percentage of adults with type 2 diabetes reaching cholesterol targets of 5mmol/l fell to 40% in early 2014; opportunistic intensification of statin therapy improved these figures to about 65% per month. The RCGP QI project encouraged tighter control and the percentage reaching target of 5mmol/l reached about 80%. Since the project ended further improvement have been made so nearly 90% of patients reach target of 5mmol/l and currently 60% of adults with type 2 diabetes reach cholesterol of 4mmol/l. There has been a change in statin prescribing so atorvastatin is first line, and an increase of more than 150 people taking evidence based statin treatment.</p>	
<p><b>Why does this matter?</b>            Tighter cholesterol management in adults with type 2 diabetes will reduce cardiovascular risk and event. QI methodology works, and can be applied to other areas of management of long term conditions such as diabetes.</p>	