

GGC HEART MCN KEY MESSAGES – SEPTEMBER 2018

1. Consultant Connect.

It is said that GPs and consultants often lament the loss of the easy personal telephone contact in the 'good old days'. Although it is debatable whether or not this ever was the case, for those who would like to discuss a case over the 'phone and perhaps avoid an admission or referral, then a trial of a commercially available telephone system is due to take place at the QEUH. Cardiology will be one of the specialties represented when the system goes live in October. If successful, then there will be an opportunity for other GG&C sites to be involved.

2. Edoxaban.

As you know, for reasons of cost with comparable clinical efficacy, edoxaban is our DOAC of choice in non-valvular AF (edoxaban 60 mg o.d. or, if creatinine clearance <50ml/min, edoxaban 30 mg o.d.). We continue to work with primary and secondary care and pharmacy colleagues on this and prescribing rates are now increasing. A 'switch' plan is also taking place in primary care in accordance with agreed guidance.

To access the current GGC Atrial Fibrillation guidelines please click on the link below
<http://www.nhsggc.org.uk/media/245601/2017-ggc-heart-mcn-management-of-atrial-fibrillation-guidelines.pdf>

3. SPIRE-AF.

The Heart MCN has been working with SPIRE to produce an AF audit tool similar to GRASP-AF. For those of you using SPIRE, the SPIRE-AF tool will be automatically available to run local practice reports which will identify patients with AF who should be considered for anticoagulation. We are hoping to have anonymised extracts to allow sharing of Board and national level data to in the future.

4. PCSK9 inhibitors.

PCSK9 inhibitors are injectable monoclonal antibodies which target the enzyme PCSK9 in the liver thereby enhancing removal and breakdown of LDL-cholesterol from the blood. These drugs are primarily aimed at those with familial hypercholesterolaemia who have not responded to conventional therapies. These newly available lipid-lowering agents are on formulary ***but should only be prescribed under the guidance of one of the specialist lipid clinics.***

5. CT Coronary Angiography (CTCA).

Many of you will have patients with suspected angina who have undergone this useful imaging technique. It was recently recommended as the first line investigation in suspected cardiac chest pain in the new SIGN guideline 151. The Heart MCN is actively working with colleagues in radiology and planning to bring about a sustainable and cost effective service for patients in GG&C.

Please send any comments on these key messages or any other Heart MCN issues to:

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