**Cost:**

Not specified – please see resources link for further information: Harris C, Beaini Y, Gwozdziewicz M. Bradford’s Healthy Hearts. British Journal of Primary Care Nursing. 2018;14(1):S17-S19

**Outcomes:**

* Statins were switched in 6,000 patients
* QRISK > 20%: 4,000 people started on statins
* QRISK 10-20%: 3,000 people started on statins
* AF: > 1,000 people started on anticoagulation
* Hypertension: > 2,500 people newly diagnosed, a 0.8% increase in prevalence l BP newly to target in > 5,200 diagnosed hypertensive patients (76%)
* Total of 21,700 clinical improvements to patients’ treatment over 2½ years

**Project aims:** Reduce CVD-related deaths by at least 10% and prevent 150 strokes and 350 myocardial infarctions (MI) by 2020.

The six key features of the programme were:

* Use of indicative data to identify where to look for improvement
* Clear clinical leadership of the improvement programme
* Primary care-led solutions, but a strong focus on clinical engagement with a wide range of stakeholder organisations. A clinical champion was cultivated in every GP practice, who could be a GP, nurse or pharmacist
* Use of a broad-ranging database to inform the interventions and to regularly benchmark
* Optimal use of interventions to focus strongly on large-scale improvements, while minimising the workload/resource impact on front-line staff
* A public awareness programme to achieve public engagement and patient involvement throughout, using:
	+ A website and social media
	+ Leaflets o Electronic displays in GP surgeries
	+ Radio interviews, newspaper articles and community events
	+ A face-to-face education programme across the clinical commissioning group

Three separate workstreams were agreed for the first two years of the programme:

1. Statins
2. Atrial fibrillation (AF)
3. Hypertension

**Project title:** Bradford Healthy Hearts Programme