**Executive Summary:**

In 2008, the National Institute for Health and Care Excellence (NICE) in England published guidelines recommending that genetic testing is provided for individuals suspected of FH as well as their family members. Although NICE guidelines and low cost per QALY are seen as powerful incentives, genetic testing is not offered widely at present and services are patchy across the UK. The situation is further fragmented in England where the responsibility for commissioning FH services is divided amongst 211 local Clinical Commissioning Groups. The BHF funding to support implementation of FH cascade services across the country have brought to light a variety of local and system-level barriers and enablers that are contributing to the current variation in access to services across the country.

This encompasses services and pathways, testing and databases, establishing and improving relationships, training and education, enablers and barriers to cost, data and sustainability.

*Please see resources link for full report.*

**Project title:**

Delivery of Familial Hypercholesterolaemia Services: Identifying Enablers and Barriers – BHF Report