



# West Yorkshire and Harrogate Healthy Hearts

## Phase Two – Patient Engagement Report and Findings

October 2019

## Contents

1. Purpose of the Report.....	3
2. Summary .....	3
3. National Context.....	4
4. Local Context .....	4
5. Cholesterol Phase Two.....	5
6. Engagement Approach.....	5
7. Outcomes and Key Findings.....	7
Appendix A .....	11
Community groups engaged .....	11
Appendix B .....	12
An Overview of responses to questionnaire .....	12
Key Demographic Information.....	16
Age Profile .....	17
Geographical Coverage.....	17
Appendix C Suggested actions as a result of feedback.....	18
Appendix D .....	20
Specific comments received through engagement.....	20
Appendix E.....	31
A copy of survey questions .....	31
Appendix F.....	34
Copies of letters used in the engagement exercise .....	34

Project: [West Yorkshire and Harrogate Healthy Hearts](#)

Commissioned by: [West Yorkshire and Harrogate Health and Care Partnership](#)

Delivered by: [Yorkshire and Humber Academic Health Science Network](#)

Author: Pete Waddingham (Programme Manager) Yorkshire and Humber Academic Health Science Network

## 1. Purpose of the Report

- 1.1. This report provides details of the findings from the patient and public engagement activity, and findings, which has taken place as part of the second phase of the West Yorkshire and Harrogate Healthy Hearts project. Phase two focusses on cholesterol management, a risk factor which can cause heart attacks or strokes.
- 1.2. The engagement activity took place between June 2019 and July 2019 with over 200 responses and 250 comments received through a mix of online questionnaires and focus groups.
- 1.3. This report sets out the key findings and next steps, including how the feedback will help shape the patient information materials which will support the project.

## 2. Summary

- 2.1. Cardiovascular disease (CVD), including heart attacks and strokes are major causes of disability and death locally and regionally.
- 2.2. The West Yorkshire and Harrogate Healthy Hearts project (WYH Healthy Hearts) aims to tackle CVD by addressing risk factors in three phases:
  1. Hypertension (high blood pressure),
  2. Cholesterol
  3. Diabetes.
- 2.3. The patient and public engagement has allowed the project team to determine how likely patients and the public will be to support the aims and objectives of phase two of the project.
- 2.4. A number of the surveyed participants have expressed their support for this phase and have made several suggestions on how to improve patient communication. This feedback is being incorporated into the work and includes creating patient letters with user-friendly wording and a supporting frequently asked questions document, addressing common concerns and questions.
- 2.5. The feedback received covered a good geographical and demographic sample with almost a quarter of responses from Black and Asian Minority Ethnic communities, along with women and people of older age. This was important as research shows these groups can be more at risk of heart attacks and strokes.
- 2.6. The feedback received will continue to be reviewed by the WYH Healthy Hearts project team and, where possible, used to enhance the project and ensure it achieves its aim of reducing the number of heart attacks and strokes.

### **3. National Context**

- 3.1. Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. CVD includes all heart and circulatory diseases, including coronary heart disease, angina, heart attack, congenital heart disease, hypertension, stroke, and vascular dementia.
- 3.2. CVD affects around seven million people in the UK and is a significant cause of disability and death. It is responsible for one in four premature deaths in the UK and accounts for the largest gap in health life expectancy.
- 3.3. Those in the most deprived 10% of the population are almost twice as likely to die because of CVD, compared to those in the least deprived 10% of the population.
- 3.4. People are more at risk of having CVD if they have atrial fibrillation (AF), high blood pressure and high cholesterol - these are known as 'high risk factors'. In addition, diabetes, or a family history of heart disease, being a smoker, or having a Black and Asian Minority Ethnic (BAME) background can increase the risk of CVD.
- 3.5. The NHS Long Term Plan<sup>1</sup> identifies cardiovascular disease as a clinical priority and the single biggest condition where lives can be saved by the NHS. The Plan sets the ambition for the NHS to help prevent over 150,000 heart attacks, strokes, and dementia cases over the next 10 years.

### **4. Local Context**

- 4.1. The West Yorkshire & Harrogate Health and Care Partnership (WY&H HCP) has an ambition to reduce the incidence of cardiovascular disease including heart attacks and strokes by over 10%. This will help deliver an estimated reduction of 350 strokes and 800 heart attacks with estimated savings to the health and care economy of over £12 million.
- 4.2. In February 2018, the West Yorkshire & Harrogate Health Care Partnership's Clinical Forum confirmed their support for a region-wide quality improvement programme focused on improving outcomes for people with CVD and diabetes. This followed a review of NHS RightCare data that showed CVD and diabetes were clinical areas where the combined West Yorkshire and Harrogate CCGs had significant opportunities for improvement.
- 4.3. The West Yorkshire and Harrogate Healthy Hearts initiative is a three-year project aimed at reducing heart attacks and strokes across the region. The project is delivered by the Yorkshire and Humber Health Academic Health Science Network working in collaboration with the local NHS Clinical Commissioning Groups and the West Yorkshire and Harrogate Health and Care Partnership. It is being delivered in three phases:
  1. Hypertension (high blood pressure)
  2. Cholesterol management
  3. Reducing CVD risk in patients with diabetes

## **5. Cholesterol Phase Two**

- 5.1. This report focuses on the engagement activity in relation to the second phase of the project on cholesterol management. The second phase aims to support patients with high levels of cholesterol and therefore a future risk of having a heart attack or stroke.
- 5.2. Evidence shows that statin therapy reduces cholesterol and the risk of heart attacks and strokes by almost a quarter. The estimated adult population across WY&H, with a 1 in 5 risk of a heart attack or stroke in the next 10 years is 175,000. Of those almost 90,000 are not treated with a statin. If this project identified and treated just 10%, around 9,000 people would receive treatment and an estimated 250 to 400 heart attacks and strokes would be prevented over 10 years.
- 5.3. To ensure maximum impact this phase of the project focuses on identifying two types of patients:
  1. Patients who are currently taking statin medication to help reduce their cholesterol but need to switch to a different statin medication that is more effective.
  2. Patients with high cholesterol who would benefit from taking statin medication.
- 5.4. The planned delivery approach is built on similar work previously undertaken by GP practices within West Yorkshire and Harrogate, which had used letters to patients to notify them of changes to their existing prescription or to inform them that they would benefit from commencing statin medication.
- 5.5. It was important to seek the views of patients and the public to help develop materials that general practices could use for the second phase. Their views were vital to create literature including relevant and useful information, as it was recognised that statin medications are one of the most controversial medications. Many patients are concerned about taking statins due to adverse publicity and the possible side effects. There are a wide range of opinions surrounding statin medications, therefore it was essential to gather patient and public views to ensure the success of the second phase of the project.

## **6. Engagement Approach**

- 6.1. We wanted to undertake meaningful engagement which would help to shape how we delivered this phase of the project. Our approach was multifaceted and looked to ensure we engaged with people from all parts of West Yorkshire and Harrogate.
- 6.2. It was deemed important to understand the barriers which may exist and can prevent patients from taking statins. Through the patient and public engagement, we wanted to have a better understanding of the types of information and support that can help patients make informed and balanced decisions about statin therapy. We wanted to support them to fully understand the benefits of statin medication and why it is being prescribed.
- 6.3. Evidence shows that those patients who are in areas of the most deprived 10% of the population are almost twice as likely to die because of CVD. West Yorkshire and Harrogate has around 300 areas (Lower Super Output Areas) that are in the top 10%

deprived areas in the country. In addition, people from a Black and Asian Minority Ethnic (BAME) background and women are also at a higher risk of CVD.

- 6.4. It was therefore important that the engagement targeted groups with these demographic factors to ensure the engagement represented the views of those who would benefit from the planned interventions. It was crucial to gain the views of those who are already on statin therapy in order to understand their views on potential changes to their medication as well as those who are not / have not been offered statins.
- 6.5. We felt strongly that quality public and patient engagement is key to understanding the potential barriers if we want to ensure phase two of the project is successful. It is essential patients understand why they are being prescribed statins and that they need to manage their cholesterol.
- 6.6. We worked closely with the engagement leads within each of the local NHS Clinical Commissioning Groups in West Yorkshire and Harrogate and other local organisations to identify people who would be willing to participate.
- 6.7. The engagement activity took place between June and July 2019, and asked people about:
  - Their views on the cholesterol work of WYH Healthy Hearts project
  - Where they are likely to turn to for advice and guidance if they felt the switch in statin medication or the issue of a new statin had caused them concern or a problem
  - Where they would normally go to for advice and guidance on leading a healthier lifestyle.

A copy of draft letters (appendix 6) which could be used by GP practices to send to patients who are having their statin medication switched or a statin therapy recommended for the first time were shared for comment and feedback. The letters were based on those previously used by some of the GP practices within West Yorkshire and Harrogate. We wanted to understand whether patients and the public felt the letters were appropriate and what their reaction would be if they were to receive a letter of this nature.

- 6.8. To capture the patient and public feedback and information, we used a combination of channels:
  - Focus groups which included a cross representation of the section of the population most at risk of developing CVD. We accessed local groups who were able to help us to facilitate conversations with the members of the community who were most likely to benefit or already were taking statin medication.
  - An online questionnaire (appendix 5) hosted on the WYH Healthy Hearts website. This ensured we were able to cover a broad range of geographical areas and allowed people to have a say without needing to give up their time to attend focus groups.
- 6.9. We shared the same questions and draft patient statin letters in both the online questionnaire and with the focus groups. This ensured consistency of approach, and ensured all participants were able to comment on the same information. Appendix A provides a list of the focus groups attended and a high-level demographic overview of these groups.

## 7. Outcomes and Key Findings

- 7.1. The engagement activity outlined in section six above was highly successful and provided a wealth of information and insights. Over 200 responses were received with an excess of 250 individual comments. There was broad geographical coverage with feedback received from respondents in 50 out of 78 postcodes in the West Yorkshire and Harrogate area, which ensured the views of different areas were sought and could be considered.
- 7.2. Of those who were engaged there was a good demographic spread, nearly a quarter were from minority ethnic heritage and the median age of respondents was 57 with the oldest participant being 100. Of the respondents 62% were female and 32% were male. This not only provided an excellent engagement sample in its size but also in targeting those who are most at risk of CVD i.e. Black and Asian Minority Ethnic groups, the older population, and women.
- 7.3. All responses were reviewed, and key findings and themes were derived for the project team to review and consider in line with the project aims and scope. The key responses are summarised below, and the full questionnaire responses can be found in Appendix B.
- 7.4. The questionnaire found that the approach being taken by the project was largely supported by the respondents consulted with 88% saying the second phase of the project would benefit local people and 95% felt they understood the aims and objectives of phase two. This provides a high degree of confidence that the majority of the public and patients support the project.
- 7.5. When asked '*If you were a patient, whose GP wanted to change your statin prescription, do you think this letter explains those changes and why they are being made?*' 80% said yes. Similarly, when asked '*If you were a patient, whose GP wanted to start you on a statin because you were at risk of a heart attack or stroke, do you think the letter provided explains clearly why?*' 76% of respondents said yes. These responses indicate the draft letters provide a good level of information to patients.
- 7.6. Responses showed that overwhelmingly patients would wish to speak to their GP or a practice nurse if they had any issues or causes for concern in relation to statins. This is useful information as it provides insights into patient behaviours and preferences and where they would go for advice if they were concerned. It allows the project team to consider ways to facilitate this without adding pressures on health professionals' time, whilst at the same time addressing patients' questions or concerns.
- 7.7. In addition to the questionnaire responses, the 250 individual comments have also been reviewed and grouped into common themes. Some of the key comments and themes are summarised below and a full breakdown of all the comments received can be found in *Appendix D*.

**Wording / tone of letter** – feedback on what people did or did not like about the draft letters or the process of writing out to patients about switching their statin medication or putting them on statin medication

- Keep the letter simple, plain English but put more detailed information on our website
- Do not use the phrase “high risk”
- Provide more information about the role of community pharmacy

- Change the letter so it is patient-centred and not as if they are just part of a project

**Support and Resources** – general comments about how people would like to access information

- Ensure any letters are supported with lifestyle information / where to get help
- Create information in easy read
- Provide more information on what statins do

**Barriers / Concerns** – feedback on what would stop someone from taking a statin and more general comments about the project

- Create a FAQ based on the questions and concerns received
- Provide more information on the side effects
- Make clearer to patients that there is more than one statin / strategy to help side effects

**General Comments** – additional comments received through the engagement which don't relate to a particular theme

- Create CVD champions and community webinars to provide information on CVD / statins etc
- Provide more information for patients who are worried about adding more medication to their current regime
- Use patient case studies to sell messages

7.8. The comments received provide rich information and have been used to shape the delivery of the second phase of the project. Section eight details how the findings are being used and the next steps.

## 8. How the Findings will be used

8.1. The engagement activity was crucial to develop resources that can support GP practices to provide clear communications to their patients as part of implementing phase two of the project. Engagement with patients and the public has allowed us to ensure we get the communications right in relation to the need for patients to start using statin medication or for the prescribed statin medication to be changed. We wanted to ensure our resources clearly explain the reasons why and address any common concerns.

8.2. Following an extensive review of all the feedback received both through the questionnaire and from the individual comments, an action plan was developed to take forward the comments and suggestions in line with the project aims and objectives. These have included:

**Action 1** – Revision to the language and wording of the draft patient letters, which will be used in phase two of the project. A patient user group will be used to make the final revisions to ensure the letters are in 'Plain' language, easy to understand and patient-centred. The revision to the letters aims to address concerns raised in relation to the *tone* and *level of detail* contained within the letter. Copies of the letters will also be made available in [Easy Read](#). The Easy Read letters are a valuable addition and will support patients who may have a learning disability or low levels of health literacy.

**Action 2** – Supporting resources and information will be reviewed alongside comments received to understand how these can be made more accessible, in appropriate formats and to ensure they cover the range of areas highlighted through the engagement including:

- The role of community pharmacy
- Dietary / lifestyle advice
- What statins are, describing both the benefits and possible side effects
- Creation of a 'Frequently Asked Questions' resource based on the questions and concerns received

8.3. Following the feedback from the engagement exercise patients will not be sent a letter automatically putting them on statin medication. Instead the letter will inform them that they could benefit from changing their statin medication and patients will have the opportunity to actively agree to this first before their prescription is changed. The letter will be amended to make it clear that patients can see their GP / health professional before making a final decision about their medication.

8.4. The findings of the public and patient engagement will be shared with CCG colleagues and primary care clinicians linked to the project to ensure that this rich source of patient feedback can be used to its full potential.

8.5. Further areas which will be explored based on the feedback received will include:

- Establishing champions and community webinars to support the project aim to reduce heart attacks and strokes
- Assessing use and role of community groups in providing information on the work of the project to help reduce heart attacks and strokes

8.6. *Appendix C* provides a full list of suggested actions that the project team will take forward, as part of phase two of the project. A 'You said, we did' document will be prepared, that will track the progress of the suggested actions as the project develops. In this way participants can see how their feedback has been taken forward.

## 9. Conclusion

9.1. We engaged with more than 200 people as part of the WYH Healthy Hearts engagement exercise. There is positive support for phase two of the project, with nearly 90% of people understanding the aims and benefits of cholesterol management and our intended process. A large number of suggestions on how to improve patient communication were received as part of this engagement.

9.2. The engagement activity conducted covered a good geographical and demographic profile. This has allowed the project team to engage with those people at most risk of cardiovascular disease including people from deprived communities, women and people with a Black and Asian Minority Ethnic (BAME) background.

9.3. The feedback received will continue to be reviewed by the WYH Healthy Hearts team and, where possible, used to enhance the project further and ensure it achieves the aim of reducing the number of heart attacks and strokes across the region.

- 9.4. The public and patient engagement has been a very successful exercise and the WYH Healthy Hearts project team are extremely thankful to those who took the time to complete the online questionnaire, participated in focus groups, and helped coordinate the work.
- 9.5. The 'You said, we did' report will be created and made available on our website in due course.



**Appendix A**

**Community groups engaged**

The table below provides a breakdown of the groups we engaged with as part of phase two on cholesterol engagement.

<b>Group / Organisation</b>	<b>Area</b>	<b>Audience</b>
Wellbeing Cafe in Baildon	Baildon	Drawn from the general population
Ridge Street Medical Practice – Health Champions	Bradford	Drawn from the general population
Grange Interlink	Bradford	Older people of South East Asian heritage
Women Zone	Bradford	Women from BAME communities
Sangat Community Centre	Keighley	BAME communities from South Asia. (Female only groups)
Polish Catholic Centre	Leeds	Drawn from the general population
Black Health Initiative	Leeds	BAME communities
BAME	Leeds	BAME communities
Greatwood and Horseclose Community Centre	Skipton	Older people – females only
Practice Participation Group	Wakefield	Drawn from the general population
Middlestown Patient Reference Group	Wakefield	Drawn from the general population
CCG's Patient Reference Group Network	Wakefield	Drawn from the general population
Stanley Medical Centre	Wakefield	Drawn from the general population
Lupset Health Centre	Wakefield	Drawn from the general population
New Southgate Surgery	Wakefield	Drawn from the general population



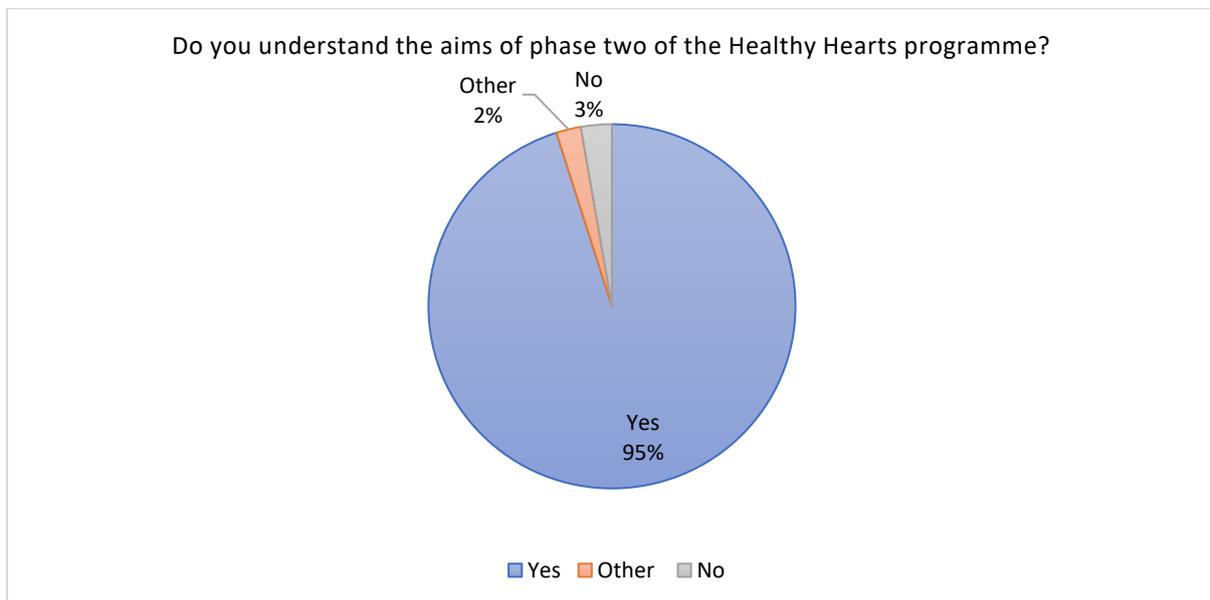
**Appendix B**

**An Overview of responses to questionnaire**

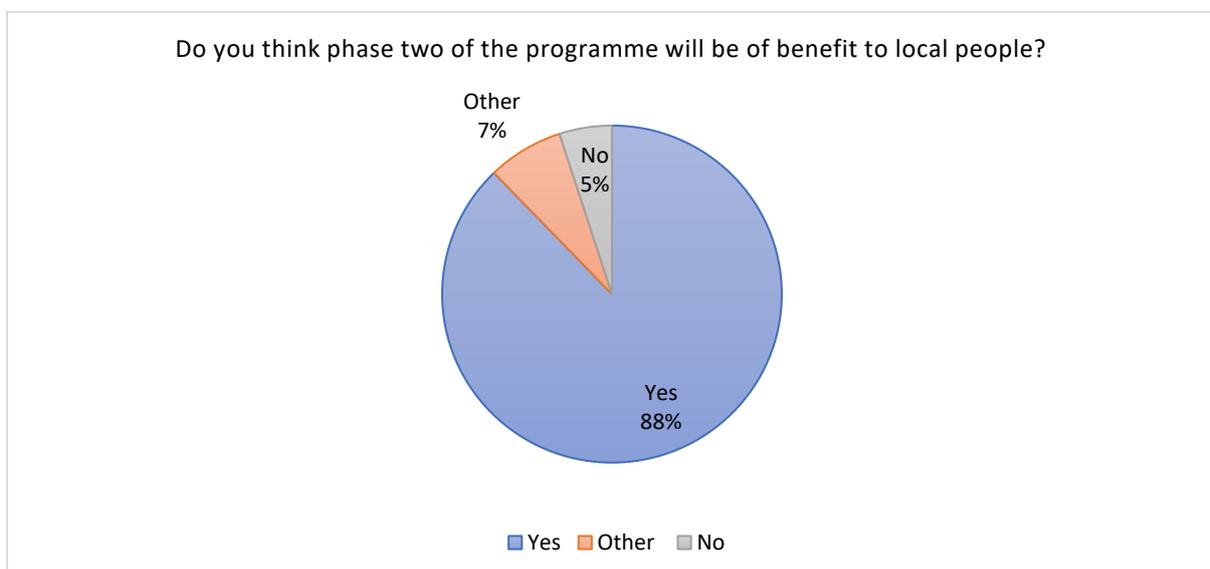
This section includes a brief overview\* of the responses to the questionnaire and focus groups. The Total number of responses was 208.

\*not all questions included as some questions were intended to get comments.

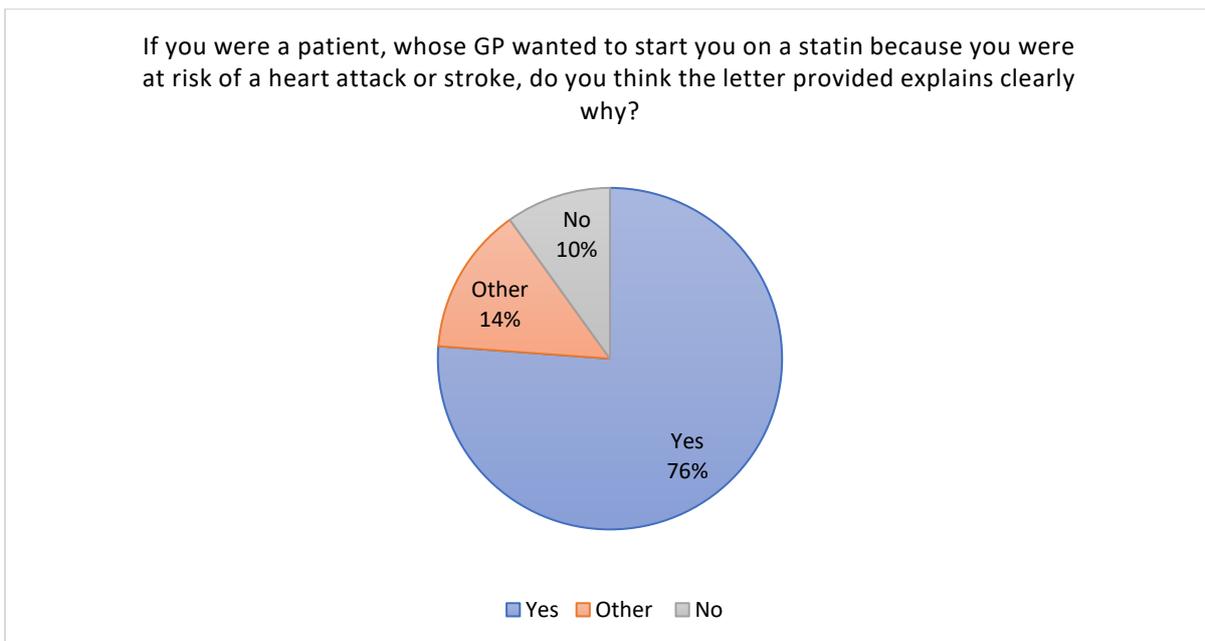
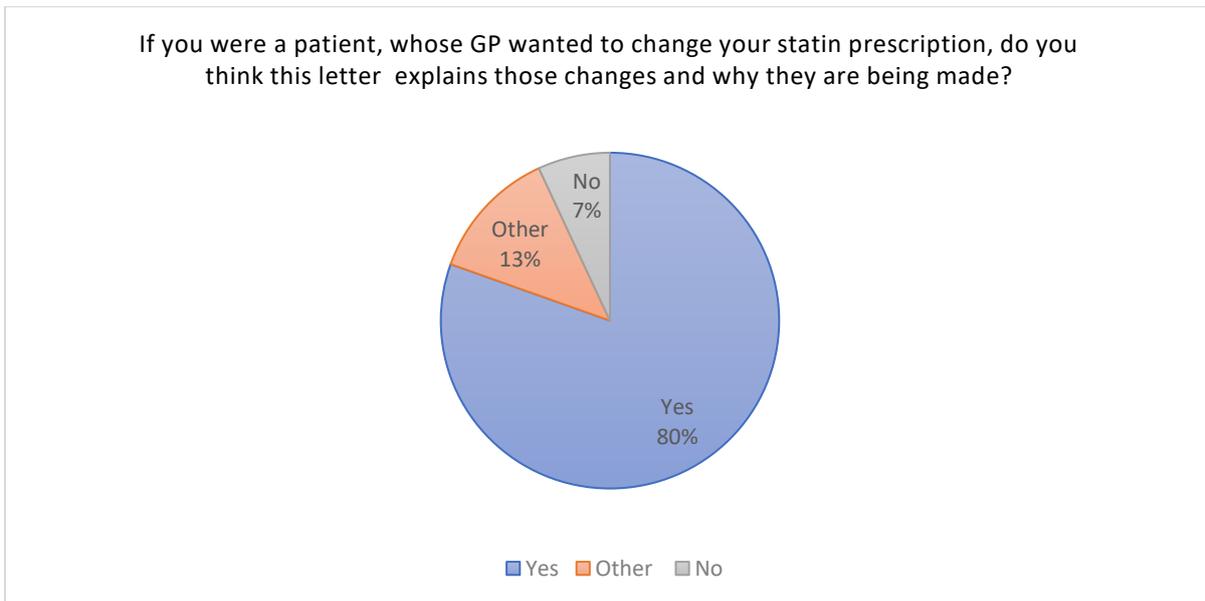
Question 1 aimed to find out if people understood the aims of phase two i.e. GPs switching people's statin or putting them on a statin if they are at risk of Cardiovascular disease.



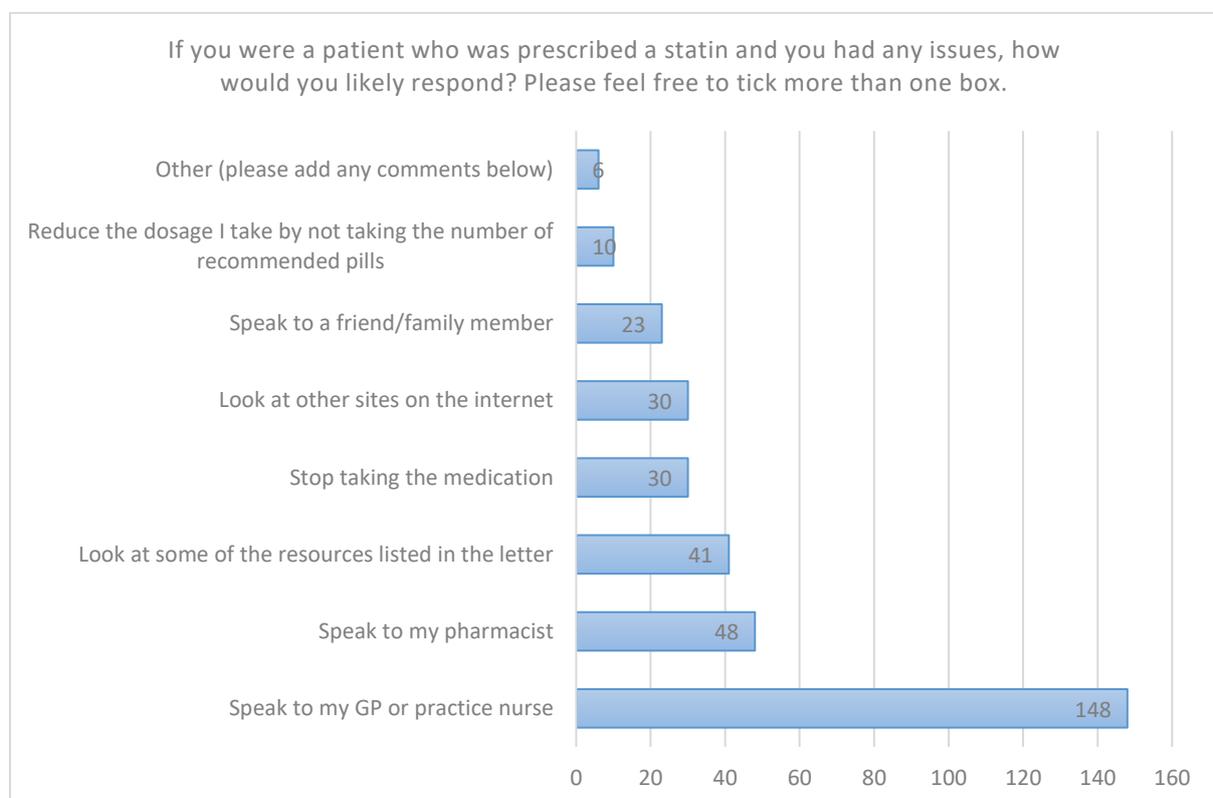
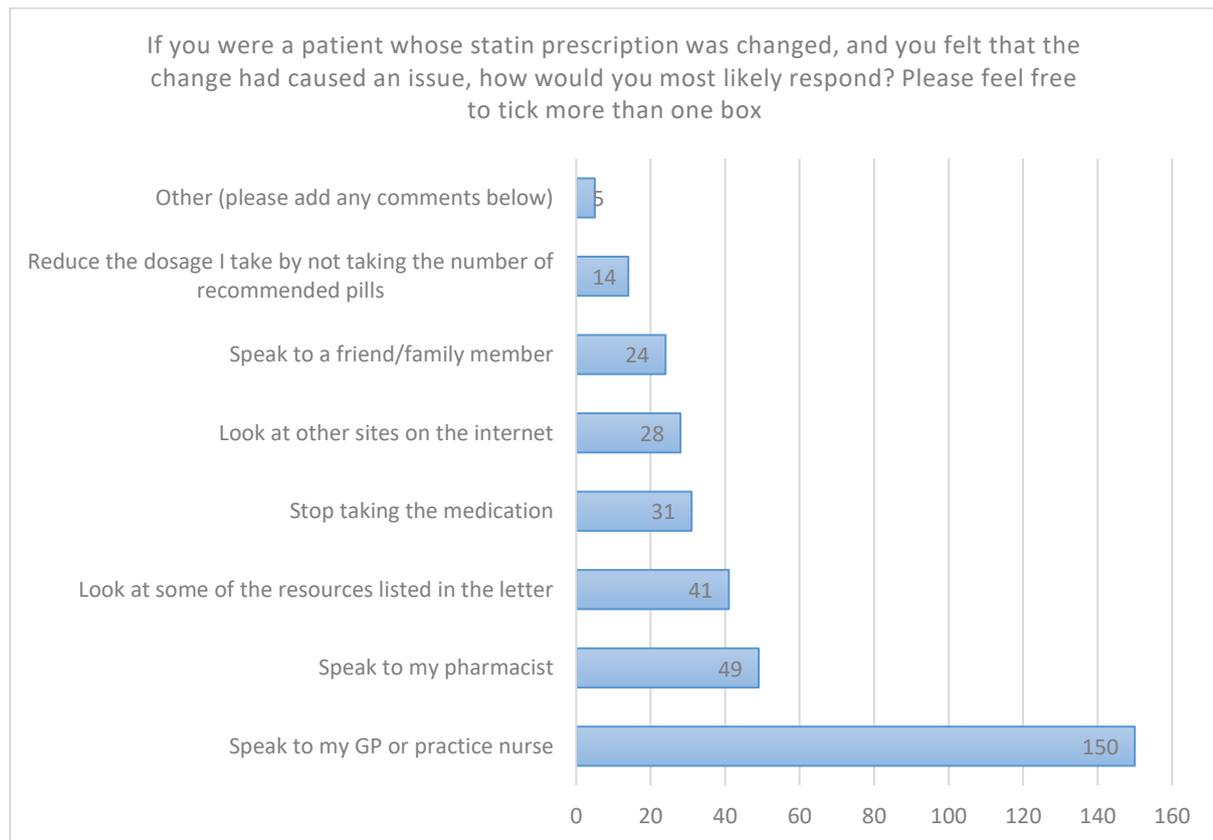
Question 3 aimed to determine if people thought that phase two would benefit people and be of value to undertake.



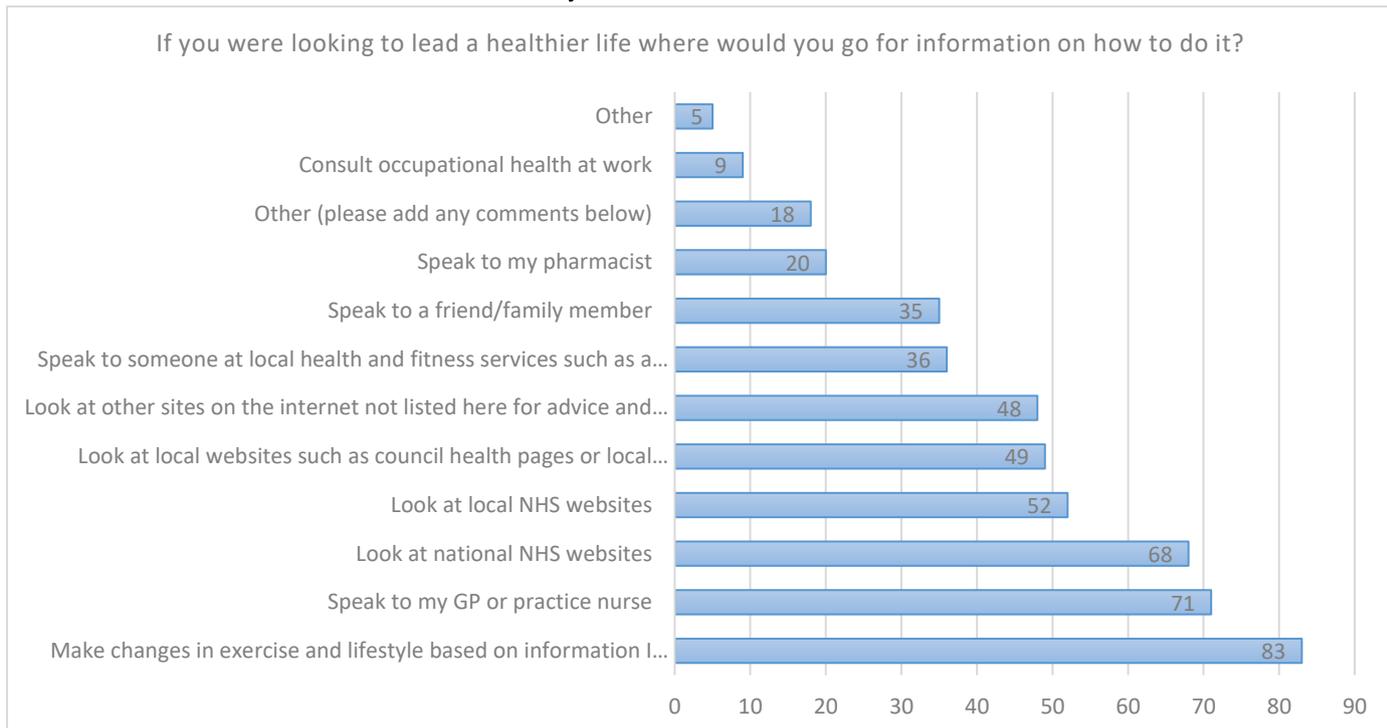
Questions 5 and 7 allowed people the opportunity to review the draft statin letters and respond if they thought it was clear. Comments were then received below this question.



Questions 9 and 11 aimed to explore what people might do if their statin was changed, or they had been prescribed a statin and it caused an issue.

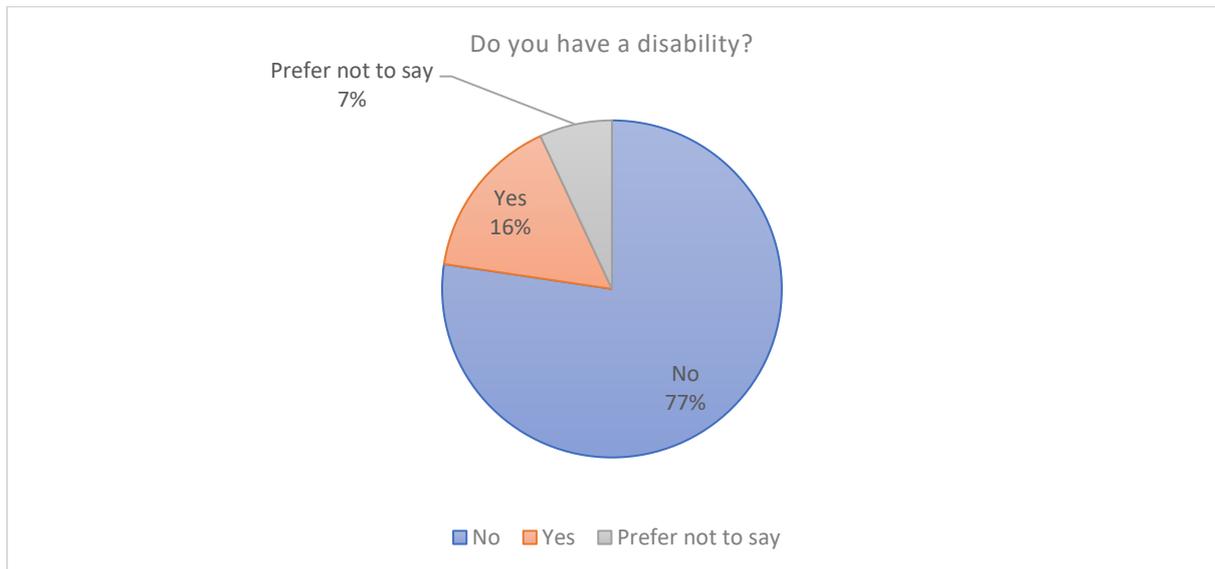
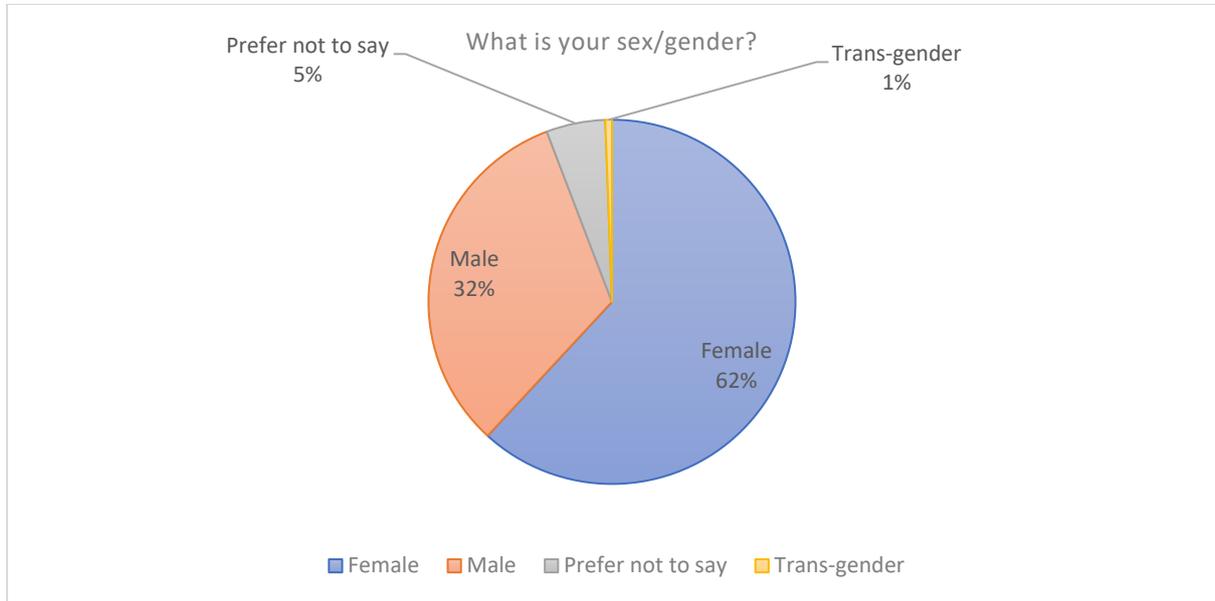


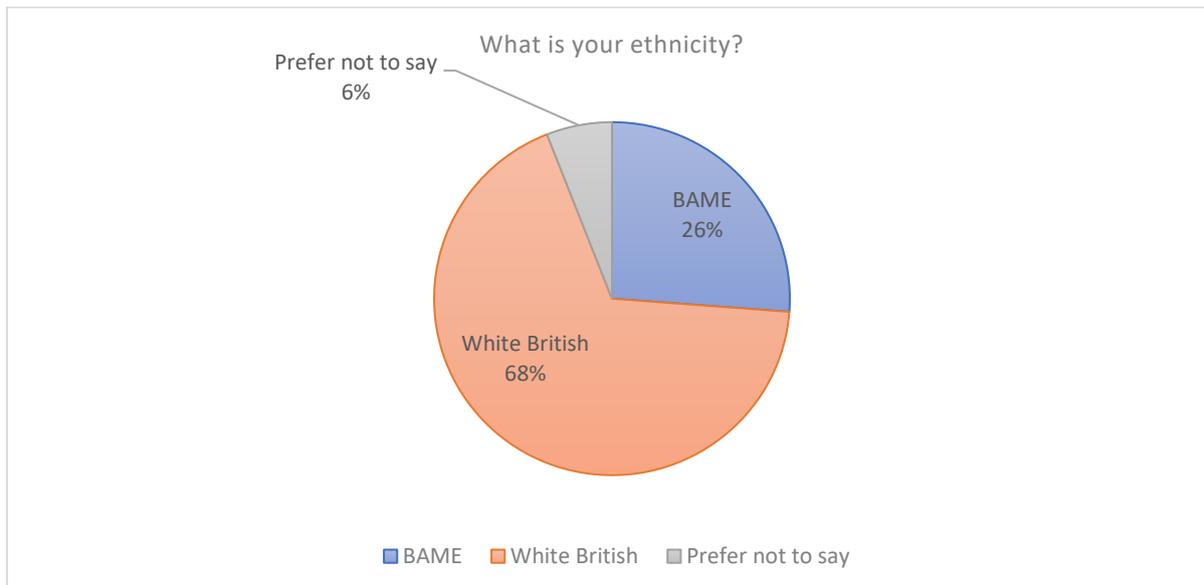
Question 13 aimed to understand where people might go or how they would access information on how to lead a healthier lifestyle.



## Key Demographic Information

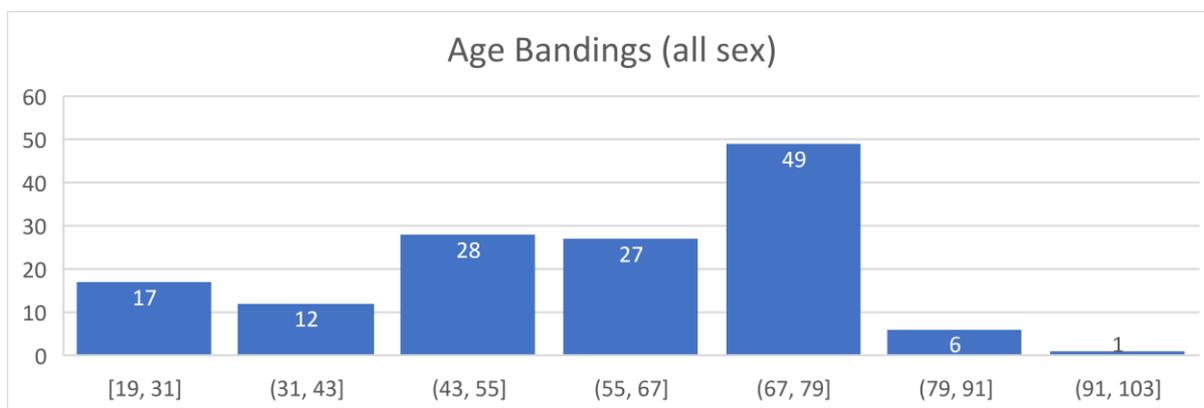
The following provides some of the key demographic information captured as part of the questionnaires and focus groups. The Equality and Diversity form was a non-mandatory part of the process.





### Age Profile

Youngest	18
Oldest	100
Median	57
Most Frequent	72



### Geographical Coverage

Feedback from residents for 50 of the 78 postcodes across West Yorkshire and Harrogate.

#### Top 5 postcode areas

WF1	25	Wakefield
LS7	14	Leeds
WF4	11	Wakefield
WF2	10	Wakefield
BD7	8	Bradford

*\*Please note some of the above graphs have been condensed into higher level categories for simplicity of reporting e.g. Ethnicity was collected at a more granular level, but the category of Black, Asian and Minority Ethnic (BAME) has been used. Other demographic data was collected but only key information has been included. #  
The raw data can be accessed by emailing [WYHHealthyHearts@yhahsn.com](mailto:WYHHealthyHearts@yhahsn.com)*

## **Appendix C Suggested actions as a result of feedback**

The following is a list of suggested actions that the project team will look to take forward, as part of phase two. These will be collated into a live 'You said, we did' document, that will track the progress of the suggested actions.



### **Example**

**What you told us:** Improve the language of the patient letters

**What we are doing:** Review the suggestions of the feedback and working with a patient reader user group

### **Wording / tone of letter**

- Keep the letter simple, plain English but put more detailed information on our website (and indicate this in the letter)
- Do not use the phrase "high risk"
- Provide more information about the role of community pharmacy
- Change the letter to make clear patients can see their GP / health professional before making a final decision
- Change the letter so it is patient-centred and not as if they are just part of a project
- Provide a statement in the letter to try and make people not worry / panic etc
- Ensure the switch of medication letter makes clear why
- Explain why classed as high risk (or any phrase that is used to indicate high risk)
- TBD if practices would prompt a follow up

### **Support and Resources**

- Ensure any letters are supported with a lifestyle information / where to get help
- Create information in easy read
- Review website / letters to ensure no confusion about healthy hearts phases / project
- Make clear in the letter that the healthy hearts website uses credible sources
- Provide information on alternative healthy food sources e.g. how to cut down on chocolate
- Provide people with information on where to get help accessing the internet
- More information on what statins do

## **Barriers / Concerns**

- Make clear to GPs that those who have had a statin but not taking may benefit from a review
- Create a FAQ based on the questions and concerns received providing more information on statin side effects and how statin can help manage high cholesterol levels
- 
- Make clearer to patients that there is more than one statin / strategy to help side effects

## **General Comments**

- Create CVD champions and community webinars/ use community groups to distribute information on CVD/statins etc
- Provide better access to healthy eating information – potentially from a nutritionist
- 
- Use the format/resources of the National Diabetes course as a basis for information
- Keep promoting exercise – yoga / chair-based exercise etc
- Make clear to GPs that patients like feedback on their statin and how it is working – provide numbers
- Create a media press release – prior to launch
- 
- Provide more information for patients who are worried about adding more medication to their current regime
- Use patient case studies to sell messages

## Appendix D

### *Specific comments received through engagement*

This section provides a review of all the qualitative information received from the questionnaire and groups. The feedback has been grouped into the following categories for ease of review.

- **Letter** - what people did or did not like about the letters or the process of writing out to patients about switching their statin medication or putting them on statin medication
- **Support and resources** - how people would access information and additional information and support they would want
- **Barriers and concerns** - what would stop someone from taking a statin and concerns about the approach
- **General comments** – general comment received through the engagement

#### Letter

##### Wording

- I don't like the phrase 'up till' in the first paragraph - 'up until' would read better
- The words high risk might worry people. This might then create work for practices which could then backfire.
- The word “prevention” shouldn't be used to describe medicines. People don't want to take preventative drugs because they are not ill and therefore can't see them working.
- Yes - but telling patients they are "at high risk" may cause excessive alarm. Perhaps "higher risk than most people" is a bit gentler?

##### Impact

- Letter for switches makes sense but for someone being given a new statin might not be as aware - people might be more frightened
- Clear enough. Don't want to frighten the life out of people
- I wouldn't say so - this is not reassuring in terms of potential side effects of the switch and simply tells the patient what is going to happen to them - hardly the personal centred medicine we might hope for - calling patients in for a chat with a health care professional preferably a GP consultation would be better
- I would be angry to receive a letter telling me I should take statins. What are the risks? What if I am not happy to take the medication?
- Getting a letter like this in the post would cause me to panic and immediately seek an appointment to find out what is going on GP only I've no real confidence that a practice nurse has the qualification to know what is going on - second choice pharmacist who would probably say see a GP
- The first paragraph seems brusque and insufficiently supportive
- Some members felt the letter would scare patients. The letter needs to link to local resources
- Is it right that you are targeting people – this might scare them.
- The line in the letter that says you are at “high risk” might worry patients
- I'd be a bit frightened to receive a letter like that out of the blue!
- For new patients, the letter could be worrying. People might be worried about taking statins due to the side effects. Statins have had bad press for a while and need to consider this.

## Language

- Cannot read English would ask GP if do not understand
- Too long, dialogue with someone would be preferably. People with additional language needs such as BSL, Easy Read format as well as other Community Languages may find it long too... especially if no prior conversation.
- I am on a lot of tablets. I have Cerebral Palsy, have asthma and T2 diabetes and heart problems. Currently on Atorvastatin. I wouldn't want a letter unless it was in plain English. Some people get distressed. I have a review every 6 months, so would prefer a discussion with my GP. I always want them to explain things to me in plain English.

## Content

- The letter is disjointed - it says the prescription is changing but the 'why' is several paragraphs later. 'Up till' is not good English!!
- None of this information indicated what areas are covered. I live in Craven. Is this relevant for me?
- Doesn't explain why someone has been selected as being at high risk of developing heart disease. Might be scary to find out you are high risk in a letter with no clarification.
- Yes, but perhaps a paragraph regarding concerns/worries and where to seek support would be advisable, as this may of a concern to someone older/vulnerable/with less peer support.
- There is no mention of side effects with either of the Statins.
- It does explain it, but it is very impersonal. A one letter fits all. Sorry, but I do not think this is good enough
- Not sure the information has been out for years. Statins do not suit everyone. Too long patients will not read. Needs to be more, straight to the point. Having worked on social research have spoken to 100's of respondents on health issues
- Tells pt there is a switch but not why. Practical pertinent to pt at bottom of letter... needs to be the 2nd paragraph to maximise pt empowerment to get bloods and 3/12 FU. Does not address or concerns that changing what started by a specialist.
- Does not address my and many other pt concerns over side effects that prevent many from taking statins. See your GP. Can't get to see them at moment so What about my local pharmacy can go to speak to them?
- what happens if you are on more than one type of Statin, it needs to be explained as to why this is the case and what benefits there are to you as an individual. I feel it should explain as to how you have been selected as to be of risk, as some people will panic if they receive a letter saying you have been identified as being at high risk of a stroke or heart attack.
- You say that you're making this change because you're part of a project etc. I'd be more likely to accept the changes if I thought you were doing it for me, to improve my health. The letter doesn't say this, so It might appear that you're only doing it to make your project succeed. Again, you're talking about "patients" rather than me. You're asking me to take a statin but then saying "patients" need to change their lifestyle. I'm less likely to take notice of that paragraph because you don't tell me what the change are, and it's not addressed to me.
- GP in group said he liked the letter to change a patient's prescription. He thought it was very informative and would help GPs. Just be clear exactly what you want GPs to do.
- Members said that they think people want choice. The letters are very wordy.

- The length of letters can be tricky to get right as too much information is overwhelming but not enough can leave patients wondering. What was in seemed ok.
- I think the introduction is confusing - why does it refer to blood pressure when the aim is to reduce cholesterol levels. Surely, the connection between high cholesterol levels and high blood pressure needs to be explained. Also, what did phase 1 consider, were all patients reviewed under phase 1 if not why not, if so why does it not state that on the basis of phase of the results obtained it is necessary for medication to be revised or introduced to reduce cholesterol levels
- Two patients, both on statins, noted that they are on Atorvastatin already. They also noted they would be ok receiving the letter (with a note that the practice would answer any queries) but have suggested adding a reassuring note at the beginning of the letter. It was also suggested it would be useful to include the reasons for why the new statin is more effective. It would also prevent people from assuming this is simply due to financial reasons and savings.
- I was on Fluvastatin 80mg but got switched to Atorva 20mg. Couldn't go higher as since had heart Op nerve endings died off in feet and if I increased it caused pains in my legs. My GP switched as my Cholesterol was >5 now it is 3. Did have to have a statin break when causing problems. If I got a letter, I would wonder why but as long as it came from a GP then I would be happy for the nurse to just change it.

## Support and resources

### Website

- Do not rely on websites - not everyone has access to the web or wants to use it. More background info on letters
- don't have access to the internet
- Yes, a website would be beneficial. GP wasn't bothered about giving me information. In India you were given a plan
- Look at the Healthy Hearts website for useful contacts
- I do not have website
- I would google info I was looking for
- website will be good when writing out to patients
- It was acknowledged that there was too much medical information on the internet. Need to know which are verified sources.
- The website is not the only way to get information – need leaflets etc.
- Less link to websites. Have actual information instead, leaflets etc.
- I try and use internet and community groups. If I am using the internet I try and find trusted sources like NHS choices.
- My daughter works in the NHS so would ask her. Don't use the internet as my family won't show me how to use it. They just show me things really quickly.
- Use social media and fitness hashtags to find associated topics
- Looks nice and simple. Would need to have confidence the website had good info about what I can do including what foods to avoid
- I use a lot of NHS sites for my information
- Websites and Apps are no good for lots of people...we need to be led by the hand! Signposting...does this mean being directed towards? Avoid jargon. Clear, simple leaflets. Telephone is not always convenient especially if patients are working. Cultural relevance: specialist dietitian/exercise knowledge needed here. Groups...what can be provided within a limited NHS budget? In terms of where to go for advice, A slightly rhetorical answer...would I actually think of any of the suggested people/places if they were not listed? If I was 'really' overweight, suffering from a particular diagnosed ailment/condition, disability, broken limb

etc... or I was directed following a medical review. There are implications here for resources, both human and financial, plus time - GP-wise.

- Don't use the internet
- My daughter is training to be a physio so I would ask her. I would use a website to find out more information.
- GPs sometimes say don't go on websites
- It would be good if GPs recommended the website

### Community Pharmacy / pharmacists

- Letter should have details of local community pharmacy
- I didn't know community pharmacy could offer advice ....
- Wouldn't a pharmacist be best placed to answer queries on medication? No mention of possible risks
- No mention of using local pharmacy to input into this initiative
- The Tesco Pharmacy at Buttershaw are really good at meds reviews
- Still want to go see GP as not sure if community pharmacy can help
- I go to my pharmacist as it can take while to get an appointment with my GP. I go to my GP / nurse for my annual meds reviews but don't like to ask questions about my drugs in terms of if they are working or what problems they might cause.

### Benefits / Side effects

- More info in the letter about the side effects
- I personally would want more information and the opportunity to discuss whether I want to take a statin or not - really understanding the risks and benefits. I know not everyone would want more in depth information, but it would be helpful to have links to further information for those that want it.
- I still feel I need a little more information.
- Patients will need to understand fully the side effects of statins. I would require a full discussion with a GP before any changes are made. Listing all pros and cons.
- I would require a full explanation of side effects of statins and would require alternative non-medical options.

### Consultation / Support

- I would still like to go see my GP
- The explanation is good, but the patient has to remember to book a follow up after 3 months - would practices be providing reminders to help prompt the patient to do this?
- Would it be better for patients to have an opportunity to discuss this before being automatically prescribed it?
- Would still like to talk to someone
- Group consultations can be good as people follow the crowd. If you said who wants a drink and the first person said water the rest of the group would ask for water. If the first person said juice the others would ask for juice.
- Yes, it will. Awareness courses and early access to information are key
- Good idea. I like it when we have community talks. We had one on diabetes and it was very good
- Yes, I am carer so can pass on my knowledge of this work you are doing
- community group talks are really good

- Go to my local community group
- I think we need more community groups to help people
- I would speak to people here at the Fusion Cafe. Community Groups are good idea for sharing information
- Contact the Healthy Living Team at Calderdale Council, or Cardiac Rehab Team at Calderdale Royal Infirmary
- Prefer face to face GP. Check cholesterol levels first then ok with letter as long as it's from Doctor.
- Yes, but if got letter might still want to talk to someone as letter could be from anyone.
- Patients attending (2) felt that their practice would talk to them before sending such letter but not all might get this. Patients also noted that if they were worried or needed to, they would contact the practice for advice. Practice staff noted that they would aim to have a discussion with patients but do need to consider any 'accidental' finds. Would look at giving a patient the option of coming in for a chat or receiving information.
- Others said that it should be a matter of choice and it was confirmed that it would be a choice as long as people had been fully informed.
- Passing on knowledge to family can help at times. At others it can sometimes not help!

#### Diet / Lifestyle / Self-care

- Yes, explains things very well. Like the bit about lifestyle changes and it explains what cholesterol is
  - My Brother was put on a pacemaker at 63. My mum had a heart attack and stroke at 86 and her brother had heart attack at 65 so I have always wanted to see what I can do to stay healthy. My QRISK score is only 4 so O.K. at the moment.
  - Dr gave me letter about healthier you and that really helped. I now eat lighter food and feel good
  - Will power is my weakness. When I see chocolate. I would welcome alternatives.
  - Good advice on diet. Probably dietician's advice. Not many people know what a healthy diet is.
  - Yoga is great. I do it every day. Even 5 minutes is beneficial. Good for strength and breathing.
  - Dietician for what to eat
  - Community course was really great to help change lifestyle
  - Walking is great. Community course was great to change lifestyle
- When I was growing up in the Caribbean and we were poor. We used to want to be able to afford steaks. Now it is almost as if it was a blessing to be poor. The Diabetes course I went on was great. 3/4 of people on the course were eating the foods we shouldn't be. This was a bit of not knowing what to eat and the foods we shouldn't be eating. I drank a lot of coca cola but have now switched to diet after being on the course.
- Yes, why do all Caribbean people seem to have the same problem. When I talk to my friends and family in this country and back at home, they all seem to have high cholesterol or be at risk. I have been on Simvastatin for 6 years and my cholesterol is 5.5. My cholesterol seemed to go up with age and when I retired. I eat lamb chops and used to eat beef and steaks but have cut that down a bit.
  - People were keen on this prevention initiative. Any change in habit/prescription needs to be an informed choice. They felt there should be follow up after the change to see if it was working Also, that the NHS should find out why the individual had high cholesterol and look at self-care rather than just treating. If someone has familial/genetic cholesterol would the statins work? Patients need

more information on statins and what they do. If a pharmacist does the medicine review could there be someone to take a blood test? Would they have information about prevention/self-care?

- it would help if GPs told you the HDL/LDL balance as routine after blood tests and not have to ask specifically.
- Again, people stated that there were many things that people could do e.g. eat less rather than go on statins.
- The group were very interested in self-help and were holding an open day about it.
- As well as prescribing medication, I feel exercise should be "prescribed". Promoting healthy group walks, bike rides, chair-o-bics.
- Search google sites for free or cheap exercises
- When you live on own you don't cook the same. I am on a turmeric supplement for my osteoarthritis. Not sure if working but rather take it than not. Used to have lots of smoothies.
- It should be about taking care of yourself – not eating too much of the wrong food. Someone there said that they would not take a statin. They were offered on even though cholesterol is 4.0.
- Probably, but couldn't diet and exercise still work?
- I have a slightly high cholesterol level, no medication needed, just adapt my diet. Family history of cholesterol
- Medication should be a last resort in my opinion. Presumably, other avenues have been explored first, like lifestyle choices etc.
- My wife has always tried to get me to eat my vegetables....
- My husband died at 81. I was his carer. I don't eat as well I used to. Not the same cooking for one. I have 3 fractures in my spine so can't walk far. I used to do the chair-based exercise at this (Skipton) community group until it stopped
- My mum and Dad both died of Ischaemic Heart Disease. One day I was out of breath, thought it was just because I was overweight, got a pain but didn't want to tell anyone, GP thought it was angina - I then went on to have a double heart valve bypass. I was unconscious for 6 days and had missed my Birthday. I enjoy doing the chair-based exercises at community centre. GP referred me to a social prescriber who told me and helped me to come to this community centre. Been coming a year and half and it is great.
- Need to consider the support information and access to groups, e.g. exercise groups. Will there be information given? Could it be on the website that is noted in the letter? With website link only, need to consider that not all patients will have access to internet to find this. Support groups which are run by people who are qualified to support older people would be good, e.g. exercise group which runs locally which is run by a qualified person who understands the movement, balance etc of older people, not just gyms.
- Not on statin. Nurse said cholesterol slightly high but good cholesterol. Offered statin but preferred to change diet.

## Resources

- A leaflet would be good to take away
- Leaflets from my community centre national diabetes course was great
- Can we get an easy read of this please? I work for change people and have autism.
- Provided the information is clear and jargon free.
- I appreciate GP time is limited but there could be drop-in sessions or an information session or webinar that support patients to make the right decision for them.

- GPs and nurses only give brief information and some of it is confusing / different to what others have said...
- Leaflets from my GP and what see on TV and in news
- I think this is an excellent programme and needs wide coverage. Will it be on local TV and radio as well?
- I would like a blood test before my medication was changed again just because I fit a criteria doesn't necessarily mean I have high cholesterol- a blood test before I begin any medication.
- Reduce the dosage but under Drs supervision

## **Barriers / concerns**

### Side effects

- I have T2 diabetes. I was put on Simva as at risk. I have been on it for more than 25 years. My cholesterol reading is normal. I have it checked every 6 months. I got pains when I first was put on a statin, but GP told me to take a break. Nothing was different in terms of pain so they said I should back on it. I think this is a good idea, but you will have difficulty selling it to people. It will be easy to the ones that are already taking it. Some people won't take a statin due to adverse effects, the negative publicity about statins, some of which comes from credible people. Some people don't want to add more medications as they are already on lots. Some people would prefer to change their lifestyle
- Currently on Atorvastatin. Been on for 11 years. Lot of people won't give it a try especially if they have one and causes problems. Had a twin sister who had two strokes and died at 69. I am on lots of drugs for arthritis, spondylitis. Could all the drugs and a statin be what causes me to fall?
- Yes, but trying to prevent something there may be side effects
- I was offered a statin but decided not to go on one. I preferred to try and manage through taking Benecol products. I had my cholesterol checked earlier in the year. I read that statins don't suit everyone and was taking other medication so didn't want to have any more. I was taking the statin but then stopped. Didn't speak to my GP at first. I was very anti statins as read a few articles about them being dangerous. I have previously had a mini stroke. I will now reconsider after my next check-up.
- I think statins are the worst thing to be produced and would never take one, so the letter would mean nothing to me
- I would always refuse a statin prescription; statins caused my family muscle loss, memory loss, eventually turning to dementia I would probably pay to see someone on whose advice I could rely, rather than surgeries who are paid for prescribing certain drugs I have seen so many adverse effects with statins that I would never trust them. I research medical papers if I need any clarification.
- I wouldn't go on one. They are banned in America
- I was out on Atorva - did a trial but then felt dreadful - had lots of aches and pains. Wouldn't touch one with a barge pole
- I was put on one on repeat prescription - I had it took off
- I thought there was a big issue about the over prescription of statins to people who will only marginally benefit or not benefit at all. Statins also have side effects - not too sure how you work addresses either of these concerns
- I would never take a statin they are banned in USA never take it
- I have high blood pressure and my family all have high cholesterol. My mother is on a statin, but it causes her to burb. I wouldn't rush into taking one. I would speak to friends and family first.
- I was taking Atorvastatin for some years but realised that I was suffering significant side effects (soft tissue and joint pains). At times these could be disabling. On

stopping Atorvastatin all these symptoms ceased. See above, no mention of potential side-effects

- I am aware of press coverage of statins and not happy to take statins at present
- I have cardiomyopathy and atrial fibrillation. Some years ago, I was encouraged to take statins. After trying three different products the GP discontinued proscripting because they made me unwell. Since then I have pretty well been ignored. Presumably I might now receive one of these letters. I would be reluctant just to take on the strength of this letter. I think for a first-time patient you also need to offer a consultation should they prepare to have one first
- Far from convinced that going straight to statins is the answer.
- The problem with statins is the side effects. I was told that if I went on statins it would reduce my risk of a heart attack by 3%. That is good but when I read about the high risk of problems that can be created by statins, I decided not to take them. The advice was given by a doctor over the phone whom I had never met and who asked no other questions about my lifestyle etc. As I am very active and enjoy good health I decided not to go for the statins because there was a very good chance I would start to suffer from joint pain and start to have mobility problems.
- There is also quite a high risk of liver damage which can be controlled by other tablets, which no doubt will also have side effects that can be controlled by yet more medication. I am currently on no medication and have decided to stay that way and hope I am not one of the unlucky 3%.
- Side effects were noted within the group with one noting personal experience and another saying that friend won't go onto statins due to side effects.
- I believe that a proper assessment and discussion with the patient to decide what is best for them. Statins have side effects and are not the panacea of all ills. Patients should be involved in the choices from the beginning. Not sent a letter saying from your records someone has made a decision to put you on statins.

### Information

- I would ask for cholesterol check before agreeing to starting statins
- But would like to be given information verbally first.

### Access to GP

- I would want a clear explanation from a person, not just a letter. I would not take a medication without speak to a doctor to ask questions and bet her full reason why
- I would like the opportunity to discuss with my doctor the specific implications to myself. As opposed to a sweeping generalisation to a host of targeted patients. One solution fits all doesn't instil confidence.
- I feel if my GP wanted me to start or stop taking any medication that it is best explained face to face, I know GP's are very busy, but a short face to face appointment can be much more reassuring than a letter to a lot of people
- I would not respond to a letter only. I would only accept any medication after a full consultation with a GP but first would try a change in lifestyle before drugs and prescribed.
- Still want to go see my GP. Not sure if I would go see my community pharmacy as not sure if they can make decisions about GP work
- Only if GP's have time allocated to give them a chance to look through patients' records, especially if not currently on the radar.
- GPs don't seem to have time and then I don't get chance to ask why. It looks like you will carry out regardless

## Other

- Not sure might do if it is properly explained and there is no hidden agenda as suggested above
- Why are so many people not treated?
- Yes, but currently on a statin and don't know if it is effective
- I suspect this is to do with saving money by getting people who "don't need statins" to stop taking them or getting those who do need them onto a cheaper prescription or possibly getting those on low doses to buy them themselves
- Will be person dependent.
- People did not want to be told not to do something. They don't want to stop doing something they like
- Only if people are willing to get on board as some people are in denial about their health
- The GP said some people can't use statins and will get annoyed if they receive this letter - it will look as if the practice is not taking notice.
- One person said that if they got a letter saying they need a prescription they would worry.

## **General comments**

### Support for the project

- Yes, stopping heart attacks and strokes is very beneficial
- Yes, hitting people at scale is a good idea
- Seems a really beneficial idea. As someone who is conscious about my future health - preventing strokes and heart attacks is gold
- Yes absolutely
- Very interesting. Good luck with it all!
- Does sound a good idea
- Yes, it is a really good idea the project
- Yes, I would rather they told me if it wasn't doing any good.
- Yes, I think it's a really good idea. I have been on a statin for 3 years because I am Type 1 diabetic. I am on Atorva 20mg - I have flushes but I think that's to do with my age. I don't seem to get any feedback from my GP.
- Yes - although there is no reference to the cost factors that have also played a role.

### General comments on statins and current medication

- I have been on a statin for more than 15 years. I am 81 years old and have a pacemaker. Never had any problems with my statin. I take the pink one. Not sure of the name.
- I had a heart attack in January 2018, so I am very familiar with statins and the reasons for taking them!
- I have been on a statin for 6 months following a valve operation. I am on Rosuvastatin 5mg - one a day. Statins still get bad press but if you can show it can help.
- I took it for 3 months and then got aches and pains. GP said stop taking for a while and then went back on it my GP told me to take it before bed to prevent aches and pains. The statin just appeared on my prescription so agreed to do a trial
- I have T2 diabetes. I was previously on Simva but then switched at one of my check-up meetings to Atorva. Been on a statin for more than 8 years. No real side effects. Had some mild pain in my legs but that wore off. Currently on a controlled diet as waiting for a hip op.

- Currently on Simva. Been on for 15 years. Still had a stroke at 64. Consultant said could have been worse if wasn't fit. Cholesterol was 6-8. Moved me from 20mg to 40mg. Cholesterol is still above 4. Community Pharmacy at Birstall is great. They review my meds and make sure I am taking them. I would like to give a switch a go and if not successful I would just ask to go back on to Simva. My Practice doesn't always provide me with my numbers - they don't give them up easily.
- It doesn't put me off a statin seeing the negative press.
- Been on Simva for 5 years but my cholesterol still high. It used to be 3 and I would like to get it down to those levels again. I would be happy to switch if it worked.
- GP told me not to take for a fortnight as arms got heavy and had hepatitis so unsure about going on one again
- I am Type 1 diabetic. Was on a statin but it caused my blood sugar to increase. Agreed with GP to stop taking it. Tried a different one but that had side effects. I am currently on Simva statin - been on it for more than 5 years. When first went on it I had pain in my calves. I was out in to 10mg Simva. My cholesterol is currently at 3.9.
- I have T2 diabetes, so I speak to my Diabetes nurse quite often. They are great.
- Yes, I am on Atorva 40mg and a few other drugs including Candesartan 8mg. I had DVT at 19 (now 77).  
At age 59 - 18 years ago - I had pains in my back. GP said might be angina. One day I tripped over and had headache. Then I got pins and needles in my hand - thought I must have trapped a nerve from fall. I went to A&E and it was a pulmonary embolism. I have been on a statin since then.
- This happened to me I agreed to try Atorvastatin and experienced dreadful side effects .I stopped taking them, but they remained on my prescription for a long time afterwards and I have not been questioned about my decision since Wasn't sure I needed it in the first place
- My GP wanted to put me on one, but friend had bad experience. I have been prescribed one but never take it. I am on naproxen for arthritis. Also, I have IBS and statin blocks me up.
- Was on Simva but they put me on Atorva. Wanted to put me on 80mg (for Primary) Put me on 40mg but had stomach problems and constipation Then they put me on 20mg. Sometimes wonder if should be on one. They haven't explained why.
- I don't agree of charging the pension, all because people are living longer. They should keep it at 65 years old. And another I don't agree with is once people who get to 60 +get put on statins all because they are coming up to get their pensions and before you know it, they pass away.
- I am taking statins and other forms of medication, but I have not had a review of statin medication but no checks whether statin works with other medication.
- Why are you not directing questions at people who may have been taking statins for years with few, if any side effects?
- The only thing I am not sure about is that statin doing what it's supposed to. No feedback from GP but haven't been to ask. I will be doing that now.

### Miscellaneous

- I had an NHS health check-up recently. I had my BMI checked, without any measurement of my waist, which I think is inadequate for giving a judgement on risk. BMI does not indicate fat %. Therefore, someone within the healthy BMI range may still have too much body fat.
- I have a low cholesterol level of 4.2, all my family had low cholesterol.
- I use my own note app for logging my medications. I am 77 but I use the police app for finding out about what is happening in the area.

- There were a couple of people who felt that when GPs wanted to prescribe medicines it was because they got money for doing so.
- Stop letting drug companies control your life by funding GPs surgery's
- You couldn't get garlic in supermarkets in UK until Indian community came over. Garlic, ginger and turmeric are all powerful foods. Antibiotic, anti-inflammatory and give you a boost
- Is there was a set procedure for medicines reviews.

## Appendix E

### A copy of survey questions

# West Yorkshire and Harrogate Healthy Hearts Phase 2 - Cholesterol Engagement

This questionnaire is available online

<https://www.westyorkshireandharrogatehealthyhearts.co.uk/cholesterol/cholesterol-public-engagement->

We want your help! In phase two of our Healthy Hearts project, which is due to launch this autumn, we'll be concentrating on cholesterol. There are two types of cholesterol – good cholesterol and bad cholesterol. If the level of bad cholesterol in your blood is too high it can increase the risk of a heart attack and stroke. To try to prevent that from happening GPs will very often prescribe statins for patients who have high levels of bad cholesterol or who are at risk of a heart attack and stroke.

A key piece of this work will be when GPs write out to people recommending that they are prescribed a statin for the first time and also that some people have their existing prescription changed - if it is not working. This will be supported by lots of information on our website [www.westyorkshireandharrogatehealthyhearts.co.uk](http://www.westyorkshireandharrogatehealthyhearts.co.uk).

Please help us shape this very important work by answering a few simple questions. We won't be asking your name or asking you to reveal any personal details and the information you give us will help us to improve our work. After you're done if you would like to contact us about any aspect of our work please email us at [WYHHealthyHearts@yhahsn.com](mailto:WYHHealthyHearts@yhahsn.com). And you can find out more about our work on our website: [www.westyorkshireandharrogatehealthyhearts.co.uk](http://www.westyorkshireandharrogatehealthyhearts.co.uk). Deadline for responses is 30th June 2019.

1. Based on what you've just learned would you say that you understand the aims of phase two of the Healthy Hearts programme?

- Yes
- No
- Other (please add any comments below)

2. If you answered 'Other' to Q1 please feel free to tell us more in the space provided below.

3. Based on what you have just learned do you think phase two of the programme will be of benefit to local people?

- Yes
- No
- Other (please add any comments below)

4. If you answered 'Other' to Q3 please feel free to tell us more in the space provided below.

5. If you were a patient, whose GP wanted to change your statin prescription, do you think this letter explains those changes and why they are being made? Please click on the link below to see the letter.

- Yes
- No
- Other (please add any comments below)

6.If you answered 'Other' to Q5 please feel free to tell us more in the space provided below.

7.If you were a patient, whose GP wanted to start you on a statin because you were at risk of a heart attack or stroke, do you think the letter provided explains clearly why? Please click on the link below to see the letter.

[www.westyorkshireandharrogatehealthyhearts.co.uk/media/Professionals/WYH%20Healthy%20Hearts%20new%20statin%20letter%20v2.pdf](http://www.westyorkshireandharrogatehealthyhearts.co.uk/media/Professionals/WYH%20Healthy%20Hearts%20new%20statin%20letter%20v2.pdf)

- Yes
- No
- Other (please add any comments below)

8.If you answered 'Other' to Q7 please feel free to tell us more in the space provided below.

9.If you were a patient whose statin prescription was changed, and you felt that the change had caused an issue, how would you most likely respond? Please feel free to tick more than one box.

- Speak to my GP or practice nurse
- Stop taking the medication
- Reduce the dosage I take by not taking the number of recommended pills
- Speak to my pharmacist
- Speak to a friend/family member
- Look at some of the resources listed in the letter
- Look at other sites on the internet
- Other (please add any comments below)

10.If you answered 'Other' to Q9 please feel free to tell us more in the space provided below.

11.If you were a patient who was prescribed a statin and you had any issues; how would you likely respond? Please feel free to tick more than one box.

- Speak to my GP or practice nurse
- Stop taking the medication
- Reduce the dosage I take by not taking the number of recommended pills
- Speak to my pharmacist
- Speak to a friend/family member
- Look at some of the resources listed in the letter
- Look at other sites on the internet

- Other (please add any comments below)

12.If you answered 'Other' to Q11 please feel free to tell us more in the space provided below.

13.If you were looking to lead a healthier life where would you go for information on how to do it? Please feel free to tick more than one box.

- Speak to my GP or practice nurse
- Speak to my pharmacist
- Speak to a friend/family member
- Look at national NHS websites
- Look at local NHS websites
- Look at local websites such as council health pages or local charities
- Speak to someone at local health and fitness services such as a gym
- Consult occupational health at work
- Look at other sites on the internet not listed here for advice and guidance
- Make changes in exercise and lifestyle based on information I already know
- Other (please add any comments below)

14.If you answered 'Other' to Q13 please feel free to tell us more in the space provided below.

15.Please add any further information in the box below that you think will be helpful for us to know

*This questionnaire is supported by the WY&H Equality Monitoring form*

## Appendix F

### *Copies of letters used in the engagement exercise*

#### Healthy Hearts – change to existing statin prescription letter

(letter will be sent from individual practices on their own branded templates)

Dear [insert name]

I'm writing to let you know about **an important change** to your existing prescription for statins. Up till now you've been prescribed a statin called Simvastatin, but your GP has now prescribed a different type of statin for you, called Atorvastatin.

Statin are one of the most well researched types of medicine, with studies repeatedly showing **very strong evidence** that they are a safe way to help prevent heart disease. In fact, statins, if taken regularly over a long period, reduce the risk of stroke and heart attack by a third.

Taking statins helps your body reduce the amount of 'bad cholesterol' in your body. Cholesterol is a fatty substance that's mainly created by our own livers, though it's also found in some of the foods we eat, and it's vital for maintaining a healthy body.

There are two types of cholesterol, good cholesterol (high-density lipoprotein), and bad cholesterol (low-density lipoprotein). If the level of bad cholesterol in your blood is too high it can increase the risk of heart disease, including heart attack and stroke. Statins work best if taken over a long period.

We're doing this because our practice is part of a project across West Yorkshire and Harrogate that has looked at the **latest, most effective treatments** to lower levels of bad cholesterol and prevent heart disease. The project looked at a number of studies and the evidence strongly shows that for someone with your increased risk of developing cardiovascular disease (heart disease) Atorvastatin at [insert mg] is a more effective treatment than your old prescription for Simvastatin.

Along with taking a statin we also **strongly recommend** that patients make simple but important changes in their lives to improve their health. **Changes in lifestyle** are a proven way to help prevent heart disease; changes such as having a healthy diet, getting more exercise, losing weight, reducing the amount of alcohol they drink and stopping smoking.

To learn more about statins, cholesterol and ways to lead a more healthy life please take a look at the West Yorkshire & Harrogate Healthy Hearts website:  
[www.westyorkshireandharrogatehealthyhearts.co.uk](http://www.westyorkshireandharrogatehealthyhearts.co.uk).

The next time you collect a repeat prescription your doctor will have added Atorvastatin. Three months after you start to take the new statin, we will need to give you a blood test to check your cholesterol. Please book an appointment for this with the practice.

If you have questions about your new prescription, please speak to your GP.

Yours sincerely

## Healthy Hearts - new statin prescription letter

(letter will be sent from individual practices on their own branded templates)

Dear [insert name]

I'm writing to let you know that after reviewing your medical records we've identified you as being at **high risk** of developing cardiovascular disease (heart disease), which means you have an increased risk of having a heart attack or stroke and developing other damaging health problems. Your GP has prescribed a statin for you, called [name of statin], in order to help stop you from developing heart disease.

Statins are one of the most well researched types of medicine, with studies repeatedly showing **very strong evidence** that they are a safe way to help prevent heart disease. In fact, statins, if taken regularly over a long period, reduce the risk of stroke and heart attack by a third.

Taking statins helps your body reduce the amount of 'bad cholesterol' in your body. Cholesterol is a fatty substance that's mainly created by our own livers, though it's also found in some of the foods we eat, and it's vital for maintaining a healthy body.

There are two types of cholesterol, good cholesterol (high-density lipoprotein), and bad cholesterol (low-density lipoprotein). If the level of bad cholesterol in your blood is too high it can increase the risk of heart disease, including heart attack and stroke. Statins work best if taken over a long period.

Along with taking a statin we also **strongly recommend** that patients make simple but important changes in their lives to improve their health. **Changes in lifestyle** are a proven way to help prevent heart disease; changes such as having a healthy diet, getting more exercise, losing weight, reducing the amount of alcohol they drink and stopping smoking.

To learn more about statins, cholesterol and ways to lead a more healthy life please take a look at the West Yorkshire & Harrogate Healthy Hearts website:  
[www.westyorkshireandharrogatehealthyhearts.co.uk](http://www.westyorkshireandharrogatehealthyhearts.co.uk).

Please call in at the surgery to collect your prescription. Three months after you start to take the statin, we will need to give you a blood test to check your cholesterol. Please book an appointment for this with the practice.

If you have questions about your new prescription, please speak to your GP.

Yours sincerely