Healthcare Improvement Scotland

# Health equity sprint and the cardiovascular disease (CVD) directed enhanced service (DES)

## Background

Four deep-end general practitioner (GP) practices worked with Healthcare Improvement Scotland on an eight-week quality improvement Health Equity focused sprint. The sprint coincided with the introduction of the cardiovascular disease directed enhanced service (CVD DES) initiative in NHS Scotland.

The CVD DES is a national programme focused on improving identification and management of clinical risk factors for CVD.

The aim of the CVD DES is to:

- identify individuals living with modifiable risk factors for CVD who may be unaware of them,
- optimise early intervention and care, and
- work collaboratively with patients to reduce their health risks, including the risk of developing CVD.

There are several steps that practices are required to complete before fulfilling CVD DES requirements. These steps include identification of patients, screening (for example, blood pressure, weight, cholesterol, smoking status), risk calculation and follow up.

## Approach

All four practices used the CVD DES as an opportunity to engage patients who did not routinely access primary care. All four used the enhanced services reporting system (ESCRO) to identify eligible patients. However, their approaches to engagement varied:

- **Practice A** explored patient communication strategies, focusing on patients from the most deprived communities (based on the Scottish Index of Multiple Deprivation (SIMD)). They initially used text messages to invite patients. Based on patient engagement, they replaced text messages with direct phone calls.
- **Practice B** explored multiple patient communication strategies to improve engagement and attendance. They revised their text messaging system to include specific practice details, helping patients recognise the messages as legitimate. Additionally, a trainee GP contacted patients by phone to understand the reasons behind missed appointments.

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- **Practice C** targeted patients prescribed opioid replacement therapy, diabetes medications, and antipsychotics, aiming to reach those at higher risk of CVD.
- **Practice D** developed a search to identify patients with certain mental health conditions who were suitable for the CVD DES using Vision (a cloud-based GP IT system). At the same time, they used this process to begin improving the overall mental health pathway within the practice.

## Learning

### *Challenges Faced by Teams*

Teams encountered several key challenges with implementation of the CVD DES:

**Limitations of initial guidance**–Practices reported unclear advice on how to use the ESCRO reporting tool and manage payment for the DES. More detailed guidance was published in July 2025, which helped to clarify expectations and processes.

**Challenge of tailoring patient searches**–One of the aims of the CVD DES was to identify patients who were "missing" or who didn't engage with primary care. ESCRO provided a list of eligible patients from SIMD1–5 however, searches for patients with specific conditions who also lived in SIMD 1-5 did not work. They needed to create manual custom searches using GP IT systems (such as Vision or EMIS) in addition to ESCRO.

**System usability issues–**Practices reported that the ESCRO system was not user-friendly and often froze when too many people were using it at the same time. Practices mentioned it was not clear whether they had fulfilled ESCRO requirements for completion.

**Operational pressures**– Additional CVD DES work added pressure on other practice services, particularly around coordinating blood tests. Scheduling had to be aligned with practice phlebotomists or Community Treatment and Care teams, requiring additional planning and resources.

### *Change ideas tested*

Learnings from participating teams after testing change ideas:

**Taking a quality improvement approach**–Two teams invited patients to blood appointments via text, but uptake was low. Both practices saw improved results when they switched to phoning patients instead. An unintended benefit of these calls was the opportunity to update and tidy up patient records.

**Whole-team approach**–The CVD DES requires input from the multidisciplinary team including GPs, practice managers, administrative staff, and healthcare assistants. Teams that involved the wider multi-disciplinary team from an early stage made quicker progress.

**Practical solutions**–One practice placed scales near reception and asked all patients to weigh themselves before checking in. This met one of the DES requirements and removed a task for clinicians.

**Utilising existing clinics**–Some practices engaged patients already attending established clinics such as methadone, shared care, and diabetes clinics.

**Understanding barriers to engagement**–A trainee GP began phoning patients to understand reasons for low engagement. Of the four patients reached, all cited work commitments as the main barrier. The practice decided to reserve some of their late appointment slots for CVD DES checks, helping to better accommodate working patients.

**Collaboration with third sector groups**–One GP engaged with a local community group to raise awareness of cardiovascular disease (CVD) reviews. The GP valued the opportunity to raise awareness for CVD reviews and engage with a local group. However, as the community group comprised of individuals from different practices, it was difficult for the GP to directly follow-up with these patients.

## Next steps

There is often uncertainty when implementing new national programmes. This cohort of practices can be considered early adopters, demonstrating a willingness to apply quality improvement methodology to test new ways of working. Despite the challenges associated with the CVD DES, all teams made meaningful progress and are actively working to meet the programme's requirements.

Learning from this sprint will be shared with the Inclusion Health Action in General Practice programme and other networks through the Primary Care Learning System. Continued promotion of the CVD DES, alongside ongoing improvements to ESCRO, may help encourage wider participation from other practices.

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