

Data Cleansing Hypertension and Atrial Fibrillation Service Specification April – June 2019 v2

1. Introduction

The Thames Valley SCN has supported a programme of work across the system to improve our secondary prevention of cardiovascular disease. We as a CCG have agreed to deliver a programme of improvements as set out in their document 'Thames Valley CVD Ambition'.



TV CVD Ambition
0.12 draft.docx

They have supported a drive to improve the prevalence of Hypertension and Atrial Fibrillation (AF) through this code cleansing project.

They have secured funding for clinical sessions per practice to be managed by CCGs. For our CCG this equates to:

- Oxfordshire £56k for 70 practices in Oxfordshire to do this work

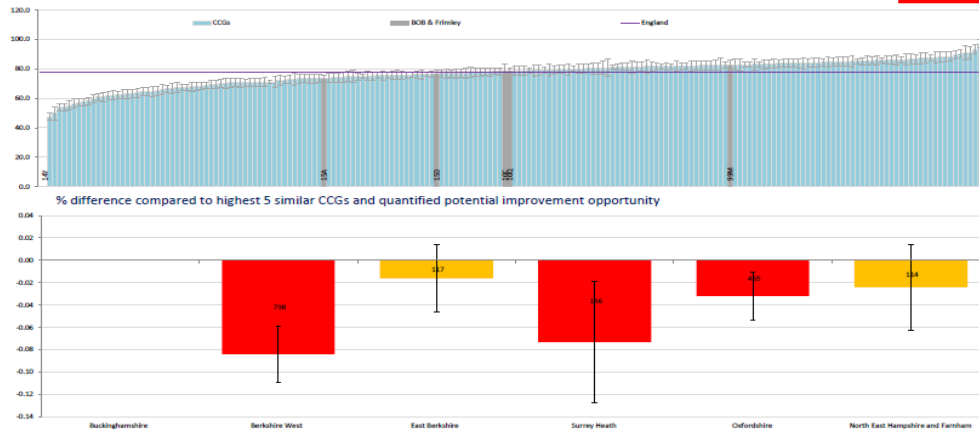
Oxfordshire CCG is committed to improving the prevalence for hypertension and AF. As part of our work on secondary prevention we have set specific goals for improving the management of hypertension and AF and this data cleansing opportunity will help ensure the registers reflect the patients treated for hypertension and AF, and presents an opportunity to ensure those patients already on medication for these conditions are appropriately coded and managed effectively.

17/18 Rightcare data showing reported to estimated prevalence for hypertension and AF across the CCGs in the Thames Valley. It can be seen that for Oxfordshire, areas of potential health gain from improving prevalence for hypertension and AF have been highlighted.

Indicator	CCG/Best 5	Rate (%)					
		NHS Berkshire West CCG	NHS Buckinghamshire CCG	NHS East Berkshire CCG	NHS North East Hampshire and Farnham CCG	NHS Oxfordshire CCG	NHS Surrey Heath CCG
Hypertension – Reported to Estimated	CCG Rate	57.8	-	63.1	62.0	57.8	59.9
	Best 5 Rate	60.4	59.7	59.1	60.5	59.5	61.3
AF – Reported to Estimated	CCG Rate	73.6	-	76.5	82.6	78.6	78.5
	Best 5 Rate	80.3	81.6	77.8	84.7	81.2	84.7
16+ Diabetes – Reported to Estimated	CCG Rate	70.2	-	80.6	85.1	68.6	75.6
	Best 5 Rate	81.2	80.0	86.9	79.2	81.1	84.3
Coronary Heart Disease – Reported to Estimated	CCG Rate	61.2	-	73.2	77.0	63.0	73.0
	Best 5 Rate	74.0	73.4	73.0	73.4	73.0	79.2

Atrial fibrillation: reported to estimated prevalence - 2017/18 (2015/16)

1,418 Patients

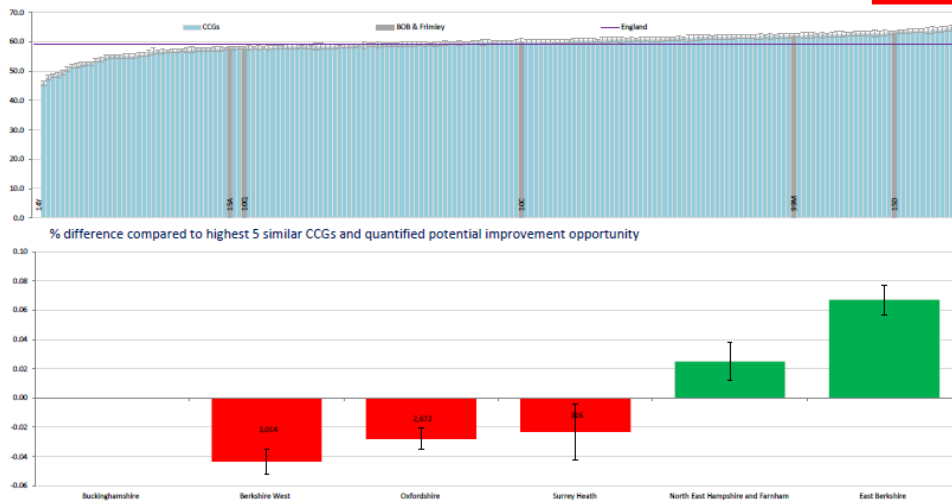


STP Opportunity calculated by summing the CCGs with

Section Risk
Pathway Stroke

Hypertension: reported to estimated prevalence - 2017/18 (2014)

6,003 Patients



2. Outcomes

NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

Local defined outcomes

The whole Oxfordshire CCG (758,561) is covered under this project, all practices can choose to participate in this project. Emis searches (see Appendix 2) are provided for Emis practices and will be made available for practices to import into their practice systems. Vision practices would need to write their own searches. See Appendix 1 for criteria.

Benefits for practices

- Increased recorded prevalence of hypertension
- Increased recorded prevalence of AF
- Agreed sustainable process for maintaining the registers for the practice registered population

Practices will be reimbursed for taking the time to review patients identified as potentially needing to be on either the hypertension or AF register. By increasing the prevalence of these registers, this will also have an impact on increasing their QOF payments upon reaching targets in these domains.

There is a TVSCN CVD competition, for practices who have improved their prevalence and demonstrated an ongoing strategy to maintain their hypertension and AF registers and to target their at risk populations for screening. Details for this found on link below
<http://tvscn.nhs.uk/networks/cardiovascular-stroke-renal-diabetes/cardiac/cvd-resource-packs-opportunities-in-hypertension-and-atrial-fibrillation/>

3. Payment

For participating practices a payment of 7.4p per patient (list size as at 31/3/19).

4. Monitoring

A baseline has been taken from QOF for the hypertension and AF registers as at 31st March 2019. Each practice will need to submit to OCCG, evidence of the number of patients identified in the first run of the search and an indication of how many had been converted and so appear on the hypertension and AF register. Additionally a brief description of how you intend to maintain these registers in the future **by the 20th July 2019** to ensure payment. Please send to: occg.primarycarecontracting@nhs.net

Appendix 2 gives the instructions for Emis practices concerning the searches and what is required for monitoring.

OCCG need to report to NHSE by the end of July. Data will be validated using QOF data extracted in March 2020.

5. Duration

This project runs from 1st April 2019 - 30th June 2019.

6. Contact

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Clinical lead: ed.capo-bianco@nhs.net

Appendix 1

Aims and objectives of service

To ensure the registers accurately capture patients who are on treatment for AF or hypertension in general practice.

Service description/care pathway

Hypertension

1. In each practice, searches will be run on the clinical system to identify lists of people who may have been diagnosed with hypertension but do not have this correctly coded in their record. The two searches are:

a) People prescribed Amlodipine, Felodipine, Lacidipine, Lercanidipine, ACE inhibitors/angiotensin receptor blockers, Indapamide or Bendroflumethiazide who are not on the hypertension register.

b) People who have existing CVD or DM, have two previously recorded blood pressure levels greater than 140/90 and are prescribed any blood pressure lowering medication but not on the hypertension register.

c) People who are prescribed an ACE-inhibitor/A2RA, a beta-blocker or doxazosin who are not on the hypertension register and have no coded history of CVD.

2. The medical record of people identified in searches a), b) and c) will be reviewed by a clinician (doctor, pharmacist or nurse) to confirm the diagnosis. Information such as consistently high blood pressure levels, as well as current medication, will help inform this. The clinician will add an appropriate backdated diagnosis.

3. A third search will be run on the clinical system to identify a list of people who may have undiagnosed hypertension:

d) People who have two previously recorded BPs above 150/90 within the last year but not on the hypertension register.

4. People who are identified in search c) will be invited for a NHS Health Check as a priority group.

5. The searches will remain saved on the clinical system in each practice so that they can be re-run periodically to ensure that registers remain accurate going forward.

Atrial fibrillation

1. In each practice, searches will be run on the clinical system to identify lists of people who may have been diagnosed with atrial fibrillation but do not have this correctly coded in their record. The three searches are:

a) People on Digoxin, beta-blockers, Flecainide or Propafenone but who are not on the AF or HF register.

b) People on an oral anticoagulant for AF

c) People who have a code such as "AF monitoring", "H/O AF", "AF resolved" but are not on the AF register.

Please note a revision for v2 following GP feedback to the AF search has included:

- Subcategorise anyone with a mechanical heart valve to make their records easier to review quickly
- Where [AF resolved] is the most recent code found in the 'codes suggesting possible AF', they are subcategorised for a quicker review in case they belong on the QOF AF register because they have reactivated, instead of a 'may be undiagnosed' group of patients
- Break down the "meds suggest it" searches so that
 - Those with a First/New/Flare Up of a DVT/PE/Superficial Thrombophlebitis are excluded
 - Migraineurs and those with ventricular arrhythmias
 - under the age of 65 are excluded
 - older than 65 are included but subcategorised to make it easier and quicker for clinicians to review the records by tipping them off that there may be a simpler explanation

2. The medical record of people identified in searches a), b) and c) will be reviewed by a clinician (doctor, pharmacist or nurse) to confirm the diagnosis. Information such as ECGs, letters from Cardiology and discharge letters, as well as current medication, will help inform this. The clinician will add an appropriate backdated diagnosis.

Applicable national standards (e.g. NICE)

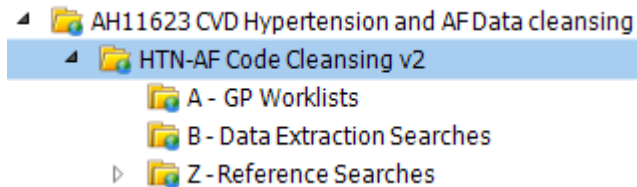
NICE CG127 - Hypertension in adults: diagnosis and management (November 2016 update).
NICE, London.

NICE CG180 - Atrial fibrillation: management (August 2014 update). NICE, London.

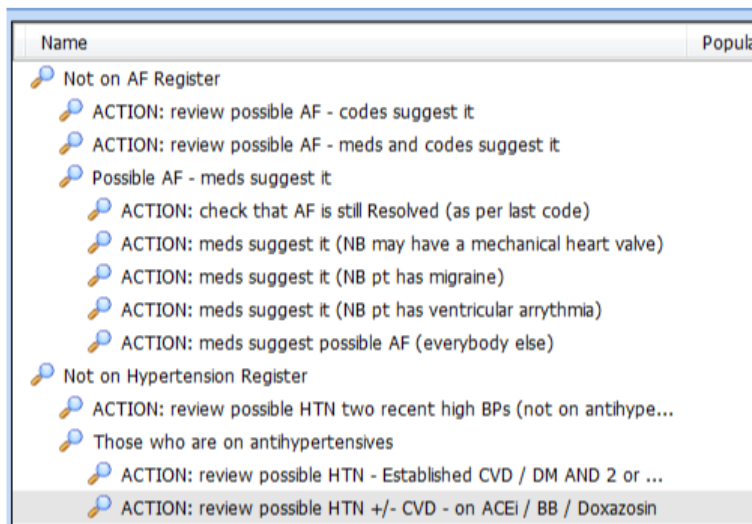
Appendix 2

Hypertension/AF cleansing project April – June 2019 – Emis searches

1. In Emis Enterprise **Oxfordshire (SCWCSU/OCCG)** locate the folder of searches HTN-AF Code Cleansing **v2** at:




2. Copy the HTN-AF folder of searches into your practice system
3. In the folder **A- GP Worklists** run all the searches 'as at today' – the image below shows the searches you will see.



4. Please take a screen shot of the display to include the number of patients found and the date ran before you do any reviewing and send to occg.primarycarecontracting@nhs.net with the title '**Your K code - Hypertension/AF cleansing project searches**'. It is important that we get this screenshot ahead of any work to review the patients.
5. Review the patients on the ACTION lists and code appropriately if they should be included on one/both register/s (once the patients are on the register if you run the searches again they will not come up) – *we realise it is not appropriate to convert all patients and you may want to keep a list so you know which patients have already been reviewed if a number of clinicians are carrying out the work.*
6. To ensure prompt payment we need to know the size of the practice AF and Hypertension Registers after the work has been done – either run the searches in folder **B – Data Extraction Searches** or your Hypertension/AF QOF registers – a screenshot is fine plus a brief description of how you will maintain these registers in the future* - send this information by the **20th July 2019** to occg.primarycarecontracting@nhs.net with the title '**Your K code – Hypertension/AF cleansing_project results**'

* eg. You may want to use the searches at 3 above every 3/6 months to review patients

To take a screen shot

1. Open the snipping tool from your **Start**  **button**, in the search box type **snipping tool**
2. The first time you use it select **Mode**, select **Rectangular Snip** – the screen goes white – drag the cursor around the area you want to capture
3. Use the **Save** and **Copy** buttons at the top of the snip to save or copy it to the clipboard / into an email etc