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| NICE Feasibility – proposal for new indicators |
| GPSES Evaluation |
| Version 0.1, 25 May 2023 |

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# Indicators transferring from NCD

## Learning disabilities: annual health action plans

### Indicator IND2022-129

The percentage of patients on the learning disability register aged 14 or over, who received a learning disability health check and a completed health action plan in the preceding 12 months.

#### GPSES Response

This indicator should be feasible.

The specification corresponds to NCD indicator NCD005 which was removed in the 2023-24 service (Tackling Health Inequalities).

PCAs and the clusters for them already exist in the NCD service.

QOF has LD\_REG which uses the LD\_COD cluster.

Presumably the patient’s age is at QSED and the ‘previous 12 months’ is as at Quality Service End Date, the same as QOF

Existing clusters and clinical data extraction criteria fields can be found in [Appendix 1.](#_Appendix_1:_Clusters)

## Learning disabilities: ethnicity recording and annual health action plans

### IND2023-152

The percentage of patients on the learning disability register aged 14 or over, who:

* received a learning disability health check and a completed health action plan in the preceding 12 months and
* have a recording of ethnicity.

### GPSES Response

This indicator should be possible. The specification corresponds to NCD indicator NCD120 in the 2023-24 service (Tackling Health Inequalities) and would use the QOF LD\_REG register.

Presumably the patient’s age is at QSED and the ‘previous 12 months’ would be at QSED, the same as QOF.

PCAs and associated clusters already exist in the NCD service.

Existing clusters and clinical data extraction criteria fields can be found in [Appendix 1.](#_IND2023-152)

## Lipid disorders: FH assessment and diagnosis

### IND2022-130

#### Description

The percentage of patients with a total cholesterol reading greater than 7.5 when aged 29 years or under, or greater than 9.0 when aged 30 years or over, who have been:

* diagnosed with secondary hyperlipidaemia or
* clinically assessed for familial hypercholesterolaemia or
* referred for assessment for familial hypercholesterolaemia or
* genetically diagnosed with familial hypercholesterolaemia.

#### GPSES Response

This indicator should be possible.

The specification corresponds to NCD indicator NCD102 in the 2023-24 service (Cardiovascular Disease Prevention).

PCAs and associated clusters already exist in the NCD service.

There is no corresponding population in QOF; consider whether any of the following are appropriate:

* a new QOF register
* a new non-returned patient population
* a new ruleset

Existing clusters and clinical data extraction criteria fields can be found in [Appendix 1.](#_IND2022-130)

# Chronic kidney disease: SGLT2 inhibitors

## IND2022-142/ IND2022-135/ IND2022-143

### Description

Three options:

IND2022-142: The percentage of patients on the CKD register and currently treated with an ARB or ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

* a urine ACR of 22.6 mg/mmol or more
* type 2 diabetes and a urine ACR over 30 mg/mmol.

IND2022-135: The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

* a urine ACR of 22.6 mg/mmol or more
* type 2 diabetes and a urine ACR 3 mg/mmol or more.

IND2022-143: The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

* a urine ACR of 22.6 mg/mmol or more
* type 2 diabetes.

### GPSES Response

The indicator as specified should be feasible; however, there are some areas to consider following review by clinician colleagues.

1. The QOF CKD Register already exists and includes patients aged 18 years or over with CKD with classification of categories G3a to G5.

A specific value of urine albumin to creatinine ratio (ACR) 22.6 mg/mmol or more is not currently used in GPES business rules code clusters. Currently, clusters are categorised by CKD stage. New logic would need to be introduced for ACR test and values.

Our clinicians have informed us that ACR is a laboratory test so the result will be received directly by GP systems. We might need to check with GPSS whether they can extract specific ACR values, and whether significant development work is required to do this.

1. New clusters/refsets would need to be created for the following:
* SGLT2 inhibitors (drug cluster via Pharmacy, possibly longer lead-in time to create than PCD refsets)
* ACRs
* SGLT2 inhibitor contraindications (persisting)
* SGLT2 inhibitor contraindications (expiring)
* PCAs: more information is needed as to which types – e.g. CKD review declined, ACR test declined, SGLT2 inhibitor declined, etc.
1. New concepts would need to be requested for SGLT2 inhibitor contraindications as follows:

Expiring:

* SGLT2 inhibitor not indicated
* SGLT2 inhibitor not tolerated
* SGLT2 inhibitor contraindicated

Persisting:

* SGLT2 inhibitor allergy
* SGLT2 inhibitor adverse reaction
1. Last recorded urine ACR for inclusion in the denominator: our clinician colleagues have advised that ACR tests can vary day to day perhaps 2 consecutive tests above threshold should be considered rather than the just the latest/latest after the service start date.

A sample indicator is provided below.

## Sample Indicator – CKD SGLT2 inhibitors

### Qualifying dates

| Term | Description | Definition | Timeframe for this service |
| --- | --- | --- | --- |
| QSSD | Quality Service Start Date | The first day of the period during which a GP practice provides the Quality Service. | 01/04/2023 (example) |
| QSED | Quality Service End Date | The last day of the period during which a GP practice provides the Quality Service. | 31/03/2024 (example |
| PPED | Payment Period End Date | The last day of each period for which payments are made for the Quality Service.(i.e. for monthly payment periods, the PPED will be the last day of the month in question). Where there are no payment periods (e.g. where payments are made as part of core contract) the PPED denotes the last day of the extract period in question. | 31/03/2024 (example) |
| PPED – 6 months | Payment Period End Date minus 6 months | Calculation | Based on PPED |
| PPED – 12 months | Payment Period End Date minus 12 months | Calculation | Based on PPED |
| ACHV\_DAT | Achievement Date | The date up to which pertinent patient information is considered when determining the output for each extraction. This is usually the same as the RPED; however, where interim extracts are made the achievement date will vary for each extraction.  | The last day of each *Quality Service Data Extract Frequency period.* |

### Case register

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Register name | Description | Applied to patients defined in: | GPSES use only: Version | Config style | CQRS code |
| **CKD\_REG** | CKD register: Register of patients aged 18 years or over with CKD with classification of categories G3a to G5 | [GMS registration status](#_GMS_registration_status) | 101 | Q | RT-CKD |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rule number | Rule | Action if true | Action if false | Rule description or comments |
|  | If [PAT\_AGE](#PAT_AGE) >= 18 years | Next rule | Reject | Pass to the next rule all patients from the specified population who are aged at least 18 years on the achievement date. Reject the remaining patients. |
|  | If [CKD\_DAT](#_CKD_DAT)$ $≠ NullANDIf [CKD1AND2\_DAT](#_CKD1AND2_DAT) = NullANDIf [CKDRES\_DAT](#_CKDRES_DAT) = Null | Select | Reject | Select patients passed to this rule who meet all of the criteria below:* Patient has a chronic kidney disease (CKD) 3-5 diagnosis.
* CKD 3-5 diagnosis has not been resolved.
* CKD 3-5 diagnosis has not been superseded by a CKD 1-2 diagnosis.

Reject the remaining patients. |
| *End of rules* |

### Clinical code clusters

| Cluster name | Description | SNOMED CT |
| --- | --- | --- |
| ACE\_COD | Angiotensin-converting enzyme (ACE) inhibitor prescription codes | ^12464201000001109 |
| ACR\_COD | ACR test | New |
| AII\_COD | Angiotensin II receptor blockers (ARB) prescription codes | ^12464301000001100 |
| CKD\_COD | Chronic kidney disease (CKD) stage 3-5 codes | ^ 999004011000230108 |
| [CKD1AND2\_COD](#_AUDITC_COD) | Chronic kidney disease (CKD) stage 1-2 codes | ^ 999004051000230107 |
| CKDEXC\_COD | Chronic kidney disease (CKD) exception codes | ^999004091000230102 |
| CKDINVITE\_COD | Invite for CKD care review codes | New |
| CKDPCAPU\_COD | Patient unsuitable for CKD quality indicator care | New |
| [CKDRES\_COD](#_CKDRES_COD) | Chronic kidney disease (CKD) resolved codes | ^ 999004171000230102 |
| DMTYPE2\_COD | Codes for diabetes type 2 | ^999010771000230109 |
| EGFR\_COD | Estimated glomerular filtration rate | ^999017131000230107 |
| SGLT2DRUG\_COD | SGLT2 inhibitor drug codes | New pharmacy refset |
| SGLT2DEC\_COD | SGLT2 inhibitor drug declined codes | New |
| [TXACE\_COD](#_TXACE_COD) | Angiotensin-converting enzyme (ACE) inhibitor contraindications (expiring) | ^999005251000230104 |
| [TXAII\_COD](#_TXAII_COD_1) | Angiotensin II receptor blockers (ARB) contraindications (expiring) | ^999004491000230106 |
| TXSGLT2\_COD | SGLT2 inhibitor expiring contraindication codes | New |
| [XACE\_COD](#_RENINH_COD) | Angiotensin-converting enzyme (ACE) inhibitor contraindications (persisting) | ^999004371000230104 |
| [XAII\_COD](#_XAII_COD_1) | Angiotensin II receptor blockers (ARB) contraindications (persisting) | ^999004331000230101 |
| XSGLT2\_COD | SGLT2 inhibitor persisting contraindication codes | New |

**Clinical data extraction criteria**

| Field number | Field name | Code cluster (if applicable) | Qualifying criteria | Non-technical description |
| --- | --- | --- | --- | --- |
|  | PAT\_ID | n/a | Unconditional | *The patient’s unique ID number for the practice in question.* |
|  | REG\_DAT | n/a | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *The most recent date that the patient registered for GMS, where this registration occurred on or before the achievement date.* |
|  | DEREG\_DAT | n/a | Earliest > [REG\_DAT](#_REG_DAT) | *The first occurrence of the patient deregistering from GMS following the latest GMS registration*  |
|  | PAT\_AGE | n/a | Unconditional at [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *The age of the patient in full years at the achievement date.* |
|  | CKD\_DAT | [CKD\_COD](#CKD_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent CKD 3-5 diagnosis up to and including the achievement date* |
|  | CKD1AND2\_DAT | [CKD1AND2\_COD](#CKD1AND2_COD) | Latest > [CKD\_DAT](#_CKD_DAT) AND <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent CKD 1-2 diagnosis following the most recent CKD 3-5 diagnosis and up to and including the achievement date.* |
|  | CKDRES\_DAT | [CKDRES\_COD](#CKDRES_COD) | Latest > [CKD\_DAT](#_CKD_DAT) AND <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent CKD resolved code following the most recent CKD 3-5 diagnosis and up to and including the achievement date.* |
|  | CKDEXC\_DAT | [CKDEXC\_COD](#_CKDEXC_COD_1) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent CKD exception code up to and including the achievement date.* |
|  | SGLT2DRUG\_DAT | [SGLT2DRUG\_COD](#SGLT2DRUG_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent SGLT2 inhibitor prescription up to and including the achievement date.* |
|  | ACE\_DAT | [ACE\_COD](#ACE_COD) | Earliest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1)AND > ([ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) – 6 months) | *Date of the first ACE inhibitor prescription in the 6 months up to and including the achievement date.* |
|  | AII\_DAT | [AII\_COD](#AII_COD) | Earliest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1)AND > ([ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) – 6 months) | *Date of the most recent AII antagonist prescription in the 6 months up to and including the achievement date.* |
|  | XACE\_DAT | [XACE\_COD](#_RENINH_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent persisting ACE inhibitor exception up to and including the achievement date.* |
|  | TXACE\_DAT | [TXACE\_COD](#_TXACE_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent expiring ACE inhibitor exception up and including to the achievement date.* |
|  | EGFRLAT\_DAT | [EGFR\_COD](#_EGFR_COD_2) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1)WHERE associated value ≠ Null | *Date of the latest estimated Glomerular Filtration Rate (eGFR) reading with an associated value up to and including the achievement date.* |
|  | EGFRLAT\_VAL | [EGFR\_COD](#EGFR_COD) | Recorded on [EGFRLAT\_DAT](#EGFRLAT_DAT) | *The value of the latest estimated Glomerular Filtration Rate (eGFR) reading up to and including the achievement date* |
|  | ACRLAT\_DAT | [ACR\_COD](#ACR_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1)WHERE associated value ≠ Null | *Date of the latest urine albumin to creatinine ratio (ACR) reading with an associated value up to and including the achievement date.* |
|  | ACRLAT\_VAL | [ACR\_COD](#ACR_COD) | Recorded on [ACRLAT\_DAT](#ACRLAT_DAT) | *The value of the latest urine albumin to creatinine ratio (ACR) reading up to and including the achievement date* |
|  | XAII\_DAT | [XAII\_COD](#_XAII_COD_1) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent persisting AII antagonist exception up to and including the achievement date.* |
|  | TXAII\_DAT | [TXAII\_COD](#_TXAII_COD_1) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent expiring AII antagonist exception up to and including the achievement date.* |
|  | DMTYPE2\_DAT | [DMTYPE2\_COD](#DMTYPE2_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent diabetes type 2 diagnosis up to and including the achievement date.* |
|  | CKDPCAPU\_DAT | [CKDPCAPU\_COD](#CKDPCAPU_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Most recent date that CKD quality indicator care was deemed unsuitable for the patient up to and including the achievement date.* |
|  | XSGLT2\_DAT | [XSGLT2\_COD](#XSGLT2_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent persisting SGLT2 inhibitor contraindication code up to and including the achievement date.* |
|  | TXSGLT2\_DAT | [TXSGLT2\_COD](#TXSGLT2_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent expiring SGLT2 inhibitor contraindication code up to and including the achievement date.* |
|  | ECKD\_DAT | [CKD\_COD](#CKD_COD) | Earliest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the first CKD 3-5 diagnosis up to and including the achievement date.* |
|  | CKDINVITE1\_DAT | [CKDINVITE\_COD](#CKDINVITE_COD) | Earliest >= [QSSD](#_QSSD) AND <= [ACHV\_DAT](#_ACHV_DAT)  | *Date of the earliest invitation for a CKD care review on or after the quality service start date and up to and including the achievement date.* |
|  | CKDINVITE2\_DAT | [CKDINVITE\_COD](#CKDINVITE_COD) | Earliest >= [(](#_DEPRINVITE1_DAT)[CKDINVITE1\_DAT](#CKDINVITE1_DAT) + 7 days) AND <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the earliest invitation for a CKD care review recorded at least 7 days after the first invitation and up to and including the achievement date.* |
| *End of fields* |

**Payment Indicator**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator ID** | Description | Applied to population: | GPSES only: Version | Config style |
| **IND2022-142** | The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor,who are also currently treated with an SGLT2 inhibitor if they have either:* a urine albumin to creatinine ratio 22.6 mg/mmol or more or
* type 2 diabetes and a urine albumin to creatinine ratio value over 30 mg/mmol.
 | [CKD\_REG](#CKD_REG) | 100 | Q |

The numerator is applied to the patients selected into the denominator for this indicator.

|  |  |
| --- | --- |
| **Denominator** |  |
| Rule number | Rule | Action if true | Action if false | Rule description or comments | Rule type | CQRS short name |
|  | If [EGFRLAT\_VAL](#EGFRLAT_VAL) < 25 | Reject | Next rule | Reject patients passed to this rule who have an estimated Glomerular Filtration Rate (eGFR) of less than 25 ml/min/1.72m2.Pass all remaining patients to the next rule. | EX |  |
|  | If [ACE\_DAT](#ACE_DAT) > ([PPED](#_PPED) – 6 months)ORIf [AII\_DAT](#AII_DAT) > ([PPED](#_Payment_Period_End) – 6 months) | Next rule | Reject | Pass to the next rule all patients from the specified population who have either of the following in the 6 months leading up to and including the payment period end date:* Have been treated with an ACE inhibitor (ACE-I).
* Have been treated with an ARB.

Reject the remaining patients. | EX |  |
|  | (If [DMTYPE2\_DAT](#DMTYPE2_DAT) = NullANDIf [ACRLAT\_VAL](#ACRLAT_VAL) >= 22.6)OR(If [DMTYPE2\_DAT](#DMTYPE2_DAT) ≠ NullANDIf [ACRLAT\_VAL](#ACRLAT_VAL) > 30) | Next rule | Reject | Pass to the next rule all patients passed to this rule who meet either of the criteria below:* no type 2 diabetes recorded up to and including the payment period end date and the last recorded urine albumin to creatinine ratio 22.6 is mg/mmol or more or
* type 2 diabetes recorded up to and including the payment period end date and the last recorded urine albumin to creatinine ratio value is over 30 mg/mmol.

Reject the remaining patients. |  |  |
|  | If [SGLT2DRUG\_DAT](#SGLT2DRUG_DAT) > ([PPED](#_Payment_Period_End) – 6 months)AND([SGLT2DRUG\_DAT](#SGLT2DRUG_DAT) >= [ACE\_DAT](#ACE_DAT)OR[SGLT2DRUG\_DAT](#SGLT2DRUG_DAT) >= [AII\_DAT](#AII_DAT)) | Select | Next rule | Select patients passed to this rule who were prescribed an SGLT2 inhibitor in the last 6 months, after being treated with an ACE inhibitor (ACE-I) or an ARBPass all remaining patients to the next rule. |  |  |
|  | If [CKDPCAPU\_DAT](#CKDPCAPU_DAT) > ([PPED](#_Payment_Period_End) – 12 months) | Reject | Next rule | Reject patients passed to this rule for whom CKD quality indicator care was unsuitable in the 12 months leading up to and including the payment period end date. Pass all remaining patients to the next rule. |  |  |
|  | If [XSGLT\_DAT](#XSGLT2_DAT) ≠ Null ORIf [TXSGLT\_DAT](#TXSGLT2_DAT) > ([PPED](#_Payment_Period_End) – 12 months) | Reject | Next rule | Reject patients passed to this rule who had a persisting contraindication or an expiring contraindication to an SGLT2 inhibitor drug recorded in the 12 months leading up to and including the payment period end date.Pass all remaining patients to the next rule. |  |  |
|  | If [CKDEXC\_DAT](#_CKDEXC_DAT) > ([PPED](#_Payment_Period_End) – 12 months) | Reject | Next rule | Reject patients passed to this rule who had a CKD exception reporting code in the 12 months leading up to and including the payment period end date. Pass all remaining patients to the next rule. |  |  |
|  | If [CKDINVITE1\_DAT](#CKDINVITE1_DAT) ≠ NullANDIf [CKDINVITE2\_DAT](#CKDINVITE2_DAT) ≠ Null | Reject | Next rule | Reject patients passed to this rule who have not responded to at least two CKD care review invitations, made at least 7 days apart, in the 12 months leading up to and including the payment period end date. Pass all remaining patients to the next rule.*Please note: to support GP practices in enabling them to carry out QOF care reviews after two invitations for care have been coded,* ***clinical system prompts should not remove a patient from the indicator****.**Currently, once the second invite code has been added to the patient record, the Business Rules logic will remove the patient from the Denominator and clinical systems may automatically remove the prompt, removing the chance for opportunistic reviews where necessary. If a patient has not responded to the invitations and has not received the intervention required by a given indicator, then that patient will be removed from the indicator via personalised care adjustments at year end. This is for payment purposes only. However, up until year end it is expected that such patients should still be flagged up to practices as requiring the care specified by the indicator.* |  |  |
|  | If [ECKD\_DAT](#ECKD_DAT) > ([PPED](#_Payment_Period_End) – 3 months) | Reject | Next rule | Reject patients passed to this rule who had their first CKD 3-5 diagnosis in the 3 months leading up to and including the payment period end date. Pass all remaining patients to the next rule. | TS | DIAG\_DAT |
|  | If [REG\_DAT](#REG_DAT) > ([PPED](#_Payment_Period_End) – 3 months) | Reject | Next rule | Reject patients passed to this rule who registered within the 3 months leading up to and including the payment period end date. Pass all remaining patients to the next rule. | TS | REG\_DAT3 |
| *End of denominator rules* |

|  |  |
| --- | --- |
| **Numerator** | **Configure** |
| Rule number | Rule | Action if true | Action if false | Rule description or comments | Y |
|  | If [SGLT2DRUG\_DAT](#SGLT2DRUG_DAT) > ([PPED](#_Payment_Period_End) – 6 months)AND([SGLT2DRUG\_DAT](#SGLT2DRUG_DAT) >= [ACE\_DAT](#ACE_DAT)OR[SGLT2DRUG\_DAT](#SGLT2DRUG_DAT) >= [AII\_DAT](#AII_DAT)) | Select | Reject | Select patients from the denominator who were prescribed an SGLT2 inhibitor in the last 6 months, after being treated with an ACE inhibitor (ACE-I) or an ARBReject the remaining patients. |  |
| *End of numerator rules* |

# Appendix 1: Clusters for indicators transferring from NCD

### IND2022-129

The percentage of patients on the learning disability register aged 14 or over, who received a learning disability health check and a completed health action plan in the preceding 12 months.

#### Clusters

| Cluster name | Description | SNOMED CT |
| --- | --- | --- |
| HLTHAP\_COD | Health action plan provided codes | ^999015891000230105 |
| HLTHAPDEC\_COD | Codes indicating the patient has chosen not to receive a health action plan | ^999018571000230102 |
| HLTHCHK\_COD | Learning disability (LD) health check codes | ^999015851000230100 |
| HLTHCHKDEC\_COD | Codes indicating the patient has chosen not to receive a learning disability (LD) health check | ^999018611000230108 |
| LD\_COD | Learning disability (LD) codes | ^999002611000230109 |

#### CDEC fields

| Field number | Field name | Code cluster (if applicable) | Qualifying criteria | Non-technical description |
| --- | --- | --- | --- | --- |
|  | PAT\_AGE | n/a | Patient age (years) at [QSED](#QSED) | *The patient’s age (in years) on the quality service end date.* |

### IND2023-152

The percentage of patients on the learning disability register aged 14 or over, who:

* received a learning disability health check and a completed health action plan in the preceding 12 months and
* have a recording of ethnicity.

#### Clusters

| Cluster name | Description | SNOMED CT |
| --- | --- | --- |
| ETHNALL\_COD | Active and inactive ethnicity codes | ^999022611000230100 |
| HLTHAP\_COD | Health action plan provided codes | ^999015891000230105 |
| HLTHAPDEC\_COD | Codes indicating the patient has chosen not to receive a health action plan | ^999018571000230102 |
| HLTHCHK\_COD | Learning disability (LD) health check codes | ^999015851000230100 |
| HLTHCHKDEC\_COD | Codes indicating the patient has chosen not to receive a learning disability (LD) health check | ^999018611000230108 |
| LD\_COD | Learning disability (LD) codes | ^999002611000230109 |

#### CDEC Fields

| Field number | Field name | Code cluster (if applicable) | Qualifying criteria | Non-technical description |
| --- | --- | --- | --- | --- |
|  | PAT\_AGE | n/a | Patient age (years) at [QSED](#QSED) | *The patient’s age (in years) on the quality service end date.* |
|  | PAT\_ETHNIC | n/a | Unconditional at [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *The ethnicity of the patient at the achievement date.**N.B. the PAT\_ETHNIC entries are* ***only*** *derived from the Patients table.* |

### IND2022-130

The percentage of patients with a total cholesterol reading greater than 7.5 when aged 29 years or under, or greater than 9.0 when aged 30 years or over, who have been:

* diagnosed with secondary hyperlipidaemia or
* clinically assessed for familial hypercholesterolaemia or
* referred for assessment for familial hypercholesterolaemia or
* genetically diagnosed with familial hypercholesterolaemia

#### Clusters

| Cluster name | Description | SNOMED CT |
| --- | --- | --- |
| CHOL2\_COD | Total cholesterol codes with a value | ^999003971000230103 |
| CLASSFH\_COD | Codes for assessed for familial hypercholesterolaemia | ^999035751000230104 |
| FAMHYPGEN\_COD | Familial hypercholesterolemia disorders genetically confirmed codes | ^999029651000230105 |
| FAMHYPREF\_COD | Referral for assessment for familial hypercholesterolemia codes | ^999029571000230100 |
| FAMHYPREFDEC\_COD | Codes indicating patient chose not to be referred for assessment for familial hypercholesterolemia | ^999030651000230100 |
| PALCARE\_COD | Palliative care codes | ^999009771000230104 |
| PALCARENI\_COD | Palliative care not clinically indicated codes | ^999009931000230103 |
| SECHYPERLIP\_COD | Secondary hyperlipidaemia or hypercholesterolemia codes | ^999029611000230106 |

#### CDEC Fields

| Field number | Field name | Code cluster (if applicable) | Qualifying criteria | Non-technical description |
| --- | --- | --- | --- | --- |
|  | PAT\_DOB | n/a | Unconditional | *The patient’s date of birth.* |

# Appendix 2: Clusters for CKD SGLT2 inhibitors

### IND2022-142/ IND2022-135/ IND2022-143

#### Description

IND2022-142: The percentage of patients on the CKD register and currently treated with an ARB or ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

* a urine ACR of 22.6 mg/mmol or more
* type 2 diabetes and a urine ACR over 30 mg/mmol.

IND2022-135: The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

* a urine ACR of 22.6 mg/mmol or more
* type 2 diabetes and a urine ACR 3 mg/mmol or more.

IND2022-143: The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

* a urine ACR of 22.6 mg/mmol or more
* type 2 diabetes.

#### Clusters

| Cluster name | Description | SNOMED CT |
| --- | --- | --- |
| ACE\_COD | Angiotensin-converting enzyme (ACE) inhibitor prescription codes | ^12464201000001109 |
| ACR\_COD | ACR test | New |
| AII\_COD | Angiotensin II receptor blockers (ARB) prescription codes | ^12464301000001100 |
| CKD\_COD | Chronic kidney disease (CKD) stage 3-5 codes | ^ 999004011000230108 |
| [CKD1AND2\_COD](#_AUDITC_COD) | Chronic kidney disease (CKD) stage 1-2 codes | ^ 999004051000230107 |
| CKDEXC\_COD | Chronic kidney disease (CKD) exception codes | ^999004091000230102 |
| CKDINVITE\_COD | Invite for CKD care review codes | New |
| CKDPCAPU\_COD | Patient unsuitable for CKD quality indicator care | New |
| [CKDRES\_COD](#_CKDRES_COD) | Chronic kidney disease (CKD) resolved codes | ^ 999004171000230102 |
| DMTYPE2\_COD | Codes for diabetes type 2 | ^999010771000230109 |
| EGFR\_COD | Estimated glomerular filtration rate | ^999017131000230107 |
| SGLT2DRUG\_COD | SGLT2 inhibitor drug codes | New pharmacy refset |
| SGLT2DEC\_COD | SGLT2 inhibitor drug declined codes | New |
| [TXACE\_COD](#_TXACE_COD) | Angiotensin-converting enzyme (ACE) inhibitor contraindications (expiring) | ^999005251000230104 |
| [TXAII\_COD](#_TXAII_COD_1) | Angiotensin II receptor blockers (ARB) contraindications (expiring) | ^999004491000230106 |
| TXSGLT2\_COD | SGLT2 inhibitor expiring contraindication codes | New |
| [XACE\_COD](#_RENINH_COD) | Angiotensin-converting enzyme (ACE) inhibitor contraindications (persisting) | ^999004371000230104 |
| [XAII\_COD](#_XAII_COD_1) | Angiotensin II receptor blockers (ARB) contraindications (persisting) | ^999004331000230101 |
| XSGLT2\_COD | SGLT2 inhibitor persisting contraindication codes | New |

#### Clinical data extraction criteria

| Field number | Field name | Code cluster (if applicable) | Qualifying criteria | Non-technical description |
| --- | --- | --- | --- | --- |
|  | PAT\_ID | n/a | Unconditional | *The patient’s unique ID number for the practice in question.* |
|  | REG\_DAT | n/a | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *The most recent date that the patient registered for GMS, where this registration occurred on or before the achievement date.* |
|  | DEREG\_DAT | n/a | Earliest > [REG\_DAT](#_REG_DAT) | *The first occurrence of the patient deregistering from GMS following the latest GMS registration*  |
|  | PAT\_AGE | n/a | Unconditional at [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *The age of the patient in full years at the achievement date.* |
|  | CKD\_DAT | [CKD\_COD](#CKD_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent CKD 3-5 diagnosis up to and including the achievement date* |
|  | CKD1AND2\_DAT | [CKD1AND2\_COD](#CKD1AND2_COD) | Latest > [CKD\_DAT](#_CKD_DAT) AND <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent CKD 1-2 diagnosis following the most recent CKD 3-5 diagnosis and up to and including the achievement date.* |
|  | CKDRES\_DAT | [CKDRES\_COD](#CKDRES_COD) | Latest > [CKD\_DAT](#_CKD_DAT) AND <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent CKD resolved code following the most recent CKD 3-5 diagnosis and up to and including the achievement date.* |
|  | CKDEXC\_DAT | [CKDEXC\_COD](#_CKDEXC_COD_1) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent CKD exception code up to and including the achievement date.* |
|  | SGLT2DRUG\_DAT | [SGLT2DRUG\_COD](#SGLT2DRUG_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent SGLT2 inhibitor prescription up to and including the achievement date.* |
|  | ACE\_DAT | [ACE\_COD](#ACE_COD) | Latest < [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent ACE inhibitor prescription up to and including the achievement date.* |
|  | AII\_DAT | [AII\_COD](#AII_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent AII antagonist prescription up to and including the achievement date.* |
|  | XACE\_DAT | [XACE\_COD](#_RENINH_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent persisting ACE inhibitor exception up to and including the achievement date.* |
|  | TXACE\_DAT | [TXACE\_COD](#_TXACE_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent expiring ACE inhibitor exception up and including to the achievement date.* |
|  | EGFRLAT\_DAT | [EGFR\_COD](#_EGFR_COD_2) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1)WHERE associated value ≠ Null | *Date of the latest estimated Glomerular Filtration Rate (eGFR) reading with an associated value up to and including the achievement date.* |
|  | EGFRLAT\_VAL | [EGFR\_COD](#EGFR_COD) | Recorded on [EGFRLAT\_DAT](#EGFRLAT_DAT) | *The value of the latest estimated Glomerular Filtration Rate (eGFR) reading up to and including the achievement date* |
|  | ACRLAT\_DAT | [ACR\_COD](#ACR_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1)WHERE associated value ≠ Null | *Date of the latest urine albumin to creatinine ratio (ACR) reading with an associated value up to and including the achievement date.* |
|  | ACRLAT\_VAL | [ACR\_COD](#ACR_COD) | Recorded on [ACRLAT\_DAT](#ACRLAT_DAT) | *The value of the latest urine albumin to creatinine ratio (ACR) reading up to and including the achievement date* |
|  | XAII\_DAT | [XAII\_COD](#_XAII_COD_1) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent persisting AII antagonist exception up to and including the achievement date.* |
|  | TXAII\_DAT | [TXAII\_COD](#_TXAII_COD_1) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent expiring AII antagonist exception up to and including the achievement date.* |
|  | DMTYPE2\_DAT | [DMTYPE2\_COD](#DMTYPE2_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent diabetes type 2 diagnosis up to and including the achievement date.* |
|  | CKDPCAPU\_DAT | [CKDPCAPU\_COD](#CKDPCAPU_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Most recent date that CKD quality indicator care was deemed unsuitable for the patient up to and including the achievement date.* |
|  | XSGLT2\_DAT | [XSGLT2\_COD](#XSGLT2_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent persisting SGLT2 inhibitor contraindication code up to and including the achievement date.* |
|  | TXSGLT2\_DAT | [TXSGLT2\_COD](#TXSGLT2_COD) | Latest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the most recent expiring SGLT2 inhibitor contraindication code up to and including the achievement date.* |
|  | ECKD\_DAT | [CKD\_COD](#CKD_COD) | Earliest <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the first CKD 3-5 diagnosis up to and including the achievement date.* |
|  | CKDINVITE1\_DAT | [CKDINVITE\_COD](#CKDINVITE_COD) | Earliest >= [QSSD](#_QSSD) AND <= [ACHV\_DAT](#_ACHV_DAT)  | *Date of the earliest invitation for a CKD care review on or after the quality service start date and up to and including the achievement date.* |
|  | CKDINVITE2\_DAT | [CKDINVITE\_COD](#CKDINVITE_COD) | Earliest >= [(](#_DEPRINVITE1_DAT)[CKDINVITE1\_DAT](#CKDINVITE1_DAT) + 7 days) AND <= [ACHV\_DAT](#_Achievement_Date_(ACHV_DAT)_1) | *Date of the earliest invitation for a CKD care review recorded at least 7 days after the first invitation and up to and including the achievement date.* |
| *End of fields* |