



**Primary Care
Cardiovascular
Society**

Driving primary care to deliver
the best in cardiovascular health



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CVD Academy

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PCCS CKD QI Programme

Coding and Searches

Dr Raj Thakkar

Primary Care Cardiovascular Society President Elect (and CKD representative), Oxford AHSN primary care cardiology lead, UK Director - Healthy.io, Primary Care GP – Clinical Co-Lead with the National Cardiac Pathways Improvement Programme

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Dr Raj Thakkar Disclosures



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- PCCS
- Amgen
- AstraZeneca
- Bayer
- Novartis
- Medtronic
- Edwards
- Heathy.io

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Coding and Searches

- Why should we code for CKD?
- The importance of CKD searches
- North East and North Cumbria AHSN
- UCLPartners and CVD ACTION
- NHS England CVDPREVENT



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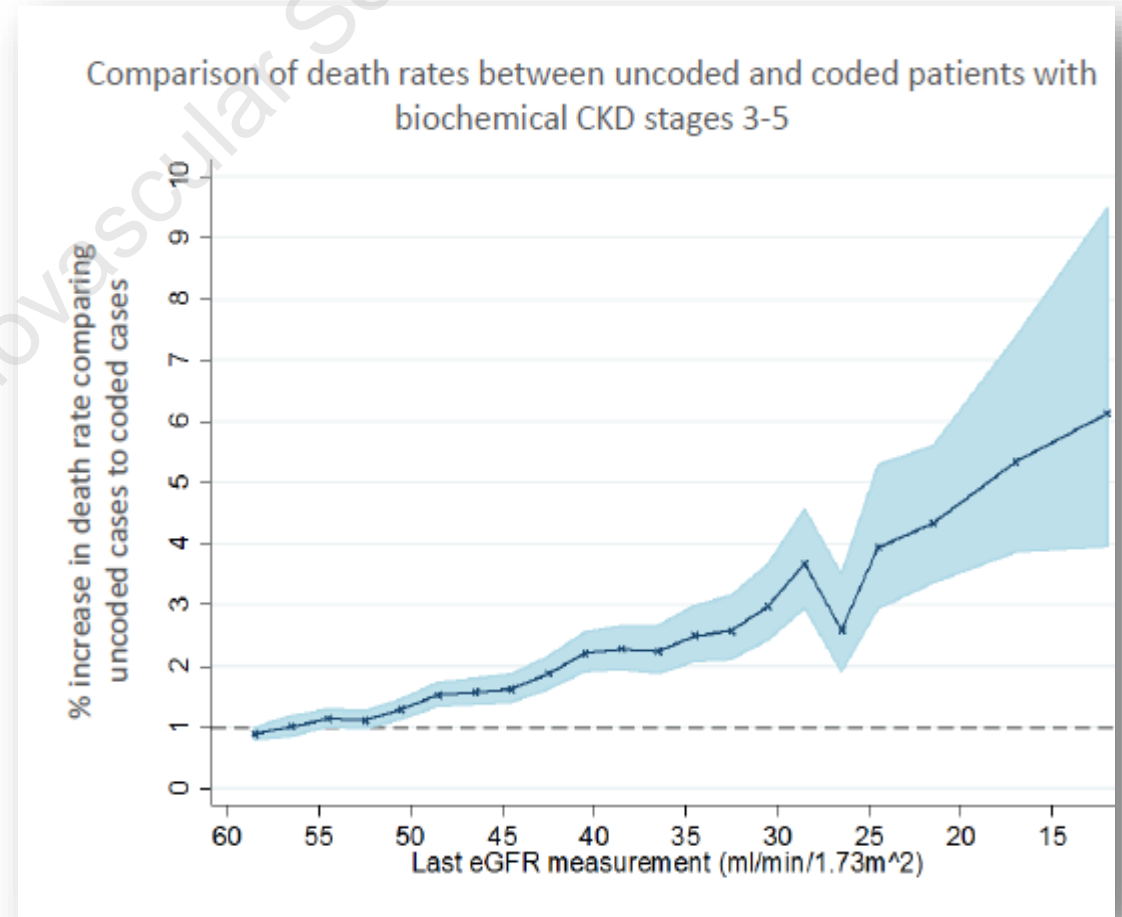
Why should we code for CKD?



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- Significant number of patients uncoded
- Coding often seen as a quality marker in primary care
- Uncoded patients with CKD have worse outcomes than coded patients (Kidney audit, 2017)
- Higher risk of mortality and hospital admissions
- Coding facilitates
 - audit of care through CKDPREVENT e.g. proportion of patients with CKD stage 3–5 prescribed lipid lowering therapy
 - Management of CKD





The importance of CKD searches



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- Searches for CKD enable identification of patients who may currently have CKD or be at risk of CKD
- This allows clinicians to review patient records and subsequently code/optimize management of patients with or at risk of CKD
- Key terms relevant to CKD are used to build CKD searches
- The following organisations have developed CKD searches for use in primary care GP systems





North East and North Cumbria AHSN



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- The North East and North Cumbria AHSN act as a trusted intermediary between NHS, academia and industry
- They focus on:



AHSN, academic health science network; CVD, cardiovascular disease.

North East and North Cumbria Academic Health Science Network. Available at: <https://ahsn-nenc.org.uk/>. Accessed January 2023.





North East and North Cumbria AHSN Searches



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- CDRC CKD searches (3 elements)

Risk stratification

Identifying high risk patients who should be prioritised for review

Work to do

Flagging patients requiring management, e.g. optimisation of BP

Performance management

Patient management care processes

- Available for use in SystemOne and EMIS computer systems
 - PCN and practice level data can be viewed
 - User guide will be available for using searches
- Searches **coming soon**



Academic Health
Science Network
North East and North Cumbria

- UCLPartners are a health innovation partnership

Their values include:

Partnership

Bringing together expertise to tackle health challenges

Pace

Rapidly delivering health initiatives

People

Working with patients to guide work

Population

Tailoring work to the health needs of the local diverse communities

Priorities include:

Cardiovascular health

Proactive care frameworks created to support primary care teams to manage patients with CVD.



CVDACTION by UCLPartners



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Coming soon

Opportunities for improvement

Shows gaps and opportunities for improvement in six high impact conditions that cause CVD:

- AF
- Hypertension
- Hypercholesterolemia
- Diabetes
- Non-diabetic hyperglycaemia
- CKD

Prioritisation where there is clinical need

Allows identification and stratification of patients whose care needs optimising to prevent CVD events, allowing prioritisation where clinical need is urgent or population health impact is high

Dashboard for treatment optimisation

85 searches to populate dashboards for practices/PCNs. Dashboard gives an overview of the six conditions with indicators grouped in domains, showing number of patients with potential for treatment optimisation

Tackling health inequalities

Can filter by deprivation, ethnicity, severe mental illness and learning disabilities to tackle health inequalities

Clinical resources

Embedded guide for next clinical steps with links to NICE guidance and resources to support clinical optimisation and patient education

AF, atrial fibrillation; CKD, chronic kidney disease; CVD, cardiovascular disease; NICE, National Institute for Health and Care Excellence; PCNs, primary care networks.

UCLPartners. CVDACTION. Available at: <https://uclpartners.com/>. Accessed January 2023.



NHS England: CVDPREVENT



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- CVDPREVENT is a national primary care audit
 - Extracts routinely held GP data covering diagnosis and management of AF, hypertension, hypercholesterolemia, diabetes, non-diabetic hyperglycaemia and CKD
- Will allow for QI in individual GP practices across PCNs
- Provision of data to highlight gaps, identify inequalities, and opportunities for improvement.

AF, atrial fibrillation; CKD, chronic kidney disease; CVD, cardiovascular disease; GP, general practice; NHS, National Health Service; PCNs, primary care networks; QI, quality improvement.

NHS England. CVDPREVENT. <https://www.england.nhs.uk/ourwork/clinical-policy/cvd/cvdprevent/#:~:text=CVDPREVENT%20is%20a%20national%20primary,non%2Ddiabetic%20hyperglycaemia%20and%20chronic>. Accessed March 2023.





Summary



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- It is important to systematically detect and treat CKD across your practice, PCN and ICBs
- The risk of not focusing on CKD can cause significant harm to people and the NHS
- Key elements of quality improvement include:
 - Education and highlighting to colleagues the value and purpose of detecting and treating CKD [video 1]
 - Reviewing your current processes and systems with respect to detection, coding and treatment
 - Using the data to drive change
 - Embedding your new approach across your area of work