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Investment and Impact Fund 2022 / 23: Health Inequalities

19 October 2022

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Clinical Leads, Clinical Effectiveness Group (CEG)

Introduction

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Today:

19 October 2022

Prevention and Tackling Health Inequalities

Coming up:

2 November 2022

Providing High Quality Care & Sustainable NHS

Funding changes, from 1 October:

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- Funding of 260m is now worth 223m
- 37m shortfall will be released to PCNs to:

Increase clinical capacity by purchasing additional workforce to support additional appointments and access for patients

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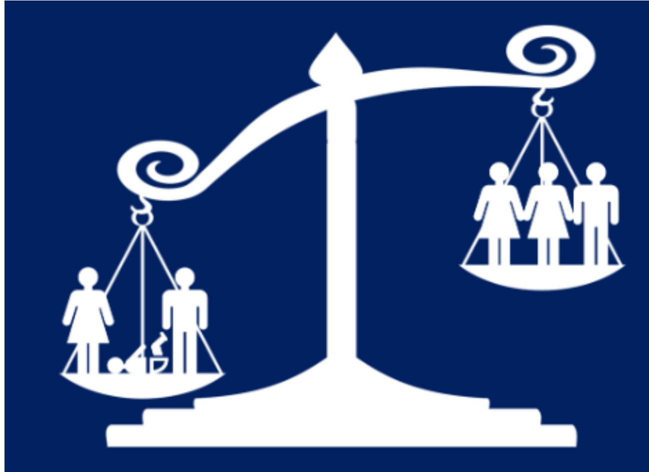
Domain 1: Health Inequalities



- Vaccinations & Immunisations
- Learning Disability
- Ethnicity
- CVD Prevention

VI-01, VI-02, VI-03: Flu vaccinations

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VI – 01: % of patients who have received a flu vaccination **65 and over**	80% - 86% 40pts
VI – 02: % **At risk** patients aged 18 to 64 who have received a flu vaccination	57% - 90% 88pts
VI – 03: **Children aged 2 to 3** who have received a flu vaccination	45% - 82% 14pts

Personalised Care Adjustment (PCA)

- Patients who declined the offer of a seasonal influenza vaccination
- Situations in which it is not clinically appropriate to provide a seasonal influenza vaccination
- Patient did not reply to two separately coded invites to receive a seasonal influenza vaccination using their preferred method of communication

Exclusion End of Life Care

Flu planning guide Flu planning guide

HI-01: Learning Disability

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Threshold: 60% - 80% **Pts:** 36 pts

Target groups: Age 14 and over

What do you need to do?

- LD QOF register
- Complete Annual Health Check
- Complete Health Action Plan

This indicator is additional to the DES item of service payment (£140) for annual LD health check.

Learning disabilities health action plan reviewed	413163007	2474709017
Includes all child codes		
Completion of learning disabilities health action plan	712491005	3082259017
Includes all child codes		

Nice guidelines: Learning disability: care and support of people growing older
https://www.nice.org.uk/guidance/qs187/chapter/Quality-statement-4-Annual-health-check

Personalised Care Adjustment:

Patient refused the offer of a learning disability health check.

HI-02: Recording of ethnicity

Threshold: 81% - 95% **Pts:** 45 pts

Target groups: All registered patients

What do you need to do?

Record ethnicity or one of the not stated/declined codes:

- **1024701000000100** - Ethnicity not stated
- **763726001** - Refusal by patient to provide information about ethnic group

Note: Patients should not feel obligated to state their ethnicity if they prefer not to do so, using the codes above will be counted towards achievement.

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CVD-01: Percentage of patients aged 18 years or over with an elevated blood pressure reading (≥ 140/90mmHg) and not on the QOF Hypertension Register, for whom there is evidence of clinically appropriate follow-up to confirm or exclude a diagnosis of hypertension.

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Threshold: 25% - 50% **Pts:** 71 pts

Target groups:

- Not on Hypertension register from 31 March 2022;
- Last recorded blood pressure reading in the two years prior to 1 April 2022 ≥ 140/90mmHg, or;
- Blood pressure reading ≥ 140/90mmHg on or after 1 April 2022.

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CVD-01 continued Mike

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What do you need to do?

- Have a previous raised BP, but now BP normal
- Previous raised BP, raised BP since April, **and one of**:
  - Change of medication code added **and** a subsequent BP <140/90;
  - Antihypertensive medication issued after the BP **and** diagnosed with hypertension;
  - Code of hypertension treatment refused added **and** diagnosed with hypertension;
  - Blood pressure recorded at home coded;
  - Ambulatory BP coded;
  - Referred on the **same day as the first BP of the year.**
- In year BP >140/90 without a high BP in previous 2 years with one of the same interventions above.

CVD-01 continued Ranjan

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What do you need to do?

Both areas –

- Change of medication code added AND a subsequent BP <140/90
- Antihypertensive medication issued after the BP AND diagnosed with hypertension
- Code of hypertension treatment refused added AND diagnosed with hypertension
- Blood pressure recorded at home coded
- Ambulatory BP coded
- Those added on the QOF register should be referred for specialist assessment **on the same day or** commencement of antihypertensive therapy OR patient declined antihypertensive therapy

BP reading ≥ 140/90mmHg on or after 1 April 2022 - follow-up within six months of first elevated blood pressure reading to exclude or include in the hypertensive register

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Personalised Care Adjustment: Ranjan

- A blood pressure reading ≥ 140/90mmHg on or after 1 April 2022 - an initial elevated BP recorded between 1 October 2022 and 31 March 2023 inclusive, who are not followed up by the end of the financial year (patients will carry over to the denominator of CVD-01 in 2023/24)

- Patient declined ambulatory/home blood pressure testing (Patient chose not to receive intervention)

- Patients declining a BP reading alone will **not** trigger a PCA.

CVD-02: Percentage of registered patients on the QOF hypertension register

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Thresholds: 0.4% - 0.8% **Pts:** 35 pts

Change to threshold, made it easier

Target Groups: All registered patients

What do you need to do?

Indicator complements CVD-01:

“CVD-02 is intended as a complement to CVD-01. While CVD-01 is a process indicator recognising PCNs for undertaking actions that should lead to increased hypertension diagnosis, CVD-02 is an ‘outcome’ indicator that recognises PCNs for actually achieving those increased diagnoses.”

CVD-03: Percentage of patients aged between 25 and 84 years inclusive and with a CVD risk score (QRISK2 or 3) greater than 20 percent, who are currently treated with statins

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Thresholds: 48% - 58% **Pts:** 31

Target Groups:

- Patients aged 25 – 84 with a CVD risk score (QRISK 2 or 3) >20%

What do you need to do?

- Prescribe statin (in criteria ‘currently treated’ means prescribed in 6 months prior to end of reporting period)
- Enter a statin declined **code**

PCA: Patient declined or not clinically suitable
Exclusions: Patients with established CVD or at end of life

National Guidelines for Lipid Management
lipid-management-for-primary-and-secondary-prevention-of-CVD

CVD-04: Percentage of patients aged 29 and under with a total cholesterol greater than 7.5 OR aged 30 and over with a total cholesterol greater than 9.0 who have been:

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Thresholds: 20% - 48% **Pts:** 18

What do you need to do?

i) diagnosed with secondary hyperlipidaemia; or
ii) clinically assessed for familial hypercholesterolaemia; or
iii) referred for assessment for familial hypercholesterolaemia; or
iv) genetically diagnosed with familial hypercholesterolaemia

PCA: Referral for assessment for familial hypercholesterolemia declined coded or End of Life

Change to threshold

Nice guidelines: Familial Hypercholesterolaemia: identification and management https://www.nice.org.uk/guidance/cg71

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CVD-05: Percentage of patients on the QOF AF register and with a CHA2DS2-VASc score of 2 or more (1 or more if male), who were prescribed DOAC, or, where a DOAC was declined or unsuitable, a Vit K antagonist

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Thresholds: 70% - 95% **Pts:** 66

Target Groups:

- Patients on QOF AF register with CHA_2DS_2 VASc score ≥2 if female, ≥1 if male

PCA:

- First AF diagnosis in 3 months to reporting period end date
- Oral anticoagulation unsuitable/declined
- Patient declined or not clinically suitable

CVD–05: continued

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What do you need to do?

- APL-AF tool
- No valve replacement and on DOAC
- No valve replacement on warfarin AND declined DOAC in last 12 months
- No valve replacement on warfarin AND previous CI to DOAC (at any time)
- No valve replacement has antiphospholipid syndrome on warfarin
- No valve replacement on warfarin AND DOAC not indicated in the last 12 months AND last TTR must be >65%
- HAS valve replacement on warfarin

If patient has DOAC clinically unsuitable coded, they are not excluded but move to next success criteria (warfarin)

CVD–05: continued

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Exclusions:

- Have no history of valve replacement and code BOTH warfarin and DOAC not indicated
- Have no history of valve replacement and bode BOTH DOAC adverse reaction or CI AND warfarin declined in the last 12 months
- Have no history of valve replacement but have antiphospholipid syndrome and warfarin declined in the last 12 months
- Have no history of valve replacement, DOAC not indicated, TTR > 65% and declined warfarin
- Have no valve replacement, DOAC declined and warfarin not indicated
- Have no valve replacement, DOAC and warfarin both declined
- Have straight anticoagulation declined
- Are diagnosed with AF in last 3 months of the year

CVD-06: Number of patients currently prescribed Edoxaban as a percentage of patients on QOF AF register, with a CHA2DS2-VASc score of 2 or more (1 or more if male) and already prescribed a DOAC

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Thresholds: 25% - 35% **Pts:** 66

Target Groups

- Patients on QOF AF register with CHA_2DS_2 VASc score ≥2 if female, ≥1 if male that are currently prescribed a DOAC

Exclusions: Resolved AF or if subsequent CHA_2DS_2 VASc score below 2 (female) or 1 (male)

What do you need to do?

- Consider whether PCN wants to consider swapping existing patients on DOAC to Edoxaban or if just new starters.
- To be aware, potential risk of under anticoagulation if very good renal function
- MHRA: If creatinine clearance >80mL/min *"Should only be used in some indications after a careful evaluation of the individual thromboembolic and bleeding risk"*

DOACs): reminder of bleeding risk,

Any Questions?

How we can support you

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- Searches
- Templates
- Virtual or face-to-face practice visits
- Monthly dashboard: https://www.qmul.ac.uk/blizard/ceg/dashboards/

Username: CEGdashboards
Password: NELh3@lth

CEG City & Hackney team

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Let’s see the dashboard in action!

Local support teams

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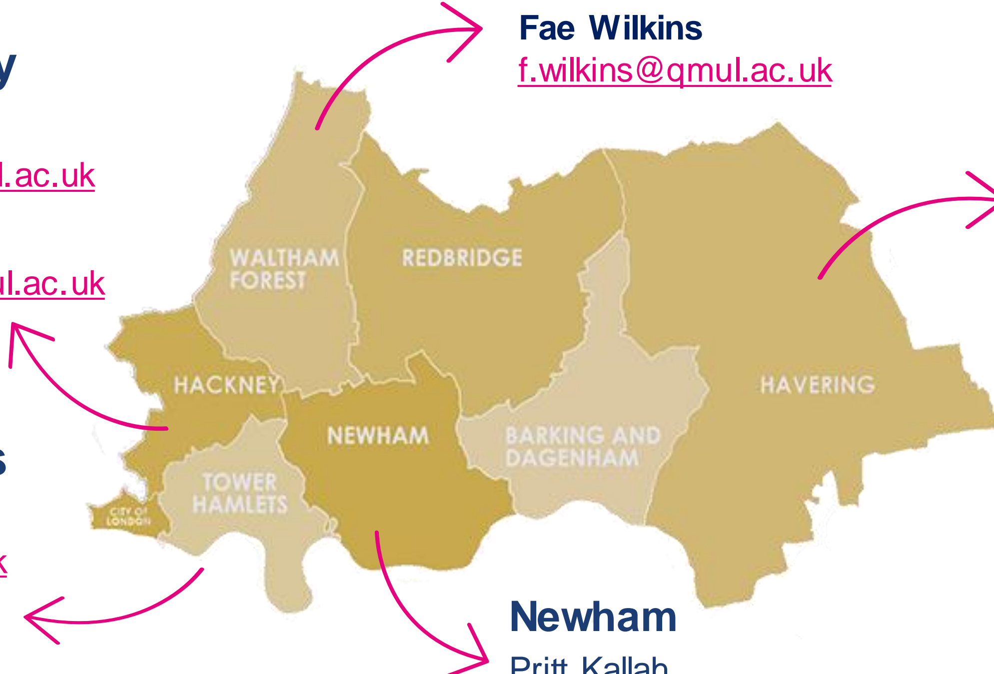

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