SPQS 2018/2019 Guide

It is a requirement of SPQS that each practice participates and contributes individually in QI activity and networking. The CCG except practices to undertake QI activity for three priority areas throughout the year, proving updates of the work completed in each quarter. The CCG fully support this guide and priority areas and have approved the suggested QI cycles in this guide.

This document is a suggested guide on how to complete the three priority areas.

- Priority Area 1 is Hypertension
- Priority Area 2 is Falls
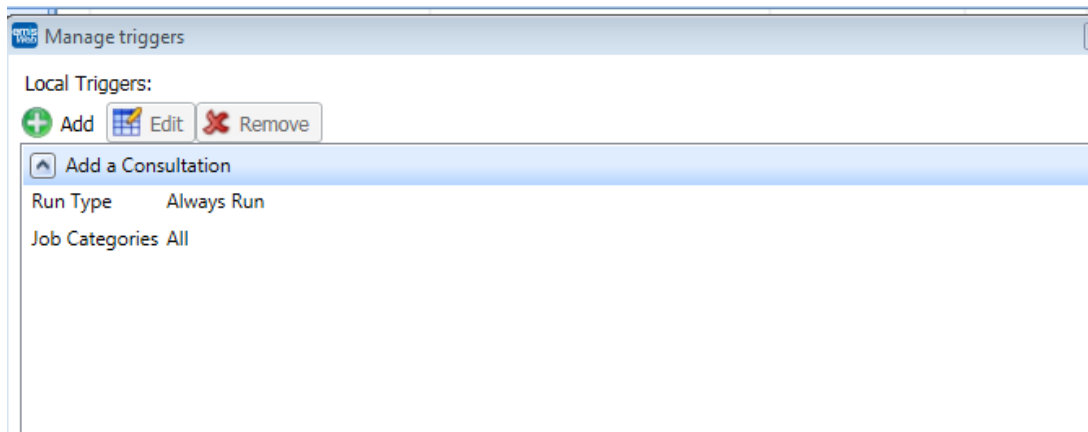- Priority Area 3 is Bone Health

The template that we have put together contains visibility rules and will only show on the patients that require a clinical intervention in any of the above priority areas.

Practices are not required to use these suggestions below, and may choose to use their own examples.
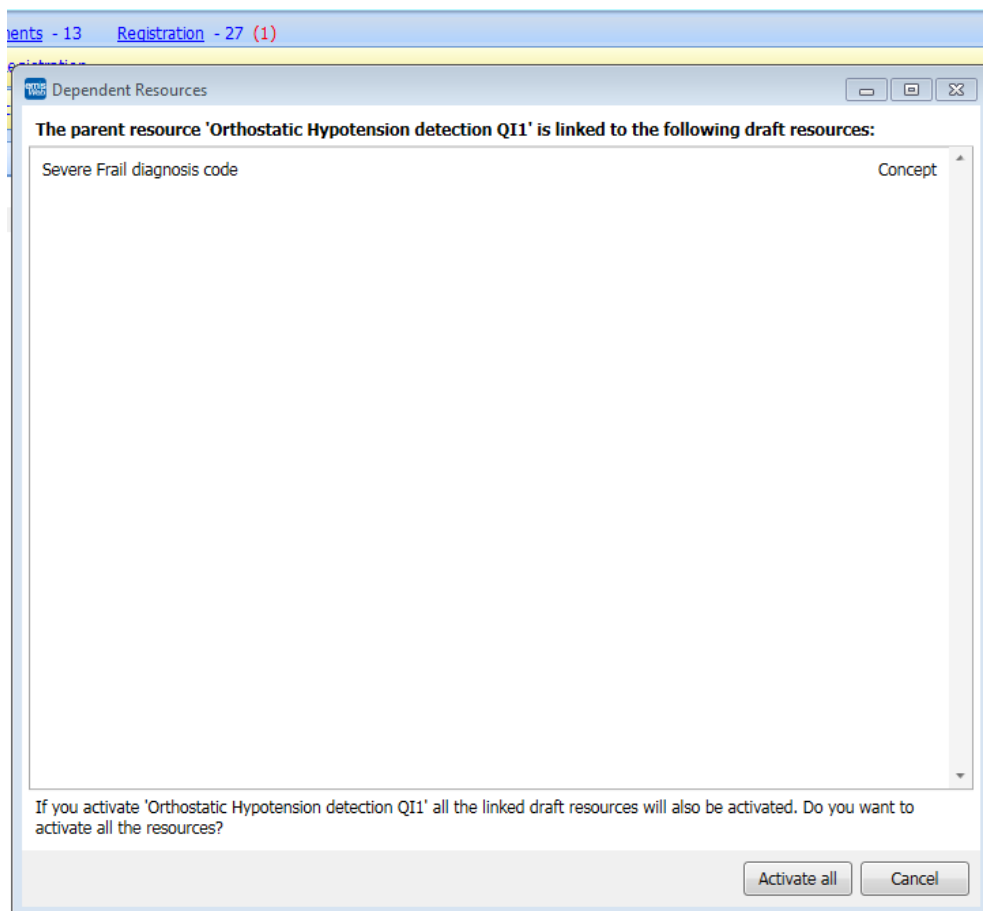
We have provided suggested concepts, clinical template and protocol for use with all three areas. You will need to import these into EMIS in the correct order as below.

These are attached in a WinZip file and need to be extracted first. There are two EDWT files for documents that can be used in priority areas 2 and 3.

1. Import the concept files, if a warning appears when importing please click YES
2. Import the template, if a warning appears when importing please click YES
3. Import the Protocol, if a warning appears when importing please click YES
4. – **Once loaded the trigger should be set as "Add Consultation – "Always run"**

5. Import Searches
6. Load the EDWT files

Once all is imported you should be able to see all files. Remember to **ACTIVATE** all files

WARNING

Template Manager Practices

Due to a bug within Emis with importing concepts, those of you on Template Manager will not see two of the concepts until all concepts, template and protocol are imported.

The two you won't see are

No lying BP recorded in the last 12 months

and

Orthostatic hypotension NOT recorded in the last 12 months.

Just download everything in the order given and all will come in.

Resource Publisher practices

Due to a bug within Emis practices will need to write two concepts which are

No lying BP recorded in the last 12 months

and

Orthostatic hypotension NOT recorded in the last 12 months

How to write the concepts

Open concepts in resource publisher

Select folder that you have saved all the other concepts in

Add concept

Select clinical concept

Click on Filter attribute

Select clinical code

Add clinical Code 246S Lying Systolic Blood Pressure

Click Ok

Click on test attribute

Select time period see screen shot

No lying BP recorded in the last 12 months

If Rule Passed: Final Result fails	If Rule Failed: Final Result passes

Include patient with **Clinical Codes** where:

    the **Clinical Code** is Lying systolic blood pressure

    Click to add a filter attribute

Ordering by **Date** and select the **Latest**

and check that:

    the **Time Period** is after 03/05/2017 (Today's Date - 1 years)

    Click to add a test attribute

    Click to add a linked criterion

Performing all date tests with **Today's Date**

Allow concept to evaluate shared care record data **No**

le

dd another rule

dd a custom result value

Orthostatic Hypotension NOT recorded in the last 12 months

If Rule Passed: Final Result fails	If Rule Failed: Final Result passes

Include patient with **Clinical Codes** where:

    the **Clinical Code** is Orthostatic hypotension

    Click to add a filter attribute

Ordering by **Date** and select the **Latest**

and check that:

    the **Time Period** is after 03/05/2017 (Today's Date - 1 years)

    Click to add a test attribute

    Click to add a linked criterion

Performing all date tests with **Today's Date**

Allow concept to evaluate shared care record data **No**

Save

Choose your file

Name as EXACTLY No lying BP recorded in the last 12 months.

Repeat this process for the Orthostatic Hypotension NOT recorded in last 12 months. Use Clinical code G870.

Open Protocol already imported "Protocol to launch SPQS template"

Click Edit

Select the concept called No lying BP recorded in the last 12 months   within the protocol and select properties.

Find the concept called No lying BP recorded in the last 12 months from the search for concept bar – this is the one you have just built.

Then repeat the process for Orthostatic Hypotension NOT recorded in the last 12 months.

Make sure everything is activated and the click Refresh.

This may be new to some people so please feel free to ask for help.

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Priority Area 1 - Hypertension

Hypertension – 1A

AIM - *Patient's aged 45 and over who have not had a BP done in the last 5 years, with the aim to increase the detection of Hypertension in patients aged 45 and over.*

Practices could take a base line from Population Reporting; you can get this information by going to,

- GP Contract – QOF,
- Public Health indicators ,
- Blood Pressure, BP002 – Patients aged 45 or over and Blood pressure recorded in last 5 years. (Note –Check last run date and keep a record).
- You can also record the number of patients on your Hypertension Register currently.

Measurement - *the number of BPs recorded each quarter **and** the number of hypertension patients aged 45 and over added to the register each quarter.*

Practices could take a base line using the search provided.

Page one, section one of the clinical template (SPQS QI Priority Areas) is looking for patients aged 45 and over who have not had a BP in the last 5 years so that opportunistic BP can be recorded.

CCG suggestion - would be to take a QI approach to improving the care of patients, so for example the hypertension example above shows how to call patients in, practices might then want to think about how they can encourage patients to manage their blood pressure more effectively, e.g. is referral to a health coach more effective than brief advice from GP

Orthostatic Hypotension – 1B

AIM - *To increase the detection of orthostatic hypotension, in patients with a diagnosis code of severe frailty **or** a history of falls.*

Practices could take a base line using the search called "QI 1B Hypertension orthostatic coding "

Measurement - *Increase the number of the patients identified with the condition and coded correctly.*

Practices should use code G870 – Orthostatic hypotension and not the synonym Postural hypotension G870-1 as this will then ensure codes will match SNOMED in the future.

Page one, section two of the clinical template (SPQS QI Priority Areas) is looking for patients who need a standing and lying BP and need an Orthostatic diagnosis code if appropriate. Patients who have had a code more than 1 year ago will require a new diagnosis code and BP check.   Patients who have either an Orthostatic code or a lying blood pressure reading in the last year will not show multiple times.

Practices should follow their own Hypertension and Orthostatic Policies along with these suggestions.

Falls

Patients who have a diagnostic code 2Jd2 severely frail or who have a history of falls

Aim – *The aim is to increase the use of self-assessment FRAT tool in patients with a diagnosis code of severely frail to reduce the risk of falls.*

Measurement

- *Number of patients being severely frail (Search provided)*
- *Number of patients given a self-assessment FRAT tool (Search provided)*
- *Number of patients completing the FRAT tool (Search provided)*
- *Number of patients having a FRAX scoring and assessment (based on clinical evidence/clinical judgement)(Search provided)*

Practices need to identify their diagnosed severely frail patients and send a self-assessment FRAT questionnaire to them.   Suggested questionnaire attached which can also be imported into EMIS; the questionnaire also includes two questions which relate to the FRAX.

Once the questionnaires come back practise should follow their own policy, one suggestion is once they are returned code with 38GK. After 28 days if not returned code with 9Og1.

Practices may need to repeat this process regularly to ensure they capture new patients registering at the practice.

Patients with a FRAT score of 3 or more will need to have a Falls assessment which it is recommended that it includes BP, Medication review and a FRAX score. It can then be read coded with 9Og2. FRAX scores can be added to the template.

Practices can then search for those who have had a FRAX and falls assessment for reporting purposes.

Bone Health

This is a suggestion of a group to measure; please see NOGG guidance for further suggestions

Aim *- To improve Bone health identification and recording in patients aged 50 and over with a BMI 19 or below who are currently not on a drug in the Disodium Etidronate Preparation group in line with NOGG guidance.*

Measurement

- *Number of patients using the FRAX score and NOGG Guidance*
- *Number of patients initiated on a Bisphosphonate.*

Search for all patients 50 or over with a BMI of ≤19, then exclude anyone on a drug in the Disodium Etidronate Preparation group, this is your cohort of patients to work with. (Search provided)

A baseline search should be run on the above group who have a FRAX score recorded before 1.4.18; this will provide an initial measure for the number of patients who already have a read code entered in their record for a FRAX. (Search provided)

The cohort of patients will then need to be FRAX scored as per practice policy. The read codes to use for a FRAX assessments are, 38DB and 38DC and if a full assessment by a clinician also read code with 9Og2. (Search provided)

There is a template letter with the FRAX questions that can be used by the practice.

Search for all patients who have been started on a drug from Disodium Etidronate Preparation group from the 1st April 2018 this can be used for reporting purposes. (Search provided)