

Data and Business Rules – Cardiovascular Disease Primary Prevention (CVD-PP) Indicator Set					
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New GMS Contract QOF Implementation

Dataset and Business Rules - Cardiovascular Disease Primary Prevention (CVD-PP) Indicator Set

Amendment History:

Version	Date	Amendment History
		The version number starts at 13.1 in order to coincide with existing datasets and business rules.
13.1	14-Feb-2009	QOF Review 2008
13.2	09-Mar-2009	Amendments following NHSE review
13.3	27-Apr-2009	Amendments following Four-Country Review
14.0	01-May-2009	Sign off following 4 Country review
14.1	25-June-2009	April 2009 Read Code Release
14.2	14-August-2009	Amendments following 4 Country Review
15.0	17-August-2009	Sign off following 4 Country review
15.1	12-October-2009	October 2009 Clinical Code Release
15.2	28-October-2009	October 2009 Clinical Code Release review
16.0	02-December-2009	Sign off following 4 Country review
16.1	05-May-2010	Internal NHS IC review
17.0	07-May-2010	April 2010 Read Code Release following NHS IC review
18.0	29-October-2010	October 2010 Read Code Release following NHS IC review
19.0	03-February-2011	Signed off following 4 Country review and further negotiations
20.0	13-May-2011	April 2011 Read Code Release following NHS IC review
21.0	10-November-2011	October 2011 Read Code Release following NHS IC review
22.0	12-December-2011	Signed off following 4 Country review
23.0	31-May-2012	April 2012 Read Code Release following HSCIC review
24.0	31-October-2012	October 2012 Read Code Release following HSCIC review
25.0	28-March-2013	Signed off following consultation. Document name changed from 'Established Cardiovascular disease primary prevention' to Cardiovascular Disease Primary Prevention (CVD-PP).
25.1	16-April-2013	Correction made to Rule 4 of indicator CVD-PP001.
26.0	01-June-2013	April 2013 Read Code Release following HSCIC review
27.0	25-October-2013	October 2013 Read Code Release following HSCIC review
Dates_1415	17-January-2014	Review of proposed date changes for QOF 2014/15
Jan14_Review	23-January-2014	Internal review of changes for 2014/15
28.0	28-March-2014	Signed off following review and negotiations. Changes made to incorporate new date terminology
29.0	27-June-2014	April 2014 Read Code Release following HSCIC review
30.0	10-October-2014	October 2014 Read Code Release following HSCIC review

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New GMS contract Q&O framework implementation

Dataset and business rules – Cardiovascular Disease Primary Prevention (CVD-PP) indicator set

Notes

- 1) QOF has been in operation since 2003 as the landscape within the NHS and Primary Care changes, the QOF dataset and rulesets must change in accordance with that new landscape. QOF is categorised as one of many Quality Services and a Quality Service has a start date (Quality Service Start Date) and an end date (Quality Service End Date). For QOF these reflect the QOF Year (i.e. 1st April to 31st March).
- 2) The specified dataset and rulesets are to support analysis of extracted data to reflect the status at a specified point in time of patient records held by the practice. In the context of this document that specified time point is designated the use of a number of dates. The dates are as follows
 - a) **ACHIEVEMENT_DAT**: The date up to which patient information is considered when determining the output for each extraction.
 - For QOF 2014/15, **ACHIEVEMENT_DAT** will vary for each extraction depending on the reporting period for that extraction, e.g. for the end of **September extraction** it would have a value of **30.09.2014**; for the end of **March extraction** it would have a value of **31.03.2015**.
 - b) **PAYMENTPERIODEND_DAT**: The end date of the period for which payments are made for a given Quality Service. For any given Quality Service there will be one or more payment periods.
 - For QOF 2014/15, **PAYMENTPERIODEND_DAT** is **31.03.2015**
 - c) **QUALITY_SERVICE_START_DAT (QSSD)**: The start of the period during which a GP Practice provides the Quality Service
 - For QOF 2014/15, **QUALITY_SERVICE_START_DAT (QSSD)** is **01.04.2014**, however it is not utilised within the QOF dataset and rulesets.
 - d) **QUALITY_SERVICE_END_DAT (QSED)**: The end of the period during which a GP Practice provides the Quality Service
 - For QOF 2014/15, **QUALITY_SERVICE_END_DAT (QSED)** is **31.03.2015**
- 3) When interpreting these dates midnight is to be taken as meaning
 - a) **for the 'start of a period'**: the midnight is at the start of that day, For example; **"If CSMOK_DAT > (PAYMENTPERIODEND_DAT – 24 months)"**
This example is used to determine if a code has been recorded in the 24 months preceding end of the payment period. If PAYMENTPERIODEND_DAT has a value of 31.03.2015, then this condition uses a value of 31.03.2013, but to be true the recorded code must be **after** 31.03.2013 and therefore this equates to the midnight between 31.03.2013 and 01.04.2013. This means information effective on 31st March will be excluded but information effective on 1st April will be included for the extraction.
 - b) **for the 'end of a period'**: the midnight at the end of that day, For example; **"Earliest <= ACHIEVEMENT_DAT"**
This example is used to determine if a recorded code has been recorded before the achievement date. If ACHIEVEMENT_DAT has a value of 30th September (i.e. the end of September extraction) then this condition uses a value of 30.09.2014, but to be true the recorded code must be **on or before** 30.09.2014 and therefore this equates to the midnight between 30.09.2014 and 01.10.2014. This means information

effective on 30th September will be included but information effective on 1st October will be excluded from the extraction.

- c) **for Patient Age:** the midnight at the end of that day, For example;
"Patients age (years) at ACHIEVEMENT_DAT"

This example is used to determine a patients age, in years, at the achievement date. If ACHIEVEMENT_DAT has a value of 30th September (i.e. the end of September extraction) then this condition determines a patient age as of 30.09.2014. Therefore this equates to the midnight between 30.09.2014 and 01.10.2014.

- 4) To support accurate determination of the population of patients to which the indicators should relate (the denominator population) these rulesets have been compiled with a prior all of the dates (described in point 2 above) are specified prior to extraction of data and are available for computation in the data extraction routine. The dates are required to be included in the data extraction to support processing of rules that are dependent upon them. It is possible that an alternative approach could be adopted in which rules to determine the denominator population by registration status would be applied as a component of rule processing. If this second approach were to be adopted it would be essential to specify default time criteria for determining the registration characteristics of the denominator population during the data extraction process. Additionally there would be a requirement to supplement the dataset and rulesets to support identification of the appropriate denominator population.
- 5) Clinical codes quoted are (where known) from the October 2014 release of Read codes version 2 and clinical terms version 3 (CTV3). The codes are shown within the document as a 5 character value to show that the Read Code is for a 5-Byte system.
- i) Where a '%' wildcard is displayed, the Read Code is filled to 5 characters with full-stops. When implementing a search for the Read Code, only the non full-stop values should be used in the search, For example, a displayed Read Code of c1...% should be implemented as a search for c1%, i.e. should find c1 and any of it's children.
 - ii) Where a range of read codes are displayed, the Read Code is filled to 5 characters with full-stops. When implementing the search, only the non full-stop values should be used in the search, For example, a displayed Read Code range of G342. – G3z.. should find all codes between G342 and G3z (including any children where applicable).
- 6) Datasets comprise a specification of two elements:
- a) Patient selection criteria. These are the criteria used to determine the patient population against whom the indicators are to be applied.
 - i) Registration status. This determines the current patient population at the practice
 - ii) Diagnostic code status. This determines the current patient population (register size) for a given clinical condition

There are three scenarios within the diagnostic code status, these are where

- There is a single morbidity patient population (disease register) required (e.g. within CHD). Where this occurs, a single set of rules for identifying the patient population is provided.
- There is a single co-morbidity patient population (disease register) required (e.g. within Smoking). Where this occurs, a set of rules for **each** morbidity is provided. A patient **must** only be included in the patient population (register size) **once**.

- There are multiple patient populations (disease registers) required (e.g. within Heart Failure). Where this occurs, a single set of rules for **each** patient population is provided.
N.B. where there are multiple patient populations (disease registers), it is possible that one or more will also be a co-morbidity patient population (e.g. within Depression)

Where this occurs, details of which register population applies to which indicator(s) are provided. Where the register size applies to an indicator, this is the base denominator population for that indicator.

- b) Clinical data extraction criteria. These are the data items to be exported from the clinical system for subsequent processing to calculate points allocations. They are expressed in the form of a MIQUEST 'Report-style' extract of data.

The record of each patient that satisfies the appropriate selection criteria for a given indicator will be interrogated against the clinical data criteria (also appropriate to that indicator). A report of the data contained in the selected records will be exported in the form of a fixed-format tabular report. Each selected patient will be represented by a single row in the report, unless the operator "ALL" is used.

The "ALL" statement is used within the Qualifying Criteria for the Clinical data extraction criteria. Typically the selection for a READCODE_COD cluster field is based on a date of "LATEST" or "EARLIEST". The "ALL" statement is used to select all occurrences of any of the codes within the READCODE_COD cluster. It selects an array of instances, of which there may be more than one for each patient.

Rows will contain a fixed number of fields each containing a single data item. The number of fields in each row and their data content will be determined by the clinical data criteria. Data items that match the clinical data criteria will be exported in the relevant field of the report. Where there is no data to match a specific clinical criterion a null field will be exported.

- 7) Rulesets are specified as multiple rules to be processed sequentially. Processing of rules should terminate as soon as a 'Reject' or 'Select' condition is encountered
- 8) Rules are expressed as logical statements that evaluate as either 'true' or 'false'. The following operators are required to be supported:
- | | |
|---------------------|--------|
| a) > (greater than) | e) AND |
| b) < (less than) | f) OR |
| c) = (equal to) | g) NOT |
| d) ≠ (not equal to) | |

- 9) Where date criteria are specified with intervals of multiples of months or years these should be interpreted as calendar months or calendar years.

Dataset Specification

Patient selection criteria:

a) Registration status

<u>Current registration status</u>	<u>Qualifying criteria</u>
Currently registered for GMS	Most recent registration date <= (ACHIEVEMENT_DAT)
Previously registered for GMS	Any sequential pairing of registration date and deregistration date where both of the following conditions are met: registration date <= (ACHIEVEMENT_DAT); and deregistration date > (ACHIEVEMENT_DAT)

b) Diagnostic code status

(Note: To be included in the patient population a patient needs to qualify for hypertension and not be excluded from other conditions below).

<i>Code criteria</i>	<i>Qualifying diagnostic codes</i>		<i>Time criteria</i>
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest First or New episode ></i> <i>(ACHIEVEMENT_DAT - 12 months) AND <=</i> <i>(ACHIEVEMENT_DAT)</i> <i>AND</i> <i>>= 01.04.2014</i>
	G2... G20..% G24.. - G2z.. (Excluding G24z1, G2400, G2410, G27..) Gyu2. Gyu20	XE0Ub XE0Uc% G24..% (excluding 61462, G2400, G2410, G24z1, Gyu21, L1282, Xa0kX) G2...% Xa0Cs XSDSb, G202. Xa3fQ, XaZWn, XaZbz, XaZWm, Xab9M, Xab9L	
	<i>(Hypertension diagnosis codes)</i>		
<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest <=</i> <i>(ACHIEVEMENT_DAT)</i> <i>AND > Date of diagnostic</i> <i>code above</i>
	21261 212K.	21261	
	<i>(Codes for hypertension resolved)</i>		

Note: Register amended to look for newly diagnosed patients so the implementation date will be reset each year

<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Earliest <= (ACHIEVEMENT_DAT) AND < Date of Hypertension diagnosis</i>
	G3... - G309. G30B. - G330z (excluding G310.) G33z. - G3401 G342. - G35X. G38.. - G3z.. Gyu3.% (excluding Gyu31)	XE2uV% (excluding Xa07j%, G341.%, X200B%, X200c, G363., Gyu31, X200d, X200e) Ua1eH Xa1dP% XaYYq, XM0rN	
	<i>(Coronary Heart Disease diagnosis codes)</i>		

<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Earliest <= (ACHIEVEMENT_DAT) AND < Date of Hypertension diagnosis</i>
	G61..% (excluding G617.) G63y0 - G63y1 G64..% G66..% (excluding G669.) G6760 G6W.. G6X.. Gyu62 - Gyu66 Gyu6F Gyu6G G619.	X00D1% (Excluding XE1Xs%, F21y2) G660. G661. G662. Gyu6F G641. Xa6YV Gyu62 Gyu65 Gyu66	
	<i>(Stroke diagnosis codes)</i>		

<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Earliest <=</i> <i>(ACHIEVEMENT_DAT)</i> <i>AND < Date of</i> <i>Hypertension diagnosis</i>
	G65..- G654. G656.- G65zz ZV12D Fyu55	XE0VK% (Excluding F4236, G660., G661., G662.) XaX16 G65z0 G65z1	
	<i>(TIA diagnosis Codes)</i>		

(Note: To be included in the patient population a patient needs to qualify for hypertension and have a diabetes resolved code).

<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest <= (ACHIEVEMENT_DAT) AND < Date of Hypertension diagnosis</i>
	C10.., C109J, C109K, C10C., C10D., C10E.%, C10F.% (Excluding C10F8), C10G.%, C10H.%, C10M.%, C10N.%, PKyP., C10P.%	C10.., XaOPu, XaOPt, X40J4% (Excluding L1805), X40J5% (Excluding L1806), X40J6, X40JA% (Excluding XSETI%, C11y0%), X40JG% (Excluding X40JK), C1010, C1011, C1030 , C1031, XaIrf, X40JZ, XSETp, XM1Xk%, X008t, Xaagd%	
	<i>(Diabetes diagnostic codes)</i>		
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest <= (ACHIEVEMENT_DAT) AND > Date of diagnostic code above</i>
	21263 212H.	XaFsp	
	<i>(Diabetes resolved codes)</i>		

<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Earliest <=</i> <i>(ACHIEVEMENT_DAT)</i> <i>AND < Date of</i> <i>Hypertension diagnosis</i>
	G73.. G73z.% (Excluding G73z1) Gyu74, G734., G73y.	XE0VP G73z. Gyu74 Xa0IV XE0VR, XaZJa	
	<i>(PVD diagnostic codes)</i>		

<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Earliest <= (ACHIEVEMENT_DAT) AND < Date of Hypertension diagnosis</i>
	C3200 C3201 C3204 C3205 C3203 C3220	C3200% XaR4h XaR4i X40X5 X40Vm	
	<i>(Familial Hypercholesterolemia diagnostic codes)</i>		

<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest <=</i> <i>(ACHIEVEMENT_DAT)</i> <i>AND < Date of</i> <i>Hypertension diagnosis</i>
	1Z12. 1Z13. 1Z14. 1Z15. 1Z16. 1Z1B. - 1Z1L. K053. K054. K055.	XaLHI% XaLHJ% XaLHK%	
	<i>(Chronic Kidney Disease codes 3-5)</i>		
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest <=</i> <i>(ACHIEVEMENT_DAT)</i> <i>AND > Date of diagnostic</i> <i>code above</i>
	1Z10. 1Z11. 1Z17. - 1Z1A. K051. K052.	XaLHH% XaLHG%	
	<i>(Chronic Kidney Disease codes 1-2)</i>		

Clinical data extraction criteria

<u>Field Number</u>	<u>Field name</u>	<u>Data item</u>		<u>Qualifying criteria</u>
1	PAT_ID	Patient ID number		Unconditional
2	REG_DAT	Date of patient registration		Latest <= ACHIEVEMENT_DAT
3	PAT_AGE	Patients age (years) at ACHIEVEMENT_DAT		Unconditional
4	HYP_COD	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest First or New episode > (ACHIEVEMENT_DAT - 12 months) AND <= (ACHIEVEMENT_DAT)</i>
		G2... G20..% G24.. - G2z.. (Excluding G24z1, G2400, G2410, G27..) Gyu2. Gyu20	XE0Ub XE0Uc% G24..% (excluding 61462, G2400, G2410, G24z1, Gyu21, L1282, Xa0kX) G2...% Xa0Cs XSDSb G202. Xa3fQ, XaZWn, XaZbz, XaZWm, Xab9M, Xab9L	
		<i>(Hypertension diagnosis codes)</i>		
5	HYP_DAT	Date of HYP_COD		Chosen record

6	CVDEXC1_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		9hJ0. 9hJ1. 9Oh9. 8IAK. 8IEL. 8IEV. 9NSB.	XaPx1 XaPx0 XaN8t XaQ9Y XaYzy XaZdA XaZd8	
		<i>(Cardio Vascular Disease Risk Assessment exception codes)</i>		
7	CVDEXC1_DAT	Date of CVDEXC1_COD		Chosen record
8	STAT_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		bxi..% bxg..% bxo..% bxk..% bxm..%	bxi..% x01R2% x01R3% bxk..% bxm..%	
		<i>(Statin Codes)</i>		
9	STAT_DAT	Date of STAT_COD		Chosen record
10	XSTAT_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		U60CA TJC24 TJC25	XaIsC TJC24 TJC25 XaIro Xa5zt Xa5zu Xa5zv Xa5bQ	

			Xa5bR Xa5bS Xa5bP	
		<i>(Statin contraindications; persistent)</i>		
11	XSTAT_DAT	Date of XSTAT_COD		Chosen record
12	TCHEXC_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		8BL1. 8I3C. 8I27. 8I63. 8I76.	XaJ5i XaIII XaIIg XaG2V XaJYw	
		<i>(Codes for exception from serum cholesterol target; expiring)</i>		
13	TCHEXC_DAT	Date of TCHEXC_COD		Chosen record
14	CVDASS1_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= (ACHIEVEMENT_DAT) AND > (ACHIEVEMENT_DAT - 12 months)
		662m. 662n.	XaK Ct XaK Cu	
		<i>(Cardio Vascular Risk Assessment codes > 20%)</i>		
15	CVDASS1_DAT	Date of CVDASS_COD		Chosen record
16	CVDASS2_COD	<i>Read codes v2</i>	<i>CTV3</i>	

		38DR. 38DF. 38DP. 38B10 38G6. 38G8.	XaQaG XaPBq XaQVY XaX25 XM0cp XaYnE	ANY > (ACHIEVEMENT_DAT - 12 months) AND <= (ACHIEVEMENT_DAT) WHERE CVDASS2_SCORE is >= 20
		<i>(Cardio Vascular Risk Assessment codes)</i>		
17	CVDASS2_DAT	Date of CVDASS2_COD		Chosen record
18	CVDASS2_SCORE	Value of CVDASS2_COD		Chosen record

Indicator rulesets

- 1 **Indicator CVD-PP001:** In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained the age of 75, recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score (using an assessment tool agreed with the NHS CB) of $\geq 20\%$ in the preceding 12 months: the percentage who are currently treated with statins.

Overview

This indicator has been developed to measure the effectiveness of the provision of a clinical care component for patients with newly diagnosed hypertension. The aspect that is being measured is that relating to the prescribing of statins for those patients who have a recorded CVD risk assessment score $\geq 20\%$ at some point in the preceding 12 months.

Disease register

The register is made up of patients with a new (unresolved) diagnosis of hypertension in the preceding 12 months who don't have specific pre-existing conditions. This is then adjusted in the indicator to exclude certain age groups and to include patients who specifically have CVD risk assessment scores $\geq 20\%$ in the preceding 12 months.

Numerator and Denominator

The success criteria for this indicator (**numerator**) are achieved for those patients in the denominator who have a current record of prescription for statins (in last 6 months)

The patients that make up the **denominator** for this indicator are those patients where it is appropriate for the care component to be carried out. This is the relevant disease register adjusted for exclusions and exceptions.

Exclusions

For this indicator there are four exclusions

- Consideration has to be made for those patients who do not satisfy the minimum age for this indicator. In this case the patient must be at least 30 years old so anyone who is aged under 30 is excluded.
- Consideration must also be made for those patients who exceed the maximum age for this indicator. In this case the patient must be under 75 years old so anyone who is aged 75 or over is excluded.
- This indicator is specifically looking at patients on the register who have also had a recorded CVD risk assessment score $\geq 20\%$ at some point in the preceding 12 months. Any patient that hasn't had a score of $\geq 20\%$ is excluded

Exceptions

Patients that don't achieve the success criteria of the indicator are also checked for valid exceptions.

For this indicator the exceptions are:

- any patient who has been registered within the last 3 months of the qualifying year (new patient). New patients may be regarded as exceptions if they fulfil the criteria of the indicator but have not yet had a prescription for a statin - maybe because there hasn't been an opportunity in the qualifying year to arrange it.
- any patient that has a relevant cardio vascular disease risk assessment exception code recorded within the previous 12 months.
- any patient that has been diagnosed with hypertension within the last 3 months of the year (new diagnosis of hypertension). Newly diagnosed patients may be regarded as exceptions if they fulfil the criteria of the indicator but have not yet had a prescription for a statin - maybe because there hasn't been an opportunity in the qualifying year to arrange it.
- any patient for whom the statin therapy was considered but for valid reasons could not be provided e.g. The patient may be contraindicated or suffer side-effects

Indicator CVD-PP001: In those patients with a new diagnosis of hypertension aged 30 or over and who have not attained the age of 75, recorded between the preceding 1 April to 31 March (excluding those with pre-existing CHD, diabetes, stroke and/or TIA), who have a recorded CVD risk assessment score (using an assessment tool agreed with the NHS CB) of $\geq 20\%$ in the preceding 12 months: the percentage who are currently treated with statins.

a) Denominator ruleset

<i>Rule Number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>PAT_AGE</u> \geq 75	Reject	Next rule
2	If <u>PAT_AGE</u> $<$ 30	Reject	Next rule
3	If <u>CVDASS1_DAT</u> $>$ (<u>PAYMENTPERIODEND_DAT</u> – 12 months) OR If <u>CVDASS2_DAT</u> $>$ (<u>PAYMENTPERIODEND_DAT</u> – 12 months)	Next rule	Reject
4	If <u>STAT_DAT</u> $>$ (<u>PAYMENTPERIODEND_DAT</u> – 6 months)	Select	Next rule
5	If <u>REG_DAT</u> $>$ (<u>PAYMENTPERIODEND_DAT</u> – 3 months)	Reject	Next rule
6	If <u>CVDEXC1_DAT</u> $>$ (<u>PAYMENTPERIODEND_DAT</u> – 12 months)	Reject	Next rule
7	If <u>HYP_DAT</u> $>$ (<u>PAYMENTPERIODEND_DAT</u> – 3 months)	Reject	Next rule
8	If <u>XSTAT_COD</u> = Null AND If <u>TCHEXC_DAT</u> = Null	Select	Next rule
9	If <u>XSTAT_COD</u> = Null AND If <u>TCHEXC_DAT</u> \leq (<u>PAYMENTPERIODEND_DAT</u> – 12 months)	Select	Reject

b) Numerator ruleset: To be applied to the above denominator population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>STAT_DAT</u> $>$ (<u>PAYMENTPERIODEND_DAT</u> – 6 months)	Select	Reject

Denominator**Exclusions**

Rule 1: If the patient is aged 75 or over they are rejected from the denominator.

Rule 2: If the patient is aged under 30 they are rejected from the denominator.

Rule 3: This indicator is specifically targeted at those patients who have had a CVD Risk Assessment score of $\geq 20\%$ in the preceding 12 months. Anyone who has no risk score assessment or who has one outside of the target range in the preceding 12 months is excluded.

Success

Rule 4: If the patient is currently prescribed a statin (within the preceding 6 months) then the patient is selected as a success into the denominator and numerator, otherwise they are passed on to the next rule.

Exceptions

Rule 5: The aim of this rule is to identify any patient that 'recently registered' at the practice. If the patient has registered at the practice in the last 3 months, the patient should not be included in the denominator. Otherwise they are passed on to the next rule.

Rule 6: The aim of this rule is to identify any patient that has an accepted 'CVD Exception' Read Code recorded. If the patient has an accepted 'CVD Exception' Read Code recorded in the last 12 months, the patient should not be included in the denominator. Otherwise they are passed on to the next rule.

Rule 7: The aim of this rule is to identify any patient that has been 'recently diagnosed' as a hypertension patient. If the patient has been diagnosed in the last 3 months, the patient should be excepted from the denominator. Otherwise they are passed on to the next rule.

Rule 8: The aim of this rule is to identify any patient with a contraindication (persistent or expiring) to statin treatment. If a patient does not have a record of either an expiring or persistent contraindication to a statin they are selected into the denominator. Otherwise they are passed on to the next rule.

Rule 9: The aim of this rule is to identify any patient without a persisting contraindication to statin treatment who has an expiring contraindication to statin treatment recorded outside the appropriate time frame. If a patient without a persisting contraindication to statin treatment has an expiring contraindication to statin treatment recorded outside the appropriate time frame they are selected into the denominator.

All remaining records can be excepted and are not included in the denominator.

Numerator

The success criterion for this indicator is as per Denominator Rule 4.