

Data and Business Rules – Smoking Indicator Set					
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New GMS Contract QOF Implementation

Dataset and Business Rules

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Smoking Indicator Set

Amendment History:

Version	Date	Amendment History
		The version number starts at 7.1 in order to coincide with existing datasets and business rules.
7.1	21-Nov-2005	From Phil Brown
7.2	21-Nov-2005	Amended following review by Peter Horsfield
7.3	3-Dec-2005	Draft revised for internal review
7.4	22-Feb-2006	Amended following internal & 4 Countries review
8.0	15-Mar-2006	Signed off following 4 Country review
8.1	18-May-2006	Responding to queries raised Amend wording for Note 3
8.5	18-May-2006	Approved by NHSE
8.6	10-Oct-2006	April Read Code Release April SNOMED CT Release October Read Code Release Corrections and amendments following feedback Add age check to Asthma element of the smoking register
8.7	16-Nov-2006	Responding to queries raised by the 4 Country Review. Update Stroke and Diabetes clusters to be consistent with individual indicators. Delete Reaven's syndrome from V2 Add '206596003' to 'Hypertension diagnostic codes to standardise across rulesets. Remove "(excluding 401201003)" from SMOK_COD Correct inconsistencies within Stroke Diagnostic Codes, STRT_COD across the Business Rule sets Correct inconsistencies with SMOKEXC_COD to align with Records Business Rules Add date check for Asthma in DIAG_DAT cluster
9.0	30-Nov-2006	Approved by NHSE
9.1	11-Apr-2007	April 2007 Read Code Release (includes inserting missing paragraphs from the Notes section)
9.2	13-Jun-2007	Following 4-Country Review: Remove age check from Asthma Diagnostic Code Status and apply to SMOKE1 indicator.
10.0	18-Jun-2007	Signed off following 4 Country review
10.1	13-Sept-2007	April 2007 SNOMED CT Release
10.2	23-Sep-2007	October 2007 Read Code Release October 2007 SNOMED CT Release
10.3	27-Nov-2007	Following 4-Country Review: Remove superfluous 'z' from all instances of G2zz.
11.0	28-Nov-2007	Signed off following 4 Country review
11.1	30-Jun-2008	April 2008 Read Code Release April 2008 SNOMED CT Release QOF Review 2007 (Include CKD and some MH patients into register, Replace Smoking 1 & 2 with Smoking 3 & 4)

11.2	30-Jun-2008	Following 4-Country Review: Register wording amended to include additional co-morbidities 137U. removed from SMOK_COD cluster EXSMOK, EXSMOK1 & EXSMOK2 clusters corrected for v2 Read Codes Selection criteria amended for EXSMOK1 and EXSMOK2, to look for an instance in a 12 month period Correct Indicator numbering for Smoking 4 Correct Denominator rules 3, 5 and 6 for indicator Smoking 3 Correct Numerator rules 2, 4 and 5 for indicator Smoking 3
12.0	24-Jul-2008	Signed off following 4 Country review
12.1	06-Oct-2008	October 2008 Read Code Release October 2008 SNOMED CT Release Application of v12.0 Addendum 2 corrections to Denominator Rule 6 & Numerator Rule 5 (for Smoking 3)
12.2	26-Nov-2008	Following 4-Country Review: Correction Denominator Rules 3 & 4 and Numerator Rules 2 & 3 (for Smoking 3)
13.0	05-Dec-2008	Signed off following 4 Country review
13.2	09-Mar-2009	QOF Review 2008
14.0	01-May-2009	Signed off following 4 Country review
14.1	25-June-2009	April 2009 Read Code Release
14.2	14-August-2009	Amendment following 4 Country review
15.0	17-August-2009	Signed off following 4 Country review
15.1	12-October-2009	October 2009 Clinical Codes Release
15.2	28-October-2009	October 2009 Clinical Codes 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	13-December-2010	Signed off following 4 country review.
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
22.1	03-May-2012	Change to Indicators SMOKING 6 and SMOKING 8 following stakeholder discussions
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
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
27.1	02-December-2013	Update to Asthma diagnosis code, AST_COD and AST2_COD

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 – Smoking 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 assumption 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).

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- 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 the 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**1) Patient selection criteria:**

a) Registration status

<i><u>Current registration status</u></i>	<i><u>Qualifying criteria</u></i>
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 (patient population with co-morbidity of coronary heart disease, PAD, stroke or TIA, hypertension, diabetes, COPD, asthma, CKD, schizophrenia, bipolar affective disorder or other psychoses)
(Note: A patient need only qualify for ONE of the disease areas to be included in the patient population)

<i>Code criteria</i>	<i>Qualifying diagnostic codes (IHD)</i>		<i>Time criteria</i>
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Earliest <=</i> <i>(ACHIEVEMENT_DAT)</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>Code criteria</i>	<i>Qualifying diagnostic codes (PAD)</i>		<i>Time criteria</i>
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Earliest <=</i> <i>(ACHIEVEMENT_DAT)</i>
	G73.. G73z.% (Excluding G73z1) Gyu74 G734. G73y.	Xa0IV XE0VP G73z. XE0VR Gyu74 XaZJa	

Code criteria	Qualifying diagnostic codes (Stroke & TIA)		Time criteria
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Earliest <= (ACHIEVEMENT_DAT)</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 Gyu65 Gyu66 Gyu62	
	<i>(Stroke disease codes)</i>		
	<i>Read codes v2</i>	<i>CTV3</i>	
	G65..- G654. G656.- G65zz ZV12D Fyu55	XE0VK% (Excluding F4236, G660., G661., G662.) XaX16 G65z0 G65z1	
	<i>(TIA codes)</i>		

<i>Code criteria</i>	<i>Qualifying diagnostic codes (Hypertension)</i>		<i>Time criteria</i>	
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest <= (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...% G202. Xa3fQ Xa0Cs XSDSb XaZWn XaZbz XaZWm Xab9M Xab9L		<i>(Hypertension diagnosis codes)</i>
	<i>Read codes v2</i>	<i>CTV3</i>		
<i>Excluded</i>	21261 212K.	21261	<i>Latest <= (ACHIEVEMENT_DAT) AND > Date of diagnostic code above</i>	
	<i>(Codes for hypertension resolved)</i>			

<i>Code criteria</i>	<i>Qualifying diagnostic codes (diabetes mellitus)</i>		<i>Time criteria</i>
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest <= (ACHIEVEMENT_DAT)</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>Excluded</i>	<i>(Diagnostic codes for diabetes mellitus)</i>		<i>Latest <= (ACHIEVEMENT_DAT) AND > Date of diagnostic code above</i>
	<i>Read codes v2</i>	<i>CTV3</i>	
	21263 212H.	XaFsp	
<i>Excluded</i>	<i>(Codes for diabetes resolved)</i>		
<i>Excluded</i>	Age < 17 yrs at ACHIEVEMENT_DAT		

<i>Code criteria</i>	<i>Qualifying diagnostic codes (COPD)</i>		<i>Time criteria</i>
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	Earliest <= (ACHIEVEMENT_DAT)
	H3... H31..% (excluding H3101, H31y0, H3122) H32..% H36.. - H3z.. (excluding H3y0., H3y1.) H5832	H31..% H32..% (excluding XaIQg) H3...% (excluding XE0YL%, H3122%) Xaa7C	

Code criteria	Qualifying diagnostic codes (Asthma)		Time criteria
Included	Read codes v2	CTV3	Latest <= (ACHIEVEMENT_DAT)
	H33..% (excluding H333.), H3120, 173A.	H33..% (excluding H44..%, H441., H440., X1025%, X1023, XaKdk, XaJFG, Xa1hD) X1020	
	(Asthma diagnosis codes)		
Excluded	Read codes v2	CTV3	Latest <= (ACHIEVEMENT_DAT) AND > Date of diagnostic code above
	21262 212G.	21262	
	(Codes for asthma resolved)		
Required	Read codes v2	CTV3	Latest > (ACHIEVEMENT_DAT- 1y) AND <= ACHIEVEMENT_DAT Page 14 of 44
	c1... - c15z. c19..% c1B.. - c1EE. c1b..% c2...% (Excluding c23..%, c24..%) c3...% (Excluding c32..%) c4...% (Excluding c42..%, c44..%) c5...% (Excluding c52..%) c6...% c7...% cA...% ck1..%	c1...% (Excluding c16..%, x01Cn%, x01Co%, x01Ct%, x01Df%, x01Cp%) x02IG% c221., c222., c224., c226., c227. c31..% (Excluding l863.%, l861.%, l865., l866.) c33..% c41..% c43..% c51G., c51H., c51n. c64..% c69..% c6A..% c6B..% cA...% x01EF% c71..% x02LJ% (Excluding k6k1.%, l89.., k6k..) x01EJ% (Excluding k6e1.%, l891.%, k6e.., l89..) ck1..% c341. c342.	
(Asthma-related drug treatment codes)			

**N.B. Codes required to be present from both groups to qualify a patient for inclusion for Asthma*

<i>Code criteria</i>	<i>Qualifying diagnostic codes (CKD)</i>		<i>Time criteria</i>
<i>Included</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest <= (ACHIEVEMENT_DAT)</i>
	1Z12. 1Z13. 1Z14. 1Z15. 1Z16. 1Z1B. - 1Z1L. K053. K054. K055.	XaLHI% XaLHJ% XaLHK%	
	<i>(Chronic kidney disease codes 3-5)</i>		
<i>Excluded</i>	<i>Read codes v2</i>	<i>CTV3</i>	<i>Latest <= (ACHIEVEMENT_DAT) AND > Date of diagnostic code above</i>
	1Z10. 1Z11. 1Z17. - 1Z1A. K051. K052.	XaLHH% XaLHG%	
	<i>(Chronic kidney disease codes 1-2)</i>		
<i>Excluded</i>	Age < 18 yrs at ACHIEVEMENT_DAT		

<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>Earliest <= (ACHIEVEMENT_DAT)</i>
	E10..%, E110.%, E111.%, E1124 E1134 E114. - E117z E11y.% (excluding E11y2) E11z., E11z0, E11zz, E12..%, E13..% (excluding E135.) E2122, Eu2..% Eu30.% Eu31.% Eu323, Eu328, Eu333 Eu32A Eu329	X00S6% (excluding Xa9B0%, E14..%) X00SL X00SM% X00SJ% XSGon E11z., E11z0, E11zz XE1ZZ, XE1Ze XaX54 XaX53 E130. E1124 E1134	
	<i>('Psychosis, schizophrenia + bipolar affective disease codes)</i>		

c) Patient population who are aged 15 years and over

<i>Action</i>	<i>Qualifying criterion</i>
<i>Excluded</i>	Age < 15 yrs at ACHIEVEMENT_DAT

2) 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	PAT_DOB	Patients date of birth		Unconditional
5	IHD_COD	<i>Read codes v2</i>	<i>CTV3</i>	Earliest <= ACHIEVEMENT_DAT
		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>(Ischaemic heart disease codes)</i>		
6	IHD_DAT	Date of IHD_COD		Chosen record
7	STRT_COD	<i>Read codes v2</i>	<i>CTV3</i>	Earliest <= ACHIEVEMENT_DAT
		G61..% (excluding G617.) G63y0 - G63y1 G64..% G66..% (excluding G669.) G6760 G6W.. G6X.. G65.. - G654.	X00D1% (Excluding XE1Xs%, F21y2) XE0VK% (Excluding F4236) XaX16 G65z0 G65z1 Gyu6F G641. Xa6YV	

		G656. - G65zz Gyu62 - Gyu66 Gyu6F Gyu6G ZV12D Fyu55 G619.	Gyu65 Gyu66 Gyu62	
		<i>(Stroke or TIA codes)</i>		
8	STRT_DAT	Date of STRT_COD		Chosen record
9	HYP_COD	<i>Read codes v2</i>	<i>CTV3</i>	Earliest <= ACHIEVEMENT_DAT
		G2... G20..% G24.. - G2z.. (Excluding G24z1, G2400, G2410, G27..) Gyu2. Gyu20	XE0Ub XE0Uc% G24..% (excluding 61462, G2400, G2410, G24z1, Gyu21, L1282, Xa0kX) G2...% G202. Xa3fQ Xa0Cs XSDSb XaZWn XaZbz XaZWm Xab9M Xab9L	
		<i>(Hypertension diagnosis codes)</i>		
10	HYP_DAT	Date of HYP_COD		Chosen record
11	HYP2_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		G2... G20..%	XE0Ub XE0Uc%	

		G24.. - G2z.. (Excluding G24z1, G2400, G2410, G27..) Gyu2. Gyu20	G24..% (excluding 61462, G2400, G2410, G24z1, Gyu21, L1282, Xa0kX) G2...% G202. Xa3fQ Xa0Cs XSDSb XaZWn XaZbz XaZWm Xab9M Xab9L	
		<i>(Hypertension diagnosis codes)</i>		
12	HYP2_DAT	Date of HYP2_COD		Chosen record
13	HYPRES_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= (ACHIEVEMENT_DAT) AND > (HYP2_DAT)
		21261 212K.	21261	
		<i>(Codes for hypertension resolved)</i>		
14	HYPRES_DAT	Date of HYPRES_COD		Chosen record
15	DM_COD	<i>Read codes v2</i>	<i>CTV3</i>	Earliest <= ACHIEVEMENT_DAT
		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>(Codes for diabetes)</i>		
16	DM_DAT	Date of DM_COD		Chosen record
17	DM2_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		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>(Codes for diabetes)</i>		
18	DM2_DAT	Date of DM2_COD		Chosen record
19	DMRES_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= (ACHIEVEMENT_DAT) AND > (DM2_DAT)
		21263 212H.	XaFsp	
		<i>(Codes for diabetes resolved)</i>		
20	DMRES_DAT	Date of DMRES_COD		Chosen record
21	COPD_COD	<i>Read codes v2</i>	<i>CTV3</i>	Earliest <= ACHIEVEMENT_DAT
		H3... H31..% (excluding H3101, H31y0, H3122) H32..% H36.. - H3z.. (excluding H3y0., H3y1.) H5832	H31..% H32..% (excluding XaIQg) H3...% (excluding XE0YL%, H3122%) Xaa7C	

		<i>(COPD codes)</i>		
22	COPD_DAT	Date of COPD_COD		Chosen record
23	AST_COD	<i>Read codes v2</i>	<i>CTV3</i>	Earliest <= ACHIEVEMENT_DAT
		H33..% (excluding H333.), H3120, 173A.	H33..% (excluding H44..%, H441., H440.%, X1025%, X1023, XaKdk, XaJFG, Xa1hD) X1020	
		<i>(Asthma diagnosis codes)</i>		
24	AST_DAT	Date of AST_COD		Chosen record
25	AST2_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= (ACHIEVEMENT_DAT)
		H33..% (excluding H333.), H3120, 173A.	H33..% (excluding H44..%, H441., H440.%, X1025%, X1023, XaKdk, XaJFG, Xa1hD) X1020	
		<i>(Asthma diagnosis codes)</i>		
26	AST2_DAT	Date of AST2_COD		Chosen record
27	ASTRES_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= (ACHIEVEMENT_DAT) AND > (AST2_DAT)
		21262 212G.	21262	
		<i>(Codes for asthma resolved)</i>		
28	ASTRES_DAT	Date of ASTRES_COD		Chosen record
29	ASTTRT_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest > (ACHIEVEMENT_DAT- 1y) AND <= (ACHIEVEMENT_DAT)
		c1... - c15z. c19..% c1B.. - c1EE.	c1...% (Excluding c16..%, x01Cn%, x01Co%, x01Ct%, x01Df%, x01Cp%) x02IG%	

		c1b..% c2...% (Excluding c23..%, c24..%) c3...% (Excluding c32..%) c4...% (Excluding c42..%, c44..%) c5...% (Excluding c52..%) c6...% c7...% cA...% ck1..%	c221., c222., c224., c226., c227. c31..% (Excluding l863.%, l861.%, l865., l866.) c33..% c41..% c43..% c51G., c51H., c51n. c64..% c69..% c6A..% c6B..% cA...% x01EF% c71..% x02LJ% (Excluding k6k1.%, l89.., k6k..) x01EJ% (Excluding k6e1.%, l891.%, k6e.., l89..) ck1..% c341. c342.	
		<i>(Asthma-related drug treatment codes)</i>		
30	ASTTRT_DAT	Date of ASTRES_COD		Chosen record
		<i>Read codes v2</i>	<i>CTV3</i>	
31	CKD_COD	1Z12. 1Z13. 1Z14. 1Z15. 1Z16. 1Z1B. - 1Z1L. K053. K054.	XaLHI% XaLHJ% XaLHK%	Latest <= (ACHIEVEMENT_DAT)

		K055.		
		<i>(Chronic kidney disease codes 3-5)</i>		
32	CKD_DAT	Date of CKD_COD		Chosen record
33	MH_COD	<i>Read codes v2</i>	<i>CTV3</i>	Earliest <= (ACHIEVEMENT_DAT)
		E10..%, E110.%, E111.%, E1124 E1134 E114. - E117z E11y.% (excluding E11y2) E11z., E11z0, E11zz, E12..%, E13..% (excluding E135.) E2122, Eu2..% Eu30.% Eu31.% Eu323, Eu328, Eu333 Eu32A Eu329	X00S6% (excluding Xa9B0%, E14..%) X00SL X00SM% X00SJ% XSGon E11z., E11z0, E11zz XaX54 XaX53 XE1ZZ XE1Ze E130. E1124 E1134	
		<i>('Psychosis, schizophrenia + bipolar affective disease codes)</i>		
34	MH_DAT	Date of MH_COD		Chosen record

35	DIAG_DAT	The earliest diagnosis date of disease for inclusion in the co-morbidity register	Earliest of IHD_DAT, PAD_DAT, STRT_DAT, HYP_DAT (where (HYPRES_DAT = Null)), DM_DAT (where (DMRES_DAT = Null) AND (PAT_AGE >= 17)), COPD_DAT, AST_DAT (where (ASTRES_DAT = Null) AND (ASTTRT_DAT ≠ Null) AND (PAT_AGE >= 20)), CKD_DAT (where PAT_AGE >= 18), MH_DAT
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36	SMOK_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		137.. - 137D. 137F. - 137H. 137J., 137K., 137M. - 137T. 137V. 137X. - 137h. (excluding 137g.) 137j., 137l. 137m. 137o.	Ub0oo% (excluding XE0oo, XaIQi%, Ub0oq, 137L., XaQzw, XaXP9, XaXP8, XaXP6, Ub0oo, XaIuQ, Ub0p2, Ub0p3)	
		(Smoking habit codes)		
37	SMOK_DAT	Date of SMOK_COD		Chosen record
38	NSMOK_COD	<i>Read codes v2</i>	<i>CTV3</i>	Most recent of SMOK_COD <= (ACHIEVEMENT_DAT)
		137l.	XE0oh	
		(Code for never smoked)		
39	NSMOK_DAT	Date of NSMOK_COD		Chosen record
40	EXSMOK_COD	<i>Read codes v2</i>	<i>CTV3</i>	If LSMOK_DAT = Null (ALL <= ACHIEVEMENT_DAT) OR If LSMOK_DAT ≠ Null (ALL > LSMOK_DAT AND <= ACHIEVEMENT_DAT)
		1377. - 137B. 137F. 137K. 137N. - 137O. 137S. - 137T. 137j., 137l.	Ub1na% (Excluding XaQzw, XaXP8, XaXP6) Ub0p1	
		(Codes for ex-smoker)		
41	{EXSMOK_DAT}	Date of EXSMOK_COD		Chosen array
42	CSMOK_COD	<i>Read codes v2</i>	<i>CTV3</i>	Most recent of SMOK_COD <=
		1372. - 1376. 137C. - 137D.	137R.% (excluding XaXP9) XE0og% (excluding XaIuQ, XE0oo)	

		137G. - 137H. 137J. 137M. 137P. - 137R. 137V. 137X. - 137f. 137h. 137m. 137o. 137..	137C. 137G. 137M. XaIIu XaItg XaJX2 XaLQh XaWNE	ACHIEVEMENT_DAT
		<i>(Current smoker codes)</i>		
43	CSMOK_DAT	Date of CSMOK_COD		Chosen record
44	EXSMOK1_COD	<i>Read codes v2</i>	CTV3	ALL >= (EXSMOK_DAT - 24 months) AND < (EXSMOK_DAT - 12 months) AND <= ACHIEVEMENT_DAT
		1377. - 137B. 137F. 137K. 137N. - 137O. 137S. - 137T. 137j., 137l.	Ub1na% (Excluding XaQzw, XaXP8, XaXP6) Ub0p1	
		<i>(Codes for ex-smoker)</i>		
45	{EXSMOK1_DAT}	Date of EXSMOK1_COD		Chosen array
46	EXSMOK2_COD	<i>Read codes v2</i>	CTV3	ALL >= (EXSMOK_DAT - 36 months) AND < (EXSMOK_DAT - 24 months) AND <= ACHIEVEMENT_DAT
		1377. - 137B. 137F. 137K. 137N. - 137O. 137S. - 137T. 137j., 137l.	Ub1na% (Excluding XaQzw, XaXP8, XaXP6) Ub0p1	
		<i>(Codes for ex-smoker)</i>		
47	{EXSMOK2_DAT}	Date of EXSMOK2_COD		Chosen array

48	LSMOK_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		1372. - 1376. 137C. - 137D. 137G. - 137H. 137J. 137M. 137P. - 137R. 137V. 137X. - 137f. 137h. 137m. 137o. 137..	137R.% (excluding XaXP9) XE0og% (excluding XaIuQ, XE0oo) 137C. 137G. 137M. XaIIu XaItg XaJX2 XaLQh XaWNE	
		<i>(Smoker codes)</i>		
49	LSMOK_DAT	Date of LSMOK_COD		Chosen record
50	SMOKEXC_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		9hG1. 9hG0. 137k.	XaLIZ XaLIY XaPyn	
		<i>(Smoking exception reporting codes)</i>		
51	SMOKEXC_DAT	Date of SMOKEXC_COD		Chosen record
52	PAD_COD	<i>Read codes v2</i>	<i>CTV3</i>	Earliest <= ACHIEVEMENT_DAT
		G73.. G73z.% (Excluding G73z1) Gyu74 G734. G73y.	Xa0IV XE0VP G73z. XE0VR Gyu74 XaZJa	

		(Codes for Peripheral Arterial Disease)		
53	PAD_DAT	Date of PAD_COD		Chosen record
54	REFERSSSA_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		8CAL. 8HTK. 8HkQ. 8H7i. 8IAj. 8IEK. 9N2k. 13p50 9Ndf. 9Ndg. 8T08. 8IEo.	Ua1Nz XaFw9 XaQT5 XaItC XaIye XaW0h XaX5W XaX5X XaRFh XaREz XaaDy XaaDx	
		<i>(Support and refer Stop Smoking Service/Advisor)</i>		
55	REFERSSSA_DAT	Date of REFERSSSA_COD		Chosen record
56	PHARM_COD	<i>Read codes v2</i>	<i>CTV3</i>	Latest <= ACHIEVEMENT_DAT
		745H.% 8B3f. 8B2B., 8B2B0 8B3Y. 8IEM. du3..% du6..% du7..% du8..% duB.. duB1. duBz.	XaMwY XaIQn XaEku XaFst XaMII% XaXpT XaZ01 du3..% du6..% du8..% duB..%	

		<i>(Pharmacotherapy)</i>		
57	PHARM_DAT	Date of PHARM_COD		Chosen record
58	LEXSMOK_COD	<i>Read codes v2</i>	<i>CTV3</i>	Most recent of SMOK_COD =<= ACHIEVEMENT_DAT
		1377. - 137B. 137F. 137K. 137N. - 137O. 137S. - 137T. 137j., 137l.	Ub1na% (Excluding XaQzw, XaXP8, XaXP6) Ub0p1	
		<i>(Codes for ex-smoker)</i>		
59	LEXSMOK_DAT	Date of LEXSMOK_COD		Chosen record
60	L3YREXSMOK_DAT	Latest_date of a group_of 3_yearly consecutive EX SMOK codes		Latest array entry in {EXSMOK_DAT} for instance index where {EXSMOK1_DAT}index not Null AND {EXSMOK2_DAT}index not Null

Indicator rulesets

- 1 **Indicator SMOK002:** The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months.

Overview

This indicator has been developed to measure the effectiveness of the provision of a clinical care component for patients with any or any combination of coronary heart disease, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses. The aspect that is being measured is that relating to the record of a smoking status.

Disease register

The disease register is made up of patients who are eligible to receive the required care component. For the Smoking indicators it is worth noting that there is no smoking disease register as such i.e. there is not a register of people who smoke. This indicator is essentially checking to see if the smoking status has been recorded for patients with any of the listed conditions. In this case: -

Patients who have a diagnosis of CHD (i.e. there is evidence in the patient's electronic health record of a CHD diagnosis code)

and/or

Patients who have a diagnosis of PAD (i.e. there is evidence in the patient's electronic health record of a PAD diagnosis code)

and/or

Patients who have a diagnosis of stroke or TIA (i.e. there is evidence in the patient's electronic health record of a stroke or TIA diagnosis code)

and/or

Patients who have a diagnosis of hypertension (i.e. there is evidence anywhere within the patient's electronic health record of a hypertension diagnosis code) that has not been resolved

and/or

Patients who have a diagnosis of diabetes (i.e. there is evidence anywhere within the patient's electronic health record of a diabetes diagnosis code) that has not been resolved

and

are aged 17 years and over at the time the indicator is measured

and/or

Patients who have a diagnosis of COPD (i.e. there is evidence in the patient's electronic health record of a COPD diagnosis code)

and/or

Patients who have a diagnosis of CKD (i.e. there is evidence anywhere within the patient's electronic health record of a CKD diagnosis code) that is CKD stage 3-5 and **not** CKD stage 1-2

and

are aged 18 years and over at the time the indicator is measured

and/or

Patients who have a diagnosis of asthma (i.e. there is evidence anywhere within the patient's electronic health record of an asthma diagnosis code) that has not been resolved

and

have a record of an asthma-related drug treatment code in the preceding year

and/or

Patients who have a diagnosis of schizophrenia, bipolar affective disorder or other psychoses (i.e. there is a evidence in the patient's electronic health record of a schizophrenia, bipolar affective disorder or other psychoses diagnosis code)

Numerator and Denominator

The success criteria for this indicator (**numerator**) are achieved for those patients in the denominator who have a record of smoking status in the preceding 12 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 is one exclusion

- Consideration has to be made for any patient diagnosed with Asthma, who is on the QOF 'Smoking Register' but is under the age of 20. This is because patients aged under 20 are checked for 'smoking status' under an indicator within the Asthma Indicator Group (AST004) but the 'cessation advice' is handled under the Smoking Indicator Group. Therefore any patient diagnosed with Asthma must be on the QOF Smoking Register. Hence, the need to remove the patients diagnosed with Asthma aged under 20 from the SMOK002 indicator specifically

Exceptions

Patients that don't achieve the success criteria of the indicator are 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 their smoking status recorded - maybe because there hasn't been an opportunity in the qualifying year to ascertain it.

- any patient that has a valid smoking exception code recorded within the preceding 12 months.
- any patient that has been diagnosed with coronary heart disease, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses within the last 3 months of the year (new diagnosis). Newly diagnosed patients may be regarded as exceptions if they fulfil the criteria of the indicator but have not yet been asked about their smoking status maybe because there hasn't been an opportunity in the qualifying year to ascertain it.

Indicator SMOK002: The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months.

- a) Denominator ruleset: To be applied to the patient population with CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If (IHD_DAT ≠ Null) OR If (PAD_DAT ≠ Null) OR If (STRT_DAT ≠ Null) OR If (COPD_DAT ≠ Null) OR If (HYP2_DAT ≠ Null AND HYPRES_DAT = Null) OR If (DM2_DAT ≠ Null AND DMRES_DAT = Null AND PAT_AGE ≥17) OR If (AST2_DAT ≠ Null AND ASTRES_DAT = Null AND ASTTRT_DAT ≠ Null AND PAT_AGE ≥20) OR If (CKD_DAT ≠ Null AND PAT_AGE ≥18) OR If (MH_DAT ≠ Null)	Next Rule	Reject
2	If CSMOK_DAT > (PAYMENTPERIODEND_DAT – 12 months)	Select	Next rule
3	If PAT_AGE > 25 AND NSMOK_DAT ≠ Null AND NSMOK_DAT ≥ DIAG_DAT AND NSMOK_DAT > PAT_DOB +25 years	Select	Next rule
4	If PAT_AGE ≤ 25 AND NSMOK_DAT > (PAYMENTPERIODEND_DAT – 12 months)	Select	Next rule
5	If LEXSMOK_COD ≠ Null AND LEXSMOK_DAT > (PAYMENTPERIODEND_DAT – 12 months)	Select	Next rule
6	If L3YREXSMOK_DAT ≠ Null AND LSMOK_DAT = Null OR	Select	Next rule

	If <u>L3YREXSMOK_DAT</u> ≠ Null AND <u>LSMOK_COD</u> ≠ Null AND <u>L3YREXSMOK_DAT</u> > <u>LSMOK_COD</u>		
7	If <u>REG_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> – 3 months)	Reject	Next rule
8	If <u>SMOKEXC_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> – 12 months)	Reject	Next rule
9	If <u>DIAG_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> – 3 months)	Reject	Select

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>CSMOK_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> – 12 months)	Select	Next rule
2	If <u>PAT_AGE</u> > 25 AND <u>NSMOK_DAT</u> ≠ Null AND <u>NSMOK_DAT</u> ≥ <u>DIAG_DAT</u> AND <u>NSMOK_DAT</u> > <u>PAT_DOB</u> +25 years	Select	Next rule
3	If <u>PAT_AGE</u> ≤ 25 AND <u>NSMOK_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> – 12 months)	Select	Next rule
4	If <u>LEXSMOK_COD</u> ≠ Null AND <u>LEXSMOK_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> – 12 months)	Select	Next rule
5	If <u>L3YREXSMOK_DAT</u> ≠ Null AND <u>LSMOK_DAT</u> = Null OR If <u>L3YREXSMOK_DAT</u> ≠ Null AND <u>LSMOK_COD</u> ≠ Null AND <u>L3YREXSMOK_DAT</u> > <u>LSMOK_COD</u>	Select	Reject

Additional Notes:

Denominator

Exclusion

Rule 1: The extra complexity of this rule is to reject any patient, diagnosed with Asthma, who is on the QOF Smoking Register but is under the age of 20.
N.B. This rule is required because patients aged under 20 are checked for 'smoking status' under an indicator within the Asthma Indicator Group (AST004) but the 'cessation advice' is

handled under the Smoking Indicator Group. Therefore any patient diagnosed with Asthma must be on the QOF Smoking Register. Hence, the need to remove the patients diagnosed with Asthma aged under 20 from the SMOK002 indicator specifically.

After following the logic of Rule 1, any patient that has not been rejected will therefore be considered for this indicator as the patient has an ongoing diagnosis of one of the nine morbidities (and is in the correct age range where appropriate).

Success

Rule 2: The aim of this rule is to identify any patient whose most recent smoking status is 'current smoker' and that it has been recorded in the preceding 12 months.

True: If the patient has a latest smoking status recorded in the preceding 12 months of 'current smoker', then the patient is selected into the denominator.

False: If the patient does not have a latest smoking status recorded in the preceding 12 months of 'current smoker', they are passed on to the next rule.

Rules 3 & 4 are to handle the scenarios for patients who have 'never smoked'.

Rule 3: The aim of this rule is to identify any patient aged over 25 that has, as the most recent smoking status, a status of 'never smoked'.

True: If the patient is aged over 25 and has a latest smoking status of 'never smoked' which has been recorded after the diagnosis date AND after the patient's 25th birthday, then the patient is selected into the denominator.

False: If the patient is aged over 25 but does not have a latest smoking status of 'never smoked' recorded after the diagnosis date AND after the patient's 25th birthday, then they are passed on to the next rule.

Rule 4: The aim of this rule is to identify any patient aged 25 or under that has, as the most recent smoking status, a status of 'never smoked'.

True: If the patient is aged 25 or under and has a latest smoking status of 'never smoked' which has been recorded in the last 12 months, then the patient is selected into the denominator.

False: If the patient is aged 25 or under and does not have a latest smoking status of 'never smoked' recorded in the last 12 months, then they are passed on to the next rule.

Rules 5 & 6 are to handle the scenarios for patients who are 'ex-smokers'.

Rule 5: The aim of this rule is to identify any patient that has, as the most recent smoking status, a status of 'ex-smoker'.

True: If the patient has a latest smoking status of 'ex-smoker' which has been recorded in the last 12 months, then the patient is selected into the denominator.

False: If the patient does not have a latest smoking status of 'ex-smoker' recorded in the last 12 months, then they are passed on to the next rule.

Rule 6: The aim of this rule is to identify any patient that has, as the most recent smoking status, a status of 'ex-smoker' and has consecutive 'ex-smoker' status (i.e. unbroken by a period of a 'smoking' status recorded over three consecutive years).

True: If the patient has a latest smoking status of 'ex-smoker' and has a smoking status of 'ex-smoker' recorded in three consecutive years WITHOUT a later smoking status of 'smoker' recorded, then the patient is selected into the denominator.

False: If the patient has a latest smoking status of 'ex-smoker' and does not have a smoking status of 'ex-smoker' recorded in three consecutive years WITHOUT a later smoking status of 'smoker' recorded, then they are passed on to the next rule.

Exceptions

It is worth remembering at this point that if a patient has a recording of smoking status within the preceding 12 months they will already have been **selected** into the denominator in Rules 2 to 6.

Rule 7: 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. If the patient was not registered in the last 3 months they are passed on to the next rule.

Rule 8: The aim of this rule is to identify any patient that has a relevant smoking exception code recorded. If this has been recorded in the preceding 12 months, the patient can be excepted and is not included in the denominator. Otherwise they are passed on to the next rule.

Rule 9: The aim of this rule is to identify any patient that has been 'recently diagnosed' with any of the morbidities used to populate the QOF 'Smoking Register'. If the earliest diagnosis for inclusion has been diagnosed in the last 3 months, the patient should not be included in the denominator. Otherwise the patient is selected into the denominator.

Numerator

The success criteria for this indicator are as per denominator Rules 2 to 6.

- 2 Indicator SMOK004: The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months.

Overview

This indicator has been developed to measure the effectiveness of the provision of a clinical care component for patients aged 15 years and over. The aspect that is being measured is that relating to 'current smokers' and the record of an offer of support and treatment within the preceding 24 months.

Disease register

The disease register is made up of patients who are eligible to receive the required care component. In this case the register is all those patients who are aged 15 years and over.

Numerator and Denominator

The success criteria for this indicator (**numerator**) are achieved for those patients in the denominator who have a record of being offered support and treatment in the preceding 24 months. In this instance, after negotiation it has been agreed that the intent of the indicator is to be implemented by identifying an offer of support or treatment.

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 is one exclusion

- Consideration has to be made for any patient who is not listed as a 'current smoker'. If they do not have a record of being a 'current smoker' then they are removed from this indicator.

Exceptions

Patients that don't achieve the success criteria of the indicator are 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 their smoking status recorded - maybe because there hasn't been an opportunity in the qualifying year to ascertain it.
- any patient that has a valid smoking exception code recorded within the preceding 12 months.

Indicator SMOK004: The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months.

- a) Denominator ruleset: To be applied to the patient population aged 15 years and over

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If CSMOK_COD = Null	Reject	Next rule
2	If REFERSSSA_DAT > (PAYMENTPERIODEND_DAT – 24 months) OR If PHARM_DAT > (PAYMENTPERIODEND_DAT – 24 months)	Select	Next rule
3	If REG_DAT > (PAYMENTPERIODEND_DAT – 3 months)	Reject	Next rule
4	If SMOKEXC_DAT > (PAYMENTPERIODEND_DAT – 12 months)	Reject	Select

- 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 REFERSSSA_DAT > (PAYMENTPERIODEND_DAT – 24 months) OR If PHARM_DAT > (PAYMENTPERIODEND_DAT – 24 months)	Select	Reject

Additional Notes:

Denominator

Exclusion

Rule 1: The aim of this rule is to identify any patient whose most recent smoking status is 'current smoker'. If the patient's most recent smoking status code is not that of a 'current smoker' then they are excluded. If the patient is a 'current smoker' they are passed on to the next rule.

Success

Rule 2: The objective of this rule is to identify those patients who have been offered either support OR treatment in the preceding 24 months. If the patient has a record of either aspect taking place in the preceding 24 months then they are selected into the denominator. If the patient does not have a record of either support or treatment then they are passed on to the next rule.

Exceptions

It is worth remembering that if the patient has a record of an offer of either support or treatment that they will have already been selected into the denominator in Rule 2.

Rule 3: 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. If the patient was not registered in the last 3 months they are passed on to the next rule.

Rule 4: The aim of this rule is to identify any patient that has a relevant smoking exception code recorded. If this has been recorded in the preceding 12 months, the patient can be excepted and is not included in the denominator. Otherwise they are passed on to the next rule.

- 3 Indicator SMOK005: The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months.

Overview

This indicator has been developed to measure the effectiveness of the provision of a clinical care component for patients with any or any combination of coronary heart disease, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses. The aspect that is being measured is that relating to an offer of support and treatment.

Disease register

The disease register is made up of patients who are eligible to receive the required care component. For the Smoking indicators it is worth noting that there is no smoking disease register as such i.e. there is not a register of people who smoke. This indicator is checking to see if those patients who do smoke (who fulfil the register criteria listed below) have been offered support and treatment: -

Patients who have a diagnosis of CHD (i.e. there is evidence in the patient's electronic health record of a CHD diagnosis code)

and/or

Patients who have a diagnosis of PAD (i.e. there is evidence in the patient's electronic health record of a PAD diagnosis code)

and/or

Patients who have a diagnosis of stroke or TIA (i.e. there is evidence in the patient's electronic health record of a stroke or TIA diagnosis code)

and/or

Patients who have a diagnosis of hypertension (i.e. there is evidence anywhere within the patient's electronic health record of a hypertension diagnosis code) that has not been resolved

and/or

Patients who have a diagnosis of diabetes (i.e. there is evidence anywhere within the patient's electronic health record of a diabetes diagnosis code) that has not been resolved
and
are aged 17 years and over at the time the indicator is measured

and/or

Patients who have a diagnosis of COPD (i.e. there is evidence in the patient's electronic health record of a COPD diagnosis code)

and/or

Patients who have a diagnosis of CKD (i.e. there is evidence anywhere within the patient's electronic health record of a CKD diagnosis code) that is CKD stage 3-5 and **not** CKD stage 1-2
and
are aged 18 years and over at the time the indicator is measured

and/or

Patients who have a diagnosis of asthma (i.e. there is evidence anywhere within the patient's electronic health record of an asthma diagnosis code) that has not been resolved
and
have a record of an asthma-related drug treatment code in the preceding year

and/or

Patients who have a diagnosis of schizophrenia, bipolar affective disorder or other psychoses (i.e. there is a evidence in the patient's electronic health record of a schizophrenia, bipolar affective disorder or other psychoses diagnosis code)

Numerator and Denominator

The success criteria for this indicator (**numerator**) are achieved for those patients in the denominator who have a record of being offered support and treatment in the preceding 12 months. In this instance, after negotiation it has been agreed that the intent of the indicator is to be implemented by identifying an offer of support or treatment.

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 is one exclusion

- Consideration has to be made for any patient who is not listed as a 'current smoker'. If they do not have a record of being a 'current smoker' then they are removed from this indicator.

Exceptions

Patients that don't achieve the success criteria of the indicator are 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 their smoking status recorded - maybe because there hasn't been an opportunity in the qualifying year to ascertain it.
- any patient that has a valid smoking exception code recorded within the preceding 12 months.

- any patient that has been diagnosed with coronary heart disease, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses within the last 3 months of the year (new diagnosis). Newly diagnosed patients may be regarded as exceptions if they fulfil the criteria of the indicator but have not yet been asked about their smoking status maybe because there hasn't been an opportunity in the qualifying year to ascertain it.

Indicator SMOK005: The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months.

- a) Denominator ruleset: To be applied to the patient population with CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>CSMOK_COD</u> = Null	Reject	Next rule
2	If <u>REFERSSSA_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> - 12 months) OR If <u>PHARM_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> - 12 months)	Select	Next rule
3	If <u>REG_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> - 3 months)	Reject	Next rule
4	If <u>SMOKEXC_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> - 12 months)	Reject	Next rule
5	If <u>DIAG_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> - 3 months)	Reject	Select

- 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>REFERSSSA_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> - 12 months) OR If <u>PHARM_DAT</u> > (<u>PAYMENTPERIODEND_DAT</u> - 12 months)	Select	Reject

Additional Notes:

Denominator

Exclusion

Rule 1: The aim of this rule is to identify any patient who's most recent smoking status is 'current smoker'. If the patient's most recent smoking code is not that of a 'current smoker' then they are excluded. If the patient is a 'current smoker' they are passed on to the next rule.

Success

Rule 2: The objective of this rule is to identify those patients who have been offered either support OR treatment in the preceding 12 months. If the patient has a record of either aspect taking place in the preceding 12 months then they are selected into the denominator. If the patient does not have a record of either support or treatment then they are passed on to the next rule.

Exceptions

It is worth remembering that if the patient has a record of an offer of either support or treatment that they will have already been selected into the denominator in Rule 2.

Rule 3: 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. If the patient was not registered in the last 3 months they are passed on to the next rule.

Rule 4: The aim of this rule is to identify any patient that has a relevant smoking exception code recorded. If this has been recorded in the preceding 12 months, the patient can be excepted and is not included in the denominator. Otherwise they are passed on to the next rule.

Rule 5: The aim of this rule is to identify any patient that has been 'recently diagnosed' with any of the morbidities used to populate the QOF 'Smoking Register'. If the earliest diagnosis for inclusion has been diagnosed in the last 3 months, the patient should not be included in the denominator. Otherwise the patient is selected into the denominator.

Numerator

The success criterion for this indicator is as per denominator Rule 2.