

Title: GP data cleansing initiative for atrial fibrillation and hypertension in Hampshire, Isle of Wight and Thames Valley regions: February 2019 – December 2019. Lead: Dr Raj Thakkar, LTC/CVD lead, TV and Hants SCN, NHSE/I.

Description: The Long Term Plan describes an ambition to diagnose and treat more patients with hypertension (HTN) and atrial fibrillation (AF). According to *Size of the Prize* data there are a significant number of undiagnosed patients across Hampshire, Isle of Wight and Thames Valley which correlate with the potential to avoid 1870 strokes and 879 heart attacks from improved detection and management of HTN and AF (£49m 3-year savings).

The prevalence of both HTN and AF vary between CCGs and relate, in part, to the quality of clinical coding. People who are on treatment for HTN or AF, but who are not coded, may be at risk of not being recalled as part of the disease register protocol and this may have a direct impact on their risk of cardiovascular complications. Equally, under-recording will artificially under-estimate the true prevalence of patients with known HTN and AF.

Whilst it is recognised that practices are financially supported to identify, record and treat patients with both HTN and AF, it was appreciated that there was a clear gap in coding and a potential consequence in care of this cohort of patients. As such, there was an opportunity to address this via a funded one-off data cleanse process. NHS England South East region allocated £395,200 to the data cleansing initiative for 494 practices (£800 per GP practice).

Aims and objectives:

- Improve the quality of coding for AF and HTN within primary care.
- Improved coding will generate a more accurate register of people with AF and HTN. The register would then inform the practice's recall and review processes within primary care and wider healthcare system to support people to live healthier, monitor effective treatment and support medicines optimisation
- The project was part of a comprehensive CVD programme led by the strategic clinical network.

Project implementation

- Each CCG individually developed specifications to ensure buy-in and local ownership.
- The reporting back to the SCN by each CCG would require baseline data and the increase in prevalence. Processes to ensure that registers were maintained also required.
- A specified search criterion of the patients' medical records resulted in identifying the patients who were receiving treatment for HTN and AF, but who did not currently have a clinical code.
- At least one CCG (Bucks) also required GP practices to review patients with persistently high blood pressure readings without a problem code
- CCGs were required to declare any legacy funds and to use these monies on practices with the lowest prevalence of HTN and AF (report expected Q2 2020).

Key findings:

- **285 Practices** (74%) participated in the initiative to date (a further 6 practices are due to complete March 2020 76%)
- **12,711** patients have been added to the Hypertension registers
- **2,446** patients have been added to the AF registers

Key learning points:

- There is chronic under-coding across all LTCs.
- Code cleansing can provide a more robust register to then recall and review patients
- Data cleansing raises the profile of hypertension and AF across primary care