

CDRC – Clinical Digital Resource Collaborative

Jody Nichols and Dr Tom Zamoyski

CDRC Implementation Team

Academic Health Science Network for the North East and North Cumbria
(AHSN NENC)

Overview

- CDRC Precision - What, Who, Why
- Accessing the resources
- Roadmap
- Initial Insights
- Any Questions

What is CDRC

CDRC Precision is an NHS owned fully funded digital resource that supports individuals and organisations to deliver gold-standard patient care efficiently.

Vision

Develop free at the point of use, hazard-reviewed digital resources created by clinicians.

Our Vision

Create resources for
SystemOne and EMIS

Prevent clinical teams across the country having to reinvent the wheel via creation of a central repository of ICP/ICS/National resources (*with regional adaptation where required*).

Overview of CDRC Precision

Intuitive templates containing relevant contextual information

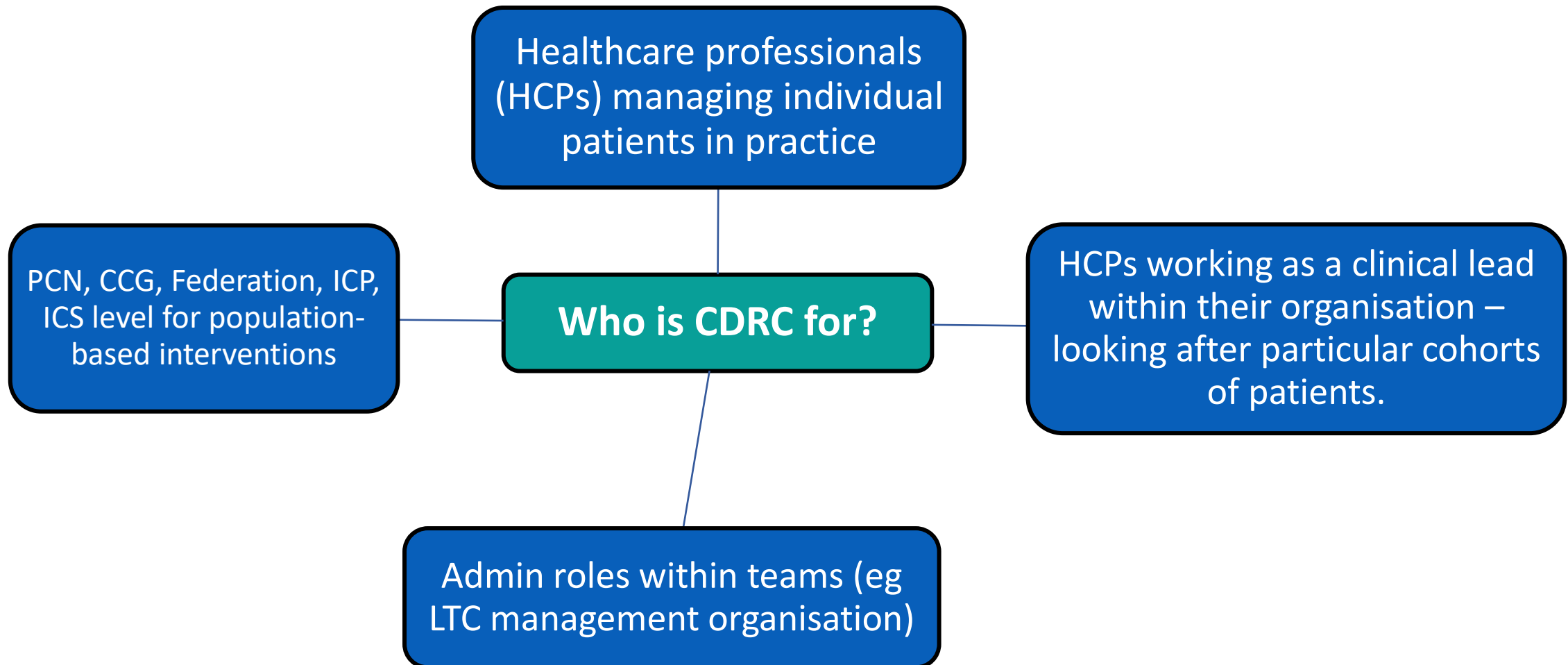
Safety-critical alerts/pop-ups & patient status icons

Types of resources available

Powerful searches/reports

Standardised regional letters/referral documents containing relevant merged clinical information

Who's it for?



The Team



Dr Gareth Forbes
Co-Founder



Dr Jonathan Harness
Co – Founder and Chair



Billie Moyle
Primary Care Data
Quality Lead (NECS)



Kathryn Muckles
Primary Care Data
Quality Specialist (NECS)



I-Lin Hall
CDRC position – CDRC
Delivery Insight (NECS)



Professor Julia Newton
Medical Director AHSN



Jody Nichols
Implementation Lead
(AHSN)



Dr Tom Zamoyski
GP Clinical Lead
(AHSN)



Dr Andrew Richardson
GP – EMIS Resource
Development Lead
(AHSN)



Michelle Waugh
Project Support Officer
(AHSN)



Jordan Hewitt
Social media &
website lead.
(AHSN)



Joanne Dolezal / Sarah Bowman
Marketing/Comms & Stakeholder
Engagement Experts (AHSN)

Wider Key Partners

- CCGs regionally in NENC (reps from 8 regional CCGs)
- CBC Health (federation)
- Northern Cancer alliance
- Sunderland GP alliance

Benefits

Improved quality and safety for patients, clinicians and the NHS

- *by identifying patients who are undiagnosed, misdiagnosed or coded incorrectly.*

Improved time / cost savings

- *by utilising pre-designed, validated resources (templates, searches, protocols, alerts).*

Flexible implementation

- *Clinical teams can choose to use only the resources which are important to them.*

Safe and compliant data sharing

Improved performance management

- *Via the use of 'dashboard' suites of searches/reports which provide real-time data on many aspects of clinical performance.*

Opportunity to increase practice income

- *By using real-time data/targeted search strategies to support practices to improve their QoF performance.*

Accessing The Resources

- Straightforward.
- Different approach EMIS vs S1 due to limitations with Resource Publisher rollout.
- Training materials / guides available

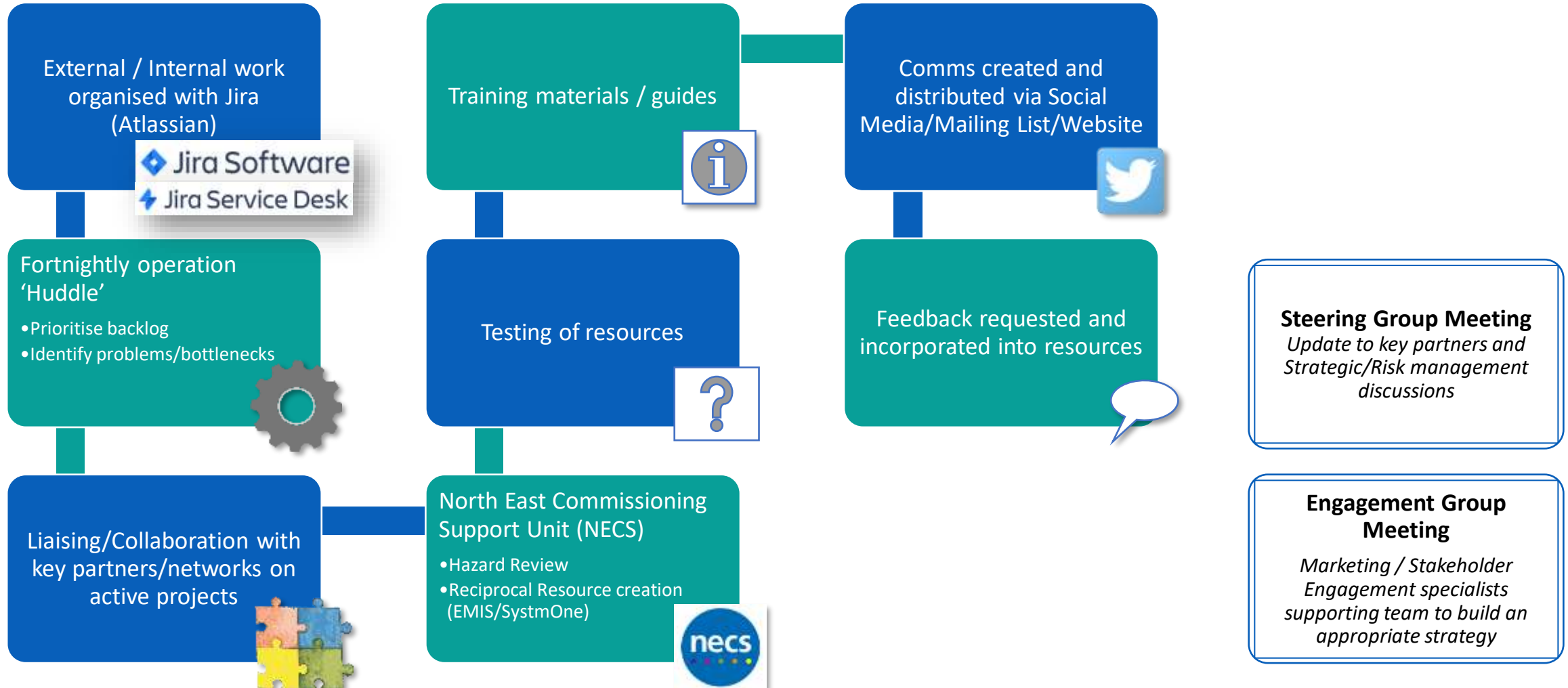
Accessing the CDRC Resources - SystemOne

- How do I access the CDRC resources?
 - Please email the name of your organisation to nescu.cdrc@nhs.net and indicate that you would like access to the CDRC resources on S1.
 - **A task will be sent to your 'Unassigned Tasks' box for you to action in order to join the 'DCS' group.**
- If I join the DCS group, will I share any of my organisation's data out to anyone else?
 - o **No.** Joining the group does not permit any access to any of your organisation's data (patient or otherwise) to other organisations.
- Can I choose which DCS resources I'd like to be active / inactive?
 - o **Yes.** All the elements of the DCS group are optional.
 - o **NB By default: Patient Status Alerts and a proportion of Protocols are set to be auto-activated when you join the DCS group. These can be turned off if required:**
 - **To turn off Patient Status Alerts (these are the small icons which appear under the patient demographics):**
 - Navigate to the PSA management area and untick the 'enabled' box for the PSAs that you do not want to use:



| Name | Icon | Category | Availability | Enabled |
|------------------------------------|------|-----------------------|------------------|-------------------------------------|
| Alerts History | | Patient Status Marker | County Durham... | <input checked="" type="checkbox"/> |
| Child in Need | | Miscellaneous | DCS | <input checked="" type="checkbox"/> |
| Child in Cause for Concern | | Miscellaneous | DCS | <input checked="" type="checkbox"/> |
| Child is Looked After | | Miscellaneous | DCS | <input checked="" type="checkbox"/> |
| Child on Protection Register | | Miscellaneous | DCS | <input checked="" type="checkbox"/> |
| Child Removed from Protection List | | Miscellaneous | DCS | <input checked="" type="checkbox"/> |
| PHOP-OK | | Miscellaneous | DCS | <input checked="" type="checkbox"/> |
| Consent to share information | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |
| AUA Case Management: Care Pla | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |
| AUA Case Management: NO Care | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |
| CC Coordinated Care | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |
| CC Virtual Ward | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |
| DCS Address | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |
| DCS At High Risk of Suicide | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |
| DCS At High Risk of Harming Oth | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |
| DCS At Risk of Harming Others | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |
| DCS Social Exclusion | | Patient Status Marker | DCS | <input checked="" type="checkbox"/> |

Development Process



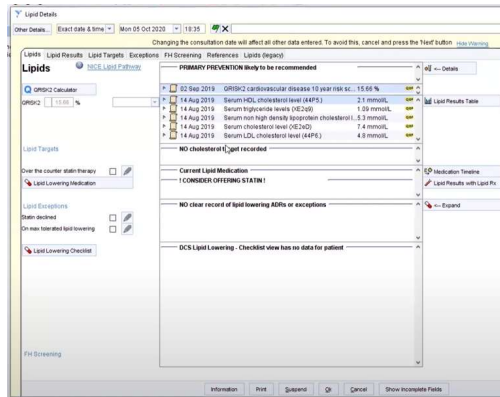
Resources we've created so far...

- Covid-19 support
 - Lipids / FH / PCSK9i
 - Atrial Fibrillation
 - NEWS2
-
- *Priorities and planning of work...*

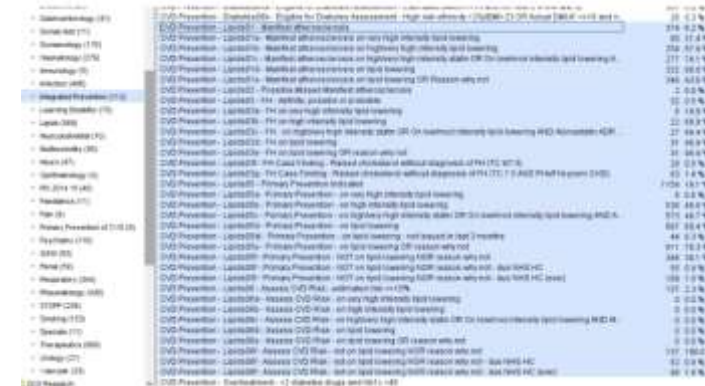
Development Roadmap

- BeatAsthma+
- Year of Care
- Learning Disability support for QOF 20-21
- Asthma LTC
- Diabetes LTC
- Comprehensive Geriatric Assessment
- Meds Management System

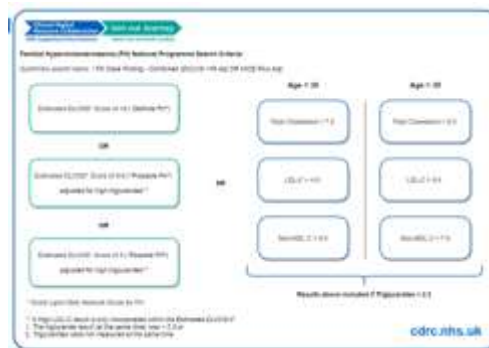
Resources for CVD Prevention



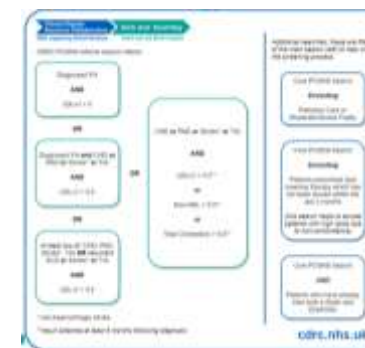
Lipid Management Templates



Lipid Searches



FH Searches



PCSK9i Searches

Lipid Templates

Lipid Details

Other Details... Exact date & time Mon 05 Oct 2020 18:35

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Lipids Lipid Results Lipid Targets Exceptions FH Screening References Lipids (legacy)

Lipids

[NICE Lipid Pathway](#)

QRISK2 Calculator

QRISK2 15.66 %

Lipid Targets

Over the counter statin therapy

Lipid Lowering Medication

Lipid Exceptions

Statin declined

On max tolerated lipid lowering

Lipid Lowering Checklist

FH Screening

PRIMARY PREVENTION likely to be recommended

| | | | |
|-------------|--|-------------|-----|
| 02 Sep 2019 | QRISK2 cardiovascular disease 10 year risk score | 15.66 % | QOF |
| 14 Aug 2019 | Serum HDL cholesterol level (44P5) | 2.1 mmol/L | QOF |
| 14 Aug 2019 | Serum triglyceride levels (XE2q9) | 1.09 mmol/L | QOF |
| 14 Aug 2019 | Serum non high density lipoprotein cholesterol L | 5.3 mmol/L | QOF |
| 14 Aug 2019 | Serum cholesterol level (XE2eD) | 7.4 mmol/L | QOF |
| 14 Aug 2019 | Serum LDL cholesterol level (44P6) | 4.8 mmol/L | QOF |

NO cholesterol target recorded

Current Lipid Medication

! CONSIDER OFFERING STATIN !

NO clear record of lipid lowering ADRs or exceptions

DCS Lipid Lowering - Checklist view has no data for patient

Information Print Suspend QR Cancel Show incomplete Fields

Lipid Searches

CDRC Supporting Clinical Decisions

| | | |
|--|------|---------|
| CVD Prevention - Diabetes00a - Eligible for Diabetes Assessment - Estimated DMUK <= 10 and no HbA1c in the last 3y | 301 | 0.0 % |
| CVD Prevention - Diabetes06b - Eligible for Diabetes Assessment - High risk ethnicity >25y/BMI>23 OR Actual DMUK >=16 and n... | 20 | 0.3 % |
| CVD Prevention - Lipids01 - Manifest atherosclerosis | 374 | 6.2 % |
| CVD Prevention - Lipids01a - Manifest atherosclerosis on very high intensity lipid lowering | 80 | 21.4 % |
| CVD Prevention - Lipids01b - Manifest atherosclerosis on high/very high intensity lipid lowering | 254 | 67.9 % |
| CVD Prevention - Lipids01c - Manifest atherosclerosis on high/very high intensity statin OR On low/mod intensity lipid lowering A... | 277 | 74.1 % |
| CVD Prevention - Lipids01d - Manifest atherosclerosis on lipid lowering | 332 | 88.8 % |
| CVD Prevention - Lipids01e - Manifest atherosclerosis on lipid lowering OR Reason why not | 348 | 93.0 % |
| CVD Prevention - Lipids02 - Possible Missed Manifest atherosclerosis | 2 | 0.0 % |
| CVD Prevention - Lipids03 - FH - definite, possible or probable | 32 | 0.5 % |
| CVD Prevention - Lipids03a - FH on very high intensity lipid lowering | 6 | 18.8 % |
| CVD Prevention - Lipids03b - FH on high intensity lipid lowering | 22 | 68.8 % |
| CVD Prevention - Lipids03c - FH - on high/very high intensity statin OR On low/mod intensity lipid lowering AND Atorvastatin ADR ... | 27 | 84.4 % |
| CVD Prevention - Lipids03d - FH on lipid lowering | 31 | 96.9 % |
| CVD Prevention - Lipids03e - FH on lipid lowering OR reason why not | 31 | 96.9 % |
| CVD Prevention - Lipids03f - FH Case Finding - Raised cholesterol without diagnosis of FH (TC 9/7.5) | 28 | 0.5 % |
| CVD Prevention - Lipids03g - FH Case Finding - Raised cholesterol without diagnosis of FH (TC 7.5 AND PHx/FHx prem CHD) | 83 | 1.4 % |
| CVD Prevention - Lipids05 - Primary Prevention Indicated | 1154 | 19.1 % |
| CVD Prevention - Lipids05a - Primary Prevention - on very high intensity lipid lowering | 6 | 0.5 % |
| CVD Prevention - Lipids05b - Primary Prevention - on high intensity lipid lowering | 538 | 46.6 % |
| CVD Prevention - Lipids05c - Primary Prevention - on high/very high intensity statin OR On low/mod intensity lipid lowering AND A... | 573 | 49.7 % |
| CVD Prevention - Lipids05d - Primary Prevention - on lipid lowering | 697 | 60.4 % |
| CVD Prevention - Lipids05di - Primary Prevention - on lipid lowering - not issued in last 3 months | 44 | 6.3 % |
| CVD Prevention - Lipids05e - Primary Prevention - on lipid lowering OR reason why not | 811 | 70.3 % |
| CVD Prevention - Lipids05f - Primary Prevention - NOT on lipid lowering NOR reason why not | 346 | 30.1 % |
| CVD Prevention - Lipids05f - Primary Prevention - NOT on lipid lowering NOR reason why not - due NHS HC | 55 | 0.9 % |
| CVD Prevention - Lipids05f - Primary Prevention - NOT on lipid lowering NOR reason why not - due NHS HC (ever) | 109 | 1.8 % |
| CVD Prevention - Lipids06 - Assess CVD Risk - estimated risk >=10% | 137 | 2.3 % |
| CVD Prevention - Lipids06a - Assess CVD Risk - on very high intensity lipid lowering | 0 | 0.0 % |
| CVD Prevention - Lipids06b - Assess CVD Risk - on high intensity lipid lowering | 0 | 0.0 % |
| CVD Prevention - Lipids06c - Assess CVD Risk - on high/very high intensity statin OR On low/mod intensity lipid lowering AND At... | 0 | 0.0 % |
| CVD Prevention - Lipids06d - Assess CVD Risk - on lipid lowering | 0 | 0.0 % |
| CVD Prevention - Lipids06e - Assess CVD Risk - on lipid lowering OR reason why not | 0 | 0.0 % |
| CVD Prevention - Lipids06f - Assess CVD Risk - not on lipid lowering NOR reason why not | 137 | 100.0 % |
| CVD Prevention - Lipids06f - Assess CVD Risk - not on lipid lowering NOR reason why not - due NHS HC | 52 | 0.9 % |
| CVD Prevention - Lipids06f - Assess CVD Risk - not on lipid lowering NOR reason why not - due NHS HC (ever) | 98 | 1.6 % |
| CVD Prevention - Overtreatment - >2 diabetes drugs and Hb1c <48 | | |

FH Searches - Development

Collaboration with regional lipid specialists comparing FH detection tools: NICE, Simon Broome, DLCNS, and FAMCAT

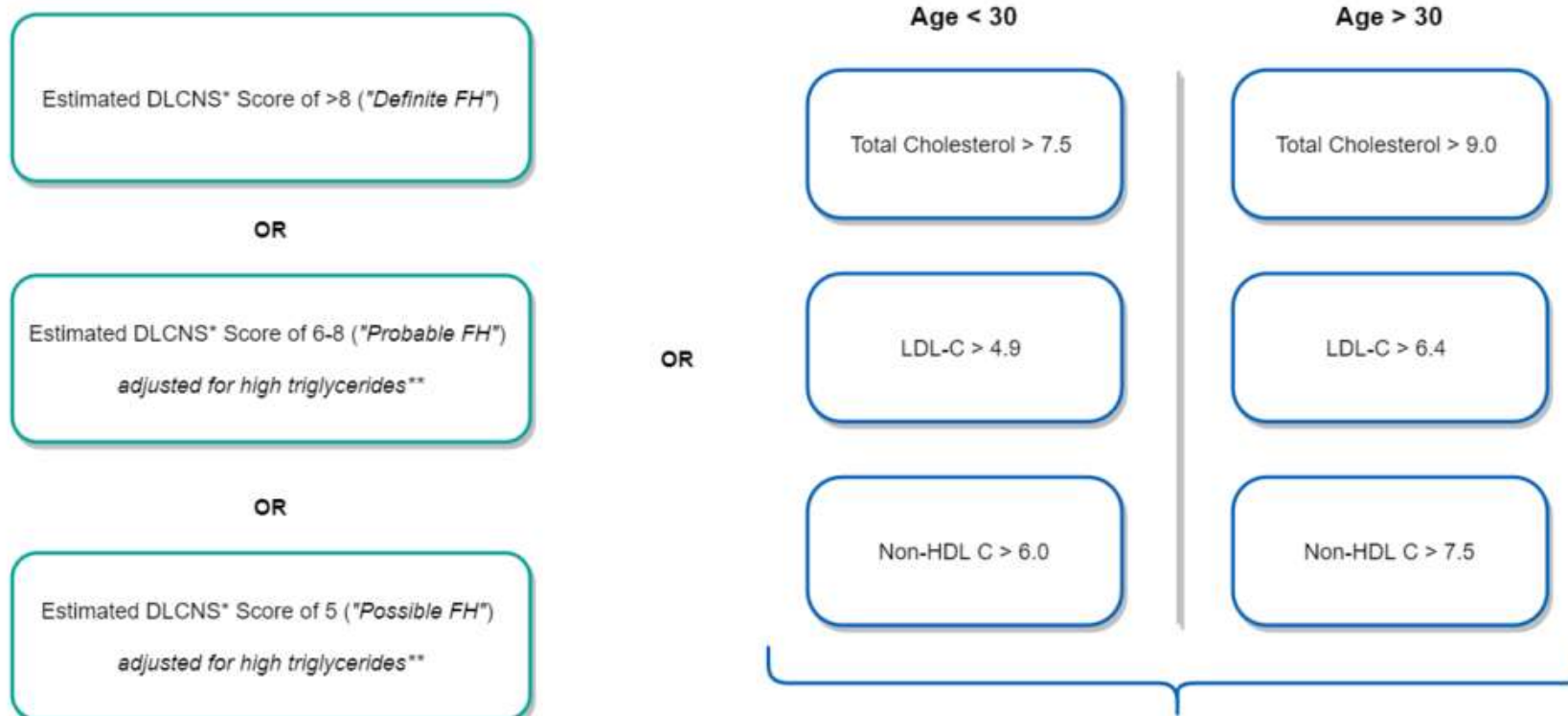
Searches refined to improve accuracy: adding LDL and non-HDL criteria to the NICE criteria, adjusting for high triglycerides (>2.3)

Identified patients were then reviewed by Specialist Lipid Nurses to decide who required further assessment and/or genetic testing. This information was used to develop search strategies which can adjust sensitivity and specificity.

FH Search Strategy for National Programme

Familial Hypercholesterolaemia (FH) National Programme Search Criteria:

SystemOne search name: *! FH Case Finding - Combined (DCLNS >=5 Adj OR NICE Plus Adj)*




* Dutch Lipid Clinic Network Score for FH

** A High LDL-C result is only incorporated within the Estimated DLCNS if:

1. The triglyceride result (at the same time) was < 2.3 or
2. Triglycerides were not measured at the same time

PCSK9i Searches - Development

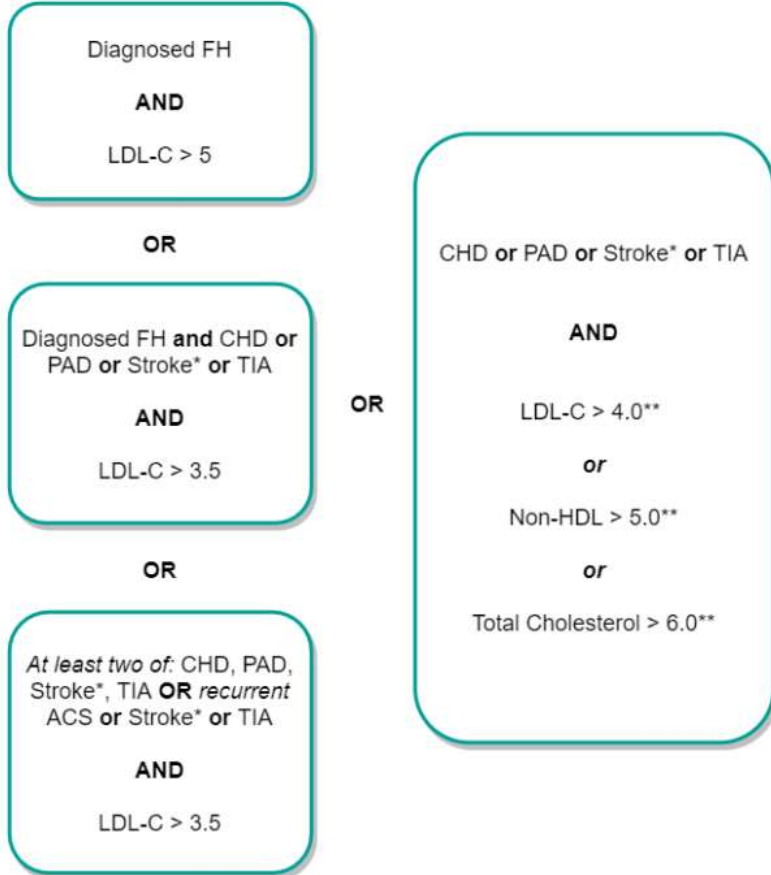
Search strategy based on NICE guidance
([Evolocumab - Technology appraisal guidance \[TA394\]](#))



Development of additional 'filter' searches to support the process of identifying patients most likely to be eligible.

PCSK9i Search Strategy

CDRC PCSK9i referral search criteria:



* non-haemorrhagic stroke

**result obtained at least 9 months following diagnosis

Additional searches: these are filters of the main search (left) to help with the screening process.

Core PCSK9i Search
Excluding
Palliative Care or Moderate/Severe Frailty

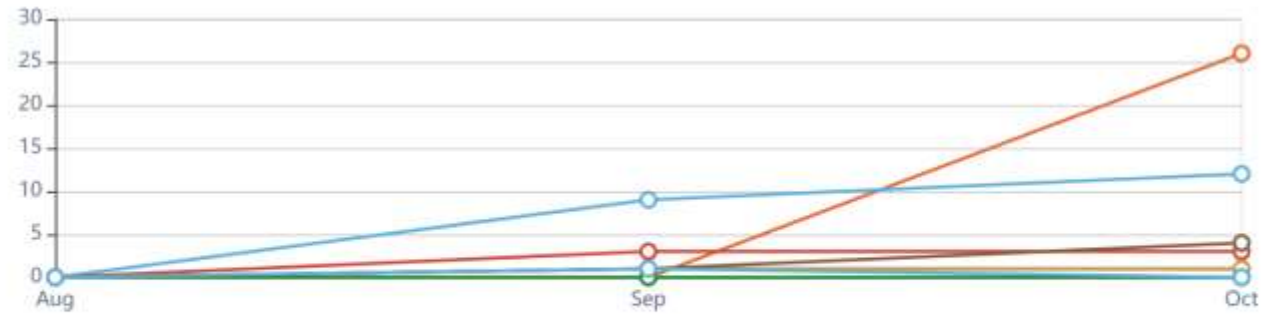
Core PCSK9i Search
Excluding
Patients prescribed lipid lowering therapy which has not been issued within the last 3 months
(this search helps to exclude patients with high lipids due to non-concordance)

Core PCSK9i Search
AND
Patients who have already tried both a Statin and Ezetimibe

cdrc.nhs.uk



Initial Request Insights (*non-exhaustive*)



| Date | Advice/Tech Support | Resource Request | Update / Other | Bug | Training / Demo | Consultatory / Expert Opinion | Localisation | Partnership Working / Shared Resource |
|------|---------------------|------------------|----------------|-----|-----------------|-------------------------------|--------------|---------------------------------------|
| Aug | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sep | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Oct | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |



Issue Type
Total Issues: 40

| Issue Type | Count |
|----------------------------------|-------|
| Primary Care Centre | 23 |
| CCG | 4 |
| Other Providers | 3 |
| Secondary Care Trust | 3 |
| Govt/Regulatory | 2 |
| Network | 2 |
| Commissioning Support Unit (CSU) | 1 |
| Education / Research Body | 1 |
| Primary Care Network | 1 |

Some other points...

- What about Gareth Forbes' **DCS** system?
- Support: **Jargon-free knowledge-base** is direction of travel
- Regional pathways/guidelines – Please involve CDRC **early**

Any Questions?

- contact-CDRC@ahsn-nenc.org.uk



Thank you