

CDRC – Clinical Digital Resource Collaborative

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What is CDRC?

What? CDRC is a NHS owned digital resource with national reach, that enables individual clinicians and clinical organisations to deliver gold-standard patient care efficiently. CDRC is a collaboration of expert clinicians that develop clinical resources for clinicians in the clinical systems EMIS and SystemOne.

Why? CDRC supports low-cost improved patient care through powerful clinical searches, creation of dynamic templates, contextual alerts & patient status icons as well as standardised regional referral information allowing clinicians to streamline processes within primary care, improve patients' outcomes and put clinicians in control of patient care. CDRC provides clinicians with 'how to use guides' to allow full navigation of the resources. All CDRC resources are centrally updated, and safety reviewed.

Our vision

Improve population health,
release time within clinical teams
and deliver gold standard patient
care efficiently through trusted
NHS-owned digital resources.



Our Mission

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).



Create resources for SystmOne and EMIS.



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



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



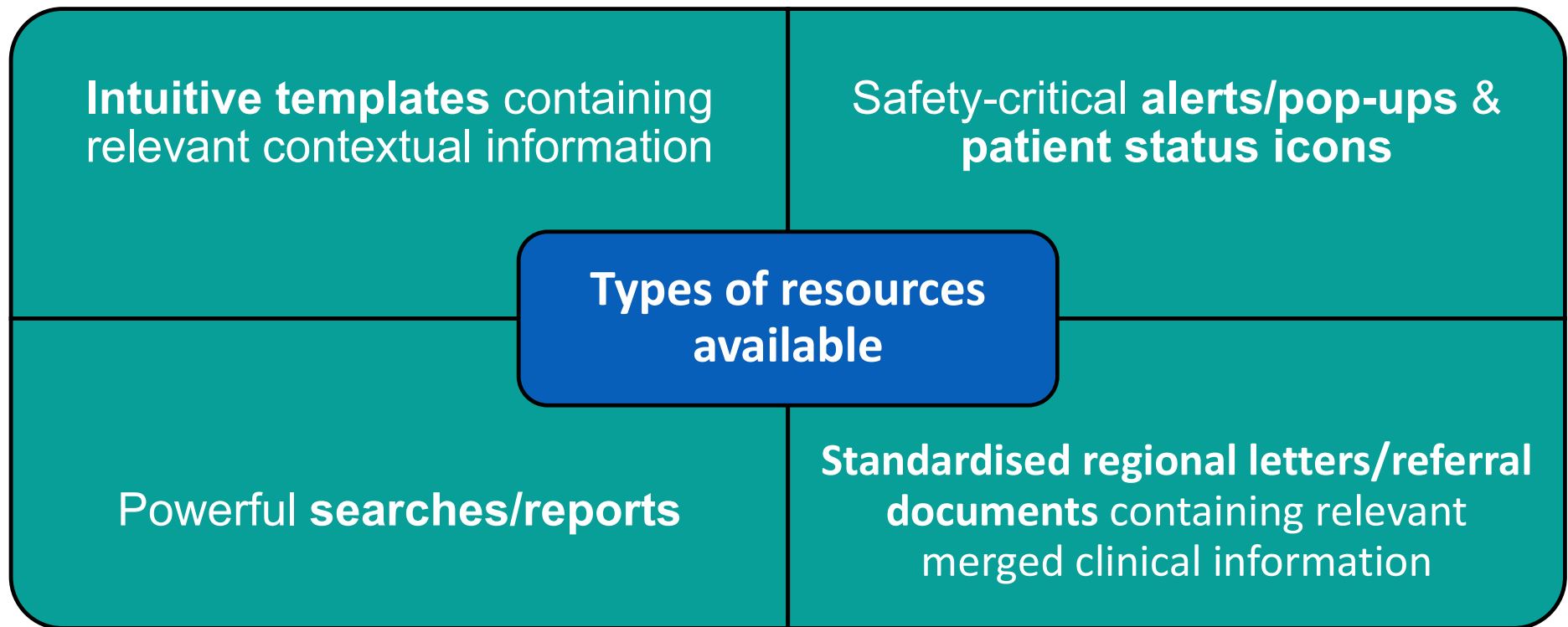
Michelle Waugh
Project Support Officer
(AHSN)



Jordan Hewitt
Social media & website lead
(AHSN)



Overview of CDRC



CDRC - 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

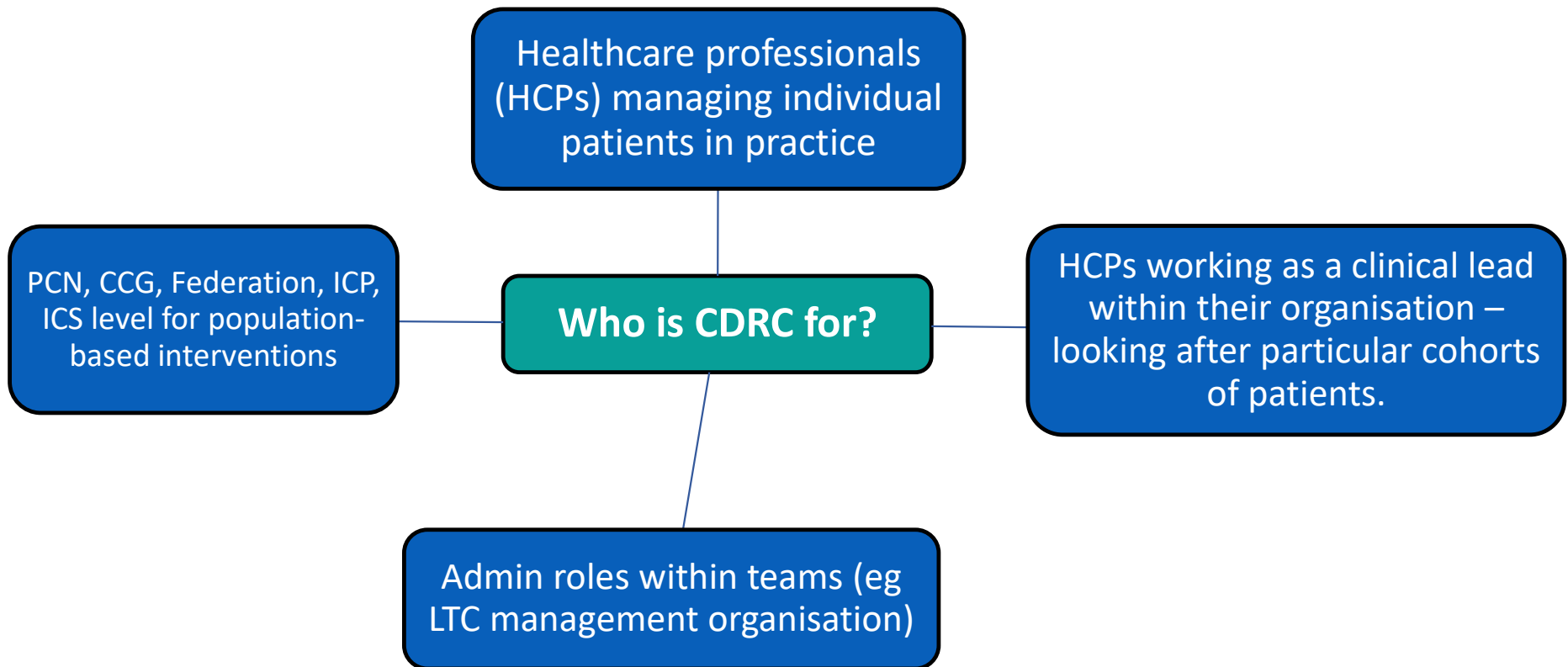
Improved performance management

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

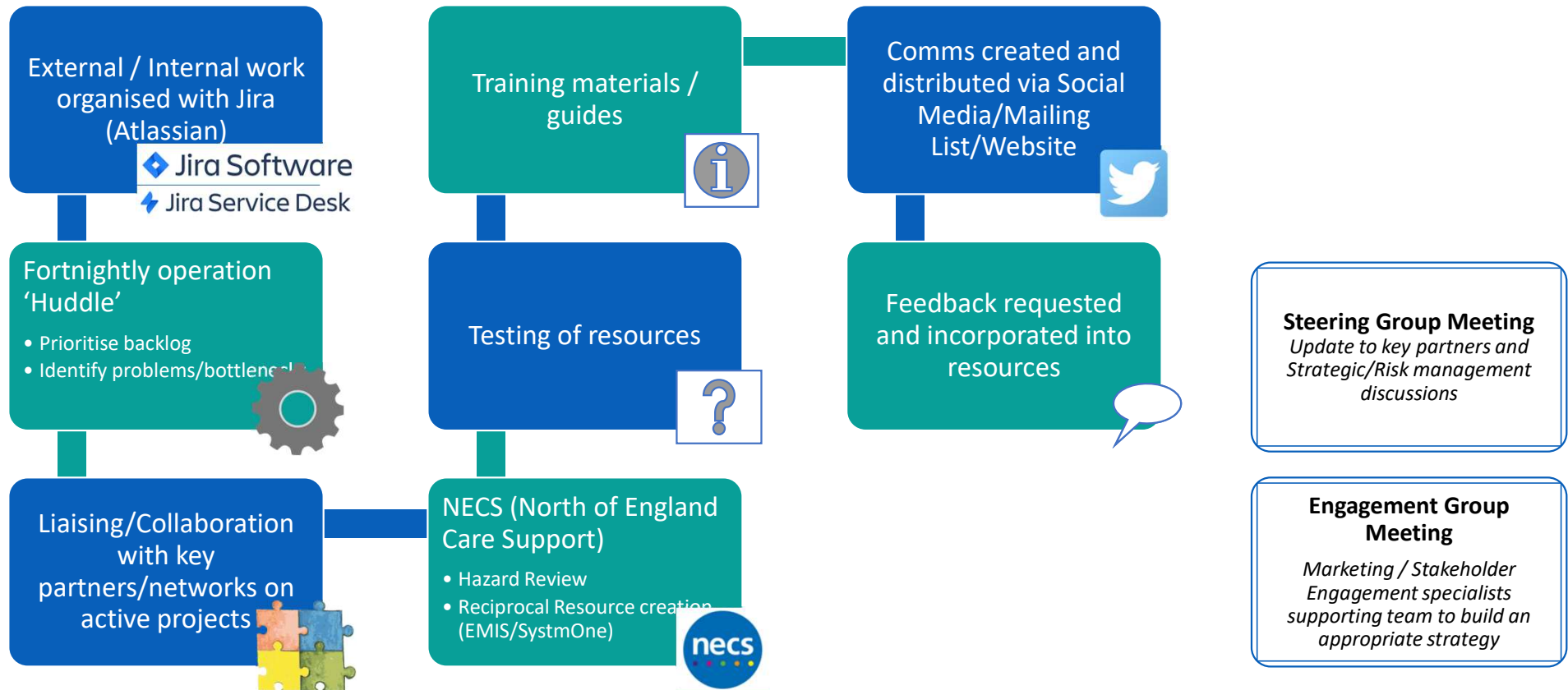
Opportunity to increase practice income

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

Who's it for?



Development Process



Wider Key Partners

- CCGs regionally in NENC & Yorkshire
- CBC Health (federation)
- Northern Cancer alliance
- Sunderland GP alliance
- PRIMIS Cumbria
- NECS

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)*

Estimated DLCNS* Score of >8 (*"Definite FH"*)

OR

Estimated DLCNS* Score of 6-8 (*"Probable FH"*)
*adjusted for high triglycerides***

OR

Estimated DLCNS* Score of 5 (*"Possible FH"*)
*adjusted for high triglycerides***

Age < 30

Total Cholesterol > 7.5

LDL-C > 4.9

Non-HDL C > 6.0

Age > 30

Total Cholesterol > 9.0

LDL-C > 6.4

Non-HDL C > 7.5

OR

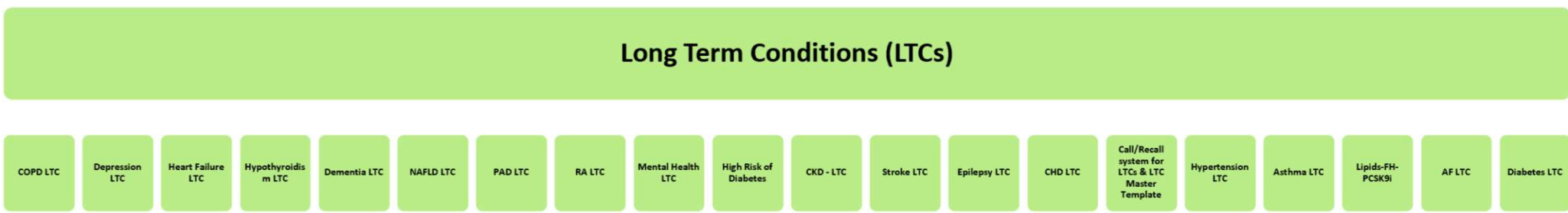
Results above included if Triglycerides < 2.3

* 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



Example breakdown of LTCs module within CDRC:



Sources of new/updated resources for above include the following:



Any Questions?

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

Thank you

