

**Clinical Digital  
Resource Collaborative**

**Join our Journey**

**CDRC Supporting Clinical Decisions**

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**Project Manager AHSN NENC and CDRC**

 @CDRC\_Precision

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# About CDRC

CDRC develops patient-centric clinical resources for use in the clinical systems, SystemOne and EMIS

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## Who?

The Clinical Digital Resource Collaborative (CDRC), founded in 2018, is a collaboration between the **AHSN NENC**, **NECS**, **CBC Health Ltd** and **Cumbria PRIMIS Informatics**, with key strategic relationships with GP Federations and CCGs.



## What?

A NENC regional NHS owned digital resource with national reach, that enables clinicians and clinical organisations to deliver gold-standard patient care efficiently.



## How?

CDRC's identification and management resources put the clinician in control of patient care, improving patient outcomes and allow clinicians to provide the appropriate care at the right time.

# Our Vision and Mission



## Vision

To become a regional central hub of free to use clinical resources.

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## Mission

Prevent clinical teams across the country having to reinvent the wheel via the creation of a central repository of ICP, ICS & National Resources, with regional adaption where required.

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# 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)



**Ben Mole**  
Project Manager  
(AHSN/CDRC)

# CDRC Resource Overview

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Clinical Reports



Data Entry  
Templates



Word Letter  
Templates



Patient Status  
Alerts



Protocols



Patient Recalls



Questionnaires



Hazard Reviewed  
Resources



# Key Resources Provided by CDRC



## Clinical Reports / Patient Searches

Searches that support the identification of patients with undiagnosed or misdiagnosed conditions, patients who may benefit from interventions and optimisation of treatment.



## Data Entry Templates

Detailed, intuitive templates, covering a range of clinical areas that allow for the accurate review, assessment and coding of patient data.



## Patient Status Alerts / Icons

Alerts and Icons that alert you to situations relating to the patients that may require special attention.



## Referral Forms

Regional Referral forms that pre-populate with relevant patient information from their clinical record.



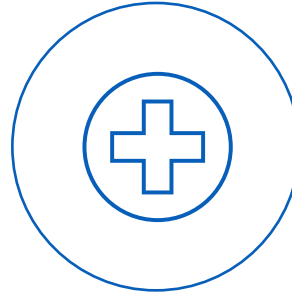
# Who are these resources for?

Healthcare Professionals managing individual patients in practice.



Healthcare Professionals working as a clinical lead within their organisation – looking after particular cohorts of patients.

PCN, ICS, ICP level for population-based interventions



Admin roles within teams e.g., LTC management organisations.

# Benefits of using CDRC

## 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.*



# QoF Target

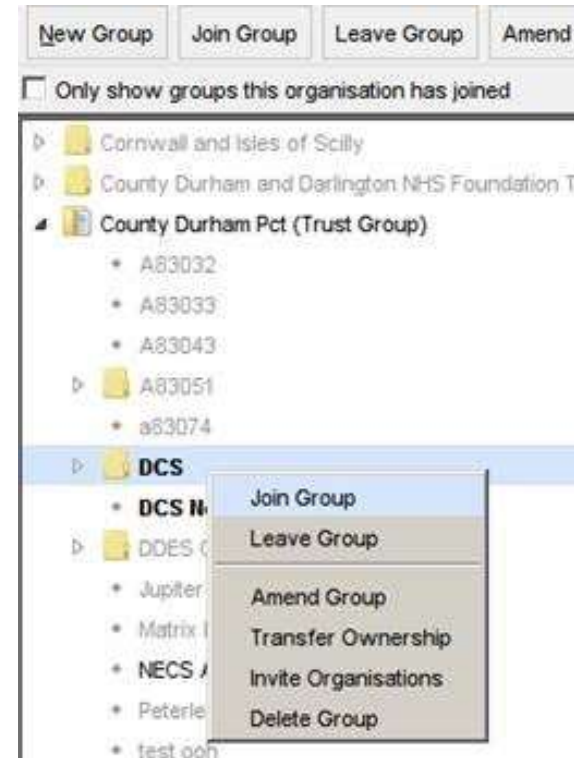
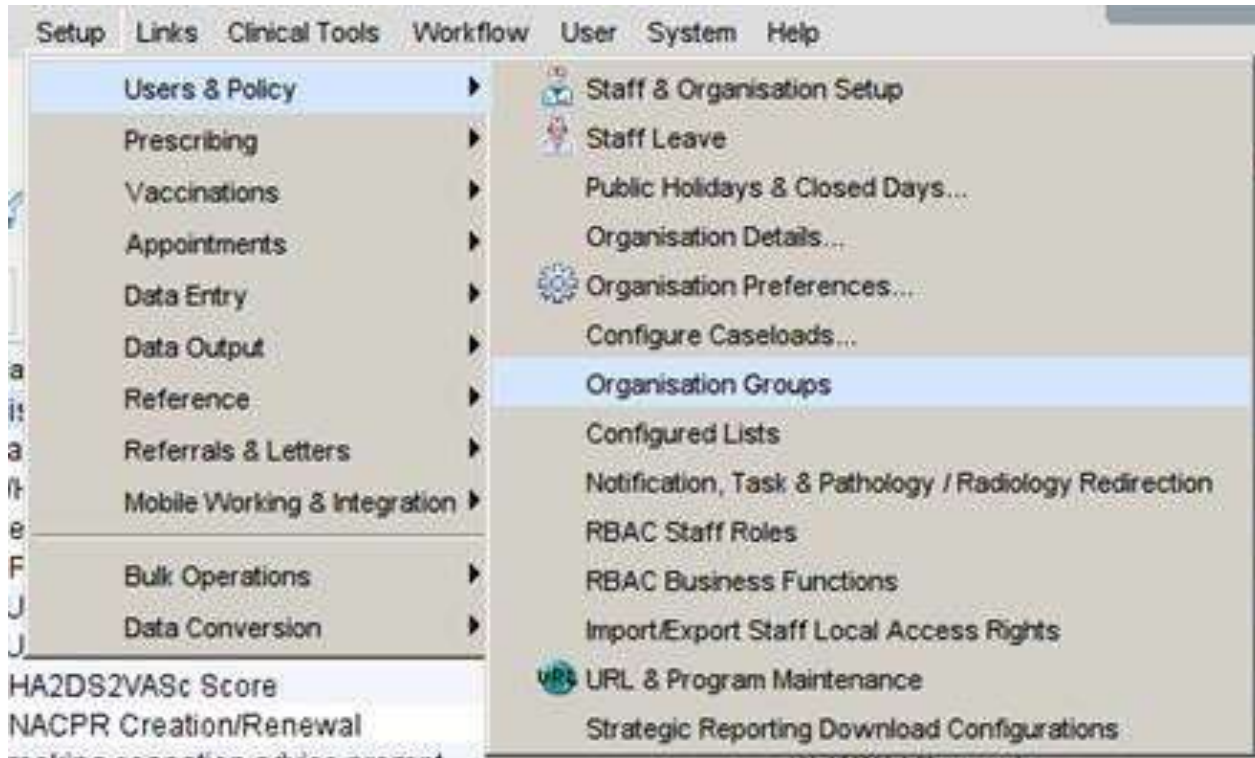
## **CHOL001.**

- Percentage of patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, Stroke/TIA or Chronic Kidney Disease Register who are currently prescribed a statin, or where a statin is declined or clinically unsuitable, another lipid-lowering therapy
- Points: 14
- Threshold: 70-95%

## **CHOL002.**

- Percentage of patients on the QOF Coronary Heart Disease, Peripheral Arterial Disease, or Stroke/TIA Register, who have a recording of non-HDL cholesterol in the preceding 12 months that is lower than 2.5 mmol/L, or where non-HDL cholesterol is not recorded a recording of LDL cholesterol in the preceding 12 months that is lower than 1.8 mmol/L
- Points: 16
- Threshold 20-35%

# How to Access CDRC Resources: SystemOne



Joining the group does not give any access to any of your organisation's data (patient or otherwise) to any other organisation.

# CDRC Lipid Resources: SystmOne

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## Lipids, Familial Hypercholesterolaemia, PCSK9i & Inclisiran Overview

There is a comprehensive suite of resources available to support with Lipid Management, including:

1. Lipids, Familial Hypercholesterolaemia (FH), PCSK9i & Inclisiran Searches
2. Lipid Details and Lipid Lowering Template
3. Lipid Protocols – Protocols that will improve lipid management, coding and prescribing safety
4. Lipid Opt-In Resources – Optional automatic tools which require opt-in.
5. Lipid QoF Support – Tools to improve QoF performance related to lipids.
6. Screening for Familial Hypercholesterolaemia
7. Aetiology of Abnormal Lipids
8. Lipids Strategy – Recommendations to improve lipid management
9. Batch Searches – Recommended batch searches to run at regular intervals to promote a sustainable long term quality improvement plan.

Further information on CDRC's SystmOne lipid resources can be found on the CDRC website ([www.cdrc.nhs.uk](http://www.cdrc.nhs.uk))

# CDRC Lipid Searches: SystmOne

The highlighted searches (? Lipids 7.8) located in the CDRC Quality > Lipids folder support you in achieving your CHOL002 QoF indicator

? Lipids 7.1 & ? Lipids 7.5 are searches which may support you further as they identify patients with poor LLT concordance and those to consider LLT intensification

- CDRC Quality
  - Admission (9)
  - Breast (7)
  - Cancer (188)
  - Cardiovascular (1920)
  - Decision Support (5)
  - Dermatology (18)
  - Diabetes IGR (1469)
  - Drugs Requiring Monitoring (1217)
  - ENT (19)
  - Elderly Care (304)
  - Endocrine (97)
  - Gastroenterology (166)
  - Gynae Test (9)
  - Gynaecology (184)
  - Haematology (356)
  - Immunology (16)
  - Infection (563)
  - LCD test (61)
  - Learning Disability (127)
  - Lipids (2223)**
  - Multimorbidity (90)
  - Musculoskeletal (10)
  - Neurology (94)

**Lipids**

- ? Lipids 6.3 Primary Prevention - Consider setting lipid target #
- ? Lipids 6.4 Primary Prevention - Lipid target set but not achieved #
- ? Lipids 6.5 Primary Prevention - On low/mod LLT - Consider LLT intensification #
- ? Lipids 6.51 Primary Prevention - On low/mod LLT - Consider LLT intensification (no lipid target and not achieved) #
- ? Lipids 6.8 Primary Prevention - Lipid check overdue
- ? Lipids 7 SECONDARY PREVENTION
- ? Lipids 7.0 Secondary Prevention - Has manifest atherosclerosis (ASCVD) #
- ? Lipids 7.1 Secondary Prevention - Possible poor lipid lowering therapy concordance #
- ? Lipids 7.2 Secondary Prevention - Consider starting lipid lowering #
- ? Lipids 7.3 Secondary Prevention - Consider setting lipid target #
- ? Lipids 7.4 Secondary Prevention - Lipid target set but not achieved #
- ? Lipids 7.5 Secondary Prevention - On low/mod LLT - Consider LLT intensification #
- ? Lipids 7.51 Secondary Prevention - On low/mod LLT - Consider LLT intensification (no lipid target and not achieved) #
- ? Lipids 7.6 Secondary Prevention - Consider intensification to very high intensity lipid lowering #
- ? Lipids 7.61 Secondary Prevention - Consider intensification to very high intensity lipid lowering (no lipid target and not achieved) #
- ? Lipids 7.7 Secondary Prevention - Consider intensification - ASCVD and LDLC  $\geq 2.6$
- ? Lipids 7.71 Secondary Prevention - Consider intensification - ASCVD and LDLC  $\geq 2.6$  (no personal target set or not achieved)
- ? Lipids 7.72 Secondary Prevention - Consider intensification - ASCVD and LDLC  $\geq 2.6$  (personal target set and achieved)
- ? Lipids 7.8 Secondary Prevention - Consider intensification (QoF) - ASCVD and non-HDLc  $\geq 2.5$**
- ? Lipids 7.81 Secondary Prevention - Consider intensification (QoF) - ASCVD and non-HDLc  $\geq 2.5$  (no personal target set or not achieved)
- ? Lipids 7.82 Secondary Prevention - Consider intensification (QoF) - ASCVD and non-HDLc  $\geq 2.5$  (personal target set and achieved)
- ? Lipids 7.9 Secondary Prevention - Lipid check overdue

# How to Access CDRC Resources: EMIS

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Information on how to access CDRC's lipid Population Reporting Searches and Lipid Management Template can be found on the CDRC website ([www.cdrc.nhs.uk](http://www.cdrc.nhs.uk))

The screenshot shows the CDRC website interface. At the top, there is a navigation bar with the CDRC logo and the text 'Join our Journey' and 'North East and North Cumbria'. The NHS logo is visible in the top right corner. Below the navigation bar is a search bar. The main navigation menu includes 'Home', 'About Us', 'The Team', 'Resources', 'FAQs', 'News and Events', and 'Contact us'. The breadcrumb trail reads: 'You are here: Home / Resources / EMIS Resource Centre / EMIS Specialties / EMIS Cardiovascular Resource Overview / Lipids, Familial Hypercholesterolaemia (FH), PCSK9i & Inclisiran Guide for EMIS'. The main heading is 'Lipids, Familial Hypercholesterolaemia (FH), PCSK9i & Inclisiran Guide for EMIS'. The introductory text states: 'A suite of Population Reporting searches for EMIS, created by the CDRC can be used identify patients in your practice who might benefit from lipid lowering or optimisation of treatment.' The next paragraph explains: 'To enable actioning of these Population Reporting searches with guided instruction for patient care, please use the CDRC Lipid Management Template which can be accessed using the CDRC Precision Launcher. This holistic tool allows for accurate assessment, coding and management of patients to help meet best practice, QoF and PCN DES IIF indicators.' At the bottom, there are three teal buttons with white text: '▶ Accessing the Population Reporting Searches:', '▶ Guidance on the Population Reporting Searches', and '▶ CDRC Lipid Management Template'.

# CDRC Lipid Searches: EMIS

The highlighted searches (? 7.8) located in the CDRC Quality Lipids folder support you in achieving your CHOL002 QoF indicator

? Lipids 7.1 & ? Lipids 7.5 are searches which may support you further as they identify patients with poor LLT concordance and those to consider LLT intensification

Name
? 7 SECONDARY PREVENTION -----
? 7.0 SP - Has manifest atherosclerosis (ASCVD)
? 7.1 SP - Possible poor lipid lowering therapy concordance
? 7.2 SP - Consider starting lipid lowering
? 7.3 SP - Consider setting lipid target
? 7.4 SP - Lipid target set but not achieved
? 7.5 SP - On low/mod LLT - Consider LLT intensification
? 7.5.1 SP - On low/mod LLT- Consider LLT intensification (unlss target ...
? 7.6 SP - Consider intensification to v.high intensity lipid lowering
? 7.7 SP - Consider intensification - ASCVD & LDLC >2.6
? 7.71 SP - Consider intens - ASCVD & LDLC >2.6 (no target & not ...
? 7.72 SP - Consider intens - ASCVD & LDLC>2.6 (target set & achie...
<b>? 7.8 SP - Consider intensification (QoF) - ASCVD &amp; nonHDLc &gt;=2.5</b>
? 7.81 SP - Consider intens - ASCVD & nonHDLc >=2.5 (no target &...
? 7.82 SP - Consider intens - ASCVD & nonHDL >=2.5 (target set & ...
? 7.9 SP - Lipid check overdue

# Important Information / Resource

- [www.cdrc.nhs.uk](http://www.cdrc.nhs.uk)
- <https://ahsn-nenc.org.uk/what-we-do/improving-population-health/cardiovascular-disease-prevention/familial-hypercholesterolaemia-fh/> - Includes an SOP of the CDRC Searches, and FH codes.
- Dr Gareth Forbes, Lunch & Learn session 14<sup>th</sup> November: Going to be covering Lipid Management and Optimisation, looking at searches, templates and the visualisation in more details on SystemOne.
- NECS Service Desk Number for Training: (0300) 5550340

# Live Demo



# Q&A

## Action Planning