



Protecting and improving the nation's health

CVDPREVENT

A national primary care cardiovascular disease audit

What is CVDPREVENT?

A national primary care audit that will automatically extract routinely held GP data covering diagnosis and management of 6 high risk conditions that cause stroke, heart attack and dementia.

The six high risk conditions are: high blood pressure, atrial fibrillation, high cholesterol, diabetes, non-diabetic hyperglycaemia and chronic kidney disease.

The audit will support the CVD prevention ambitions of the NHS Long Term Plan to prevent 150,000 strokes, heart attacks and cases of dementia over the next ten years, by helping areas to identify where high-risk conditions are sub-optimally managed, either through non-diagnosis, under treatment or over treatment.

Who will be delivering the audit?

The audit is funded by NHS England and NHS Improvement and is being delivered in partnership by:

- NHS Digital data extraction via GPES
- NCVIN-PHE delivery of the analytical work package
- The Healthcare Quality Improvement Partnership (HQIP) will seek a preferred provider through a tender process who will provide the strategic oversight and clinical leadership.

The process to date has been led by a CVDPREVENT Implementation Steering Group (ISG) chaired by Dr Matt Kearney, former NHS England NCD for CVD Prevention. It has wide representation from the Royal College of General Practitioners (RCGP), NHS Digital, NHS England and NHS Improvement, PHE, primary care, British Heart Foundation, National Institute for Health and Care Excellence (NICE) and the Royal Pharmaceutical Society.

When will the audit take place?

There is an established task and finish group led by NHS Digital to take forward the following:

- Technical specification and clinically coded business rule set developed and out for primary care consultation until end January 2020
- The Information Governance requirements including a submission to the Data Co-ordination Board (DCB) and development of an NHS Direction to authorise an extraction
- Piloting and testing of extraction with suppliers completed by March 2020
- First extract in Summer 2020 for the period April 2019 to March 2020
- NCVIN-PHE will receive the extract for cleaning and analysis overseen by the preferred provider and related clinical input and governance. First national reporting late 2020/early 2021

What information will the audit include?

CVDPREVENT will extract patient level data to allow for future data linkage with other relevant datasets. Data received by PHE will be pseudonymised.

GPES will extract data according to the agreed business rule set developed to ensure that only the necessary data is extracted for 3 clearly defined cohorts:

- those with one or more of the high-risk conditions for CVD
- those with pre-existing CVD
- those with clinical records that flag the possibility of an undiagnosed high-risk condition

It is envisaged that the development of reporting outputs will be an iterative process with active engagement across the audit delivery partners. PHE-NCVIN will deliver key reporting in partnership with the preferred audit provider and a proposed wider expert/user reference group.

What will CVDPREVENT provide?

CVDPREVENT outputs will include regular (eg quarterly) national data extraction for a professionally led national audit programme. Data extraction will be limited to routinely recorded primary care data and will require no data input from GPs.

Analysis and reporting will identify achievement, gaps, variation and opportunity in treatment, and will support systematic quality improvement to reduce health inequalities and improve outcomes for individuals and populations.

Data returned to practices, primary care networks, clinical commissioning groups and larger geographies will be aggregate. No patient level (identifiable) data will be made available from the audit.

The CVDPREVENT business rule set will however support the development and sharing of GP system embedded Quality Improvement (QI) audit tools. Work is underway with GPIT Futures to facilitate this.