

NICE Feasibility – proposal for new indicators

GPSES Evaluation

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Indicators transferring from NCD

Learning disabilities: annual health action plans

Indicator IND2022-129

The percentage of patients on the learning disability register aged 14 or over, who received a learning disability health check and a completed health action plan in the preceding 12 months.

GPSES Response

This indicator should be feasible.

The specification corresponds to NCD indicator NCD005 which was removed in the 2023-24 service (Tackling Health Inequalities).

PCAs and the clusters for them already exist in the NCD service.

QOF has LD_REG which uses the LD_COD cluster.

Presumably the patient's age is at QSED and the 'previous 12 months' is as at Quality Service End Date, the same as QOF

Existing clusters and clinical data extraction criteria fields can be found in [Appendix 1](#).

Learning disabilities: ethnicity recording and annual health action plans

IND2023-152

The percentage of patients on the learning disability register aged 14 or over, who:

- received a learning disability health check and a completed health action plan in the preceding 12 months and
- have a recording of ethnicity.

GPSES Response

This indicator should be possible. The specification corresponds to NCD indicator NCD120 in the 2023-24 service (Tackling Health Inequalities) and would use the QOF LD_REG register.

Presumably the patient's age is at QSED and the 'previous 12 months' would be at QSED, the same as QOF.

PCAs and associated clusters already exist in the NCD service.

Existing clusters and clinical data extraction criteria fields can be found in [Appendix 1](#).

Lipid disorders: FH assessment and diagnosis

IND2022-130

Description

The percentage of patients with a total cholesterol reading greater than 7.5 when aged 29 years or under, or greater than 9.0 when aged 30 years or over, who have been:

- diagnosed with secondary hyperlipidaemia or
- clinically assessed for familial hypercholesterolaemia or
- referred for assessment for familial hypercholesterolaemia or
- genetically diagnosed with familial hypercholesterolaemia.

GPSES Response

This indicator should be possible.

The specification corresponds to NCD indicator NCD102 in the 2023-24 service (Cardiovascular Disease Prevention).

PCAs and associated clusters already exist in the NCD service.

There is no corresponding population in QOF; consider whether any of the following are appropriate:

- a new QOF register
- a new non-returned patient population
- a new ruleset

Existing clusters and clinical data extraction criteria fields can be found in [Appendix](#)

[1.](#)

Chronic kidney disease: SGLT2 inhibitors

IND2022-142/ IND2022-135/ IND2022-143

Description

Three options:

IND2022-142: The percentage of patients on the CKD register and currently treated with an ARB or ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

- a urine ACR of 22.6 mg/mmol or more
- type 2 diabetes and a urine ACR over 30 mg/mmol.

IND2022-135: The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

- a urine ACR of 22.6 mg/mmol or more
- type 2 diabetes and a urine ACR 3 mg/mmol or more.

IND2022-143: The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

- a urine ACR of 22.6 mg/mmol or more
- type 2 diabetes.

GPSES Response

The indicator as specified should be feasible; however, there are some areas to consider following review by clinician colleagues.

1. The QOF CKD Register already exists and includes patients aged 18 years or over with CKD with classification of categories G3a to G5.

A specific value of urine albumin to creatinine ratio (ACR) 22.6 mg/mmol or more is not currently used in GPES business rules code clusters. Currently, clusters are categorised by CKD stage. New logic would need to be introduced for ACR test and values.

Our clinicians have informed us that ACR is a laboratory test so the result will be received directly by GP systems. We might need to check with GPSS whether they can extract specific ACR values, and whether significant development work is required to do this.

2. New clusters/refsets would need to be created for the following:

- SGLT2 inhibitors (drug cluster via Pharmacy, possibly longer lead-in time to create than PCD refsets)
- ACRs
- SGLT2 inhibitor contraindications (persisting)
- SGLT2 inhibitor contraindications (expiring)
- PCAs: more information is needed as to which types – e.g. CKD review declined, ACR test declined, SGLT2 inhibitor declined, etc.

3. New concepts would need to be requested for SGLT2 inhibitor contraindications as follows:

Expiring:

- SGLT2 inhibitor not indicated
- SGLT2 inhibitor not tolerated
- SGLT2 inhibitor contraindicated

Persisting:

- SGLT2 inhibitor allergy
- SGLT2 inhibitor adverse reaction

4. Last recorded urine ACR for inclusion in the denominator: our clinician colleagues have advised that ACR tests can vary day to day perhaps 2 consecutive tests above threshold should be considered rather than the just the latest/latest after the service start date.

A sample indicator is provided below.

Sample Indicator – CKD SGLT2 inhibitors

Qualifying dates

Term	Description	Definition	Timeframe for this service
QSSD	Quality Service Start Date	The first day of the period during which a GP practice provides the Quality Service.	01/04/2023 (example)
QSED	Quality Service End Date	The last day of the period during which a GP practice provides the Quality Service.	31/03/2024 (example)
PPED	Payment Period End Date	The last day of each period for which payments are made for the Quality Service. (i.e. for monthly payment periods, the PPED will be the last day of the month in question). Where there are no payment periods (e.g. where payments are made as part of core contract) the PPED denotes the last day of the extract period in question.	31/03/2024 (example)
PPED – 6 months	Payment Period End Date minus 6 months	Calculation	Based on PPED
PPED – 12 months	Payment Period End Date minus 12 months	Calculation	Based on PPED
ACHV_DAT	Achievement Date	The date up to which pertinent patient information is considered when determining the output for each extraction. This is usually the same as the RPED; however, where interim extracts are made the achievement date will vary for each extraction.	The last day of each <i>Quality Service Data Extract Frequency period</i> .

Case register

Register name	Description	Applied to patients defined in:	GPSES use only: Version	Config style	CQRS code
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CKD_REG	CKD register: Register of patients aged 18 years or over with CKD with classification of categories G3a to G5	GMS registration status	101	Q	RT-CKD
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Rule number	Rule	Action if true	Action if false	Rule description or comments
1	If PAT_AGE >= 18 years	Next rule	Reject	Pass to the next rule all patients from the specified population who are aged at least 18 years on the achievement date. Reject the remaining patients.
2	If CKD_DAT ≠ Null AND If CKD1AND2_DAT = Null AND If CKDRES_DAT = Null	Select	Reject	Select patients passed to this rule who meet all of the criteria below: <ul style="list-style-type: none"> • Patient has a chronic kidney disease (CKD) 3-5 diagnosis. • CKD 3-5 diagnosis has not been resolved. • CKD 3-5 diagnosis has not been superseded by a CKD 1-2 diagnosis. Reject the remaining patients.
<i>End of rules</i>				

Clinical code clusters

Cluster name	Description	SNOMED CT
ACE_COD	Angiotensin-converting enzyme (ACE) inhibitor prescription codes	^12464201000001109
ACR_COD	ACR test	New
AII_COD	Angiotensin II receptor blockers (ARB) prescription codes	^12464301000001100
CKD_COD	Chronic kidney disease (CKD) stage 3-5 codes	^ 999004011000230108
CKD1AND2_COD	Chronic kidney disease (CKD) stage 1-2 codes	^ 999004051000230107
CKDEXC_COD	Chronic kidney disease (CKD) exception codes	^999004091000230102
CKDINVITE_COD	Invite for CKD care review codes	New
CKDPCAPU_COD	Patient unsuitable for CKD quality indicator care	New
CKDRES_COD	Chronic kidney disease (CKD) resolved codes	^ 999004171000230102
DMTYPE2_COD	Codes for diabetes type 2	^999010771000230109
EGFR_COD	Estimated glomerular filtration rate	^999017131000230107
SGLT2DRUG_COD	SGLT2 inhibitor drug codes	New pharmacy refset
SGLT2DEC_COD	SGLT2 inhibitor drug declined codes	New
TXACE_COD	Angiotensin-converting enzyme (ACE) inhibitor contraindications (expiring)	^999005251000230104
TXAII_COD	Angiotensin II receptor blockers (ARB) contraindications (expiring)	^999004491000230106
TXSGLT2_COD	SGLT2 inhibitor expiring contraindication codes	New
XACE_COD	Angiotensin-converting enzyme (ACE) inhibitor contraindications (persisting)	^999004371000230104

Cluster name	Description	SNOMED CT
XAII_COD	Angiotensin II receptor blockers (ARB) contraindications (persisting)	^999004331000230101
XSGLT2_COD	SGLT2 inhibitor persisting contraindication codes	New

Clinical data extraction criteria

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
1	PAT_ID	n/a	Unconditional	<i>The patient's unique ID number for the practice in question.</i>
2	REG_DAT	n/a	Latest <= ACHV_DAT	<i>The most recent date that the patient registered for GMS, where this registration occurred on or before the achievement date.</i>
3	DEREG_DAT	n/a	Earliest > REG_DAT	<i>The first occurrence of the patient deregistering from GMS following the latest GMS registration</i>
4	PAT_AGE	n/a	Unconditional at ACHV_DAT	<i>The age of the patient in full years at the achievement date.</i>
5	CKD_DAT	CKD_COD	Latest <= ACHV_DAT	<i>Date of the most recent CKD 3-5 diagnosis up to and including the achievement date</i>
6	CKD1AND2_DAT	CKD1AND2_COD	Latest > CKD_DAT AND <= ACHV_DAT	<i>Date of the most recent CKD 1-2 diagnosis following the most recent CKD 3-5 diagnosis and up to and including the achievement date.</i>
7	CKDRES_DAT	CKDRES_COD	Latest > CKD_DAT AND <= ACHV_DAT	<i>Date of the most recent CKD resolved code following the most recent CKD 3-5 diagnosis and up to and including the achievement date.</i>
8	CKDEXC_DAT	CKDEXC_COD	Latest <= ACHV_DAT	<i>Date of the most recent CKD exception code up to and including the achievement date.</i>
9	SGLT2DRUG_DAT	SGLT2DRUG_COD	Latest <= ACHV_DAT	<i>Date of the most recent SGLT2 inhibitor prescription up to and including the achievement date.</i>
10	ACE_DAT	ACE_COD	Earliest <= ACHV_DAT AND > (ACHV_DAT - 6 months)	<i>Date of the first ACE inhibitor prescription in the 6 months up to and including the achievement date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
11	AII_DAT	AII_COD	Earliest <= ACHV_DAT AND > (ACHV_DAT – 6 months)	<i>Date of the most recent All antagonist prescription in the 6 months up to and including the achievement date.</i>
12	XACE_DAT	XACE_COD	Latest <= ACHV_DAT	<i>Date of the most recent persisting ACE inhibitor exception up to and including the achievement date.</i>
13	TXACE_DAT	TXACE_COD	Latest <= ACHV_DAT	<i>Date of the most recent expiring ACE inhibitor exception up to and including to the achievement date.</i>
14	EGFRLAT_DAT	EGFR_COD	Latest <= ACHV_DAT WHERE associated value ≠ Null	<i>Date of the latest estimated Glomerular Filtration Rate (eGFR) reading with an associated value up to and including the achievement date.</i>
15	EGFRLAT_VAL	EGFR_COD	Recorded on EGFRLAT_DAT	<i>The value of the latest estimated Glomerular Filtration Rate (eGFR) reading up to and including the achievement date</i>
16	ACRLAT_DAT	ACR_COD	Latest <= ACHV_DAT WHERE associated value ≠ Null	<i>Date of the latest urine albumin to creatinine ratio (ACR) reading with an associated value up to and including the achievement date.</i>
17	ACRLAT_VAL	ACR_COD	Recorded on ACRLAT_DAT	<i>The value of the latest urine albumin to creatinine ratio (ACR) reading up to and including the achievement date</i>
18	XAII_DAT	XAII_COD	Latest <= ACHV_DAT	<i>Date of the most recent persisting All antagonist exception up to and including the achievement date.</i>
19	TXAII_DAT	TXAII_COD	Latest <= ACHV_DAT	<i>Date of the most recent expiring All antagonist exception up to and including the achievement date.</i>
20	DMTYPE2_DAT	DMTYPE2_COD	Latest <= ACHV_DAT	<i>Date of the most recent diabetes type 2 diagnosis up to and including the achievement date.</i>
21	CKDPCAPU_DAT	CKDPCAPU_COD	Latest <= ACHV_DAT	<i>Most recent date that CKD quality indicator care was deemed unsuitable for the patient up to and including the achievement date.</i>
22	XSGLT2_DAT	XSGLT2_COD	Latest <= ACHV_DAT	<i>Date of the most recent persisting SGLT2 inhibitor contraindication code up to and including the achievement date.</i>
23	TXSGLT2_DAT	TXSGLT2_COD	Latest <= ACHV_DAT	<i>Date of the most recent expiring SGLT2 inhibitor contraindication code up to and including the achievement date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
24	ECKD_DAT	CKD_COD	Earliest <= ACHV_DAT	<i>Date of the first CKD 3-5 diagnosis up to and including the achievement date.</i>
25	CKDINVITE1_DAT	CKDINVITE_COD	Earliest >= QSSD AND <= ACHV_DAT	<i>Date of the earliest invitation for a CKD care review on or after the quality service start date and up to and including the achievement date.</i>
26	CKDINVITE2_DAT	CKDINVITE_COD	Earliest >= (CKDINVITE1_DAT + 7 days) AND <= ACHV_DAT	<i>Date of the earliest invitation for a CKD care review recorded at least 7 days after the first invitation and up to and including the achievement date.</i>
<i>End of fields</i>				

Payment Indicator

Indicator ID	Description	Applied to population:	GPSES only: Version	Config style
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IND2022-142	<p>The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor, who are also currently treated with an SGLT2 inhibitor if they have either:</p> <ul style="list-style-type: none"> • a urine albumin to creatinine ratio 22.6 mg/mmol or more or • type 2 diabetes and a urine albumin to creatinine ratio value over 30 mg/mmol. 	CKD_REG	100	Q
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The numerator is applied to the patients selected into the denominator for this indicator.

Denominator					Rule type	CQRS short name
Rule number	Rule	Action if true	Action if false	Rule description or comments		
1	If EGFRLAT_VAL < 25	Reject	Next rule	Reject patients passed to this rule who have an estimated Glomerular Filtration Rate (eGFR) of less than 25 ml/min/1.72m ² . Pass all remaining patients to the next rule.	EX	
2	If ACE_DAT > (PPED – 6 months) OR If AII_DAT > (PPED – 6 months)	Next rule	Reject	Pass to the next rule all patients from the specified population who have either of the following in the 6 months leading up to and including the payment period end date: <ul style="list-style-type: none"> • Have been treated with an ACE inhibitor (ACE-I). • Have been treated with an ARB. Reject the remaining patients.	EX	
3	(If DMTYPE2_DAT = Null AND If ACRLAT_VAL >= 22.6) OR (If DMTYPE2_DAT ≠ Null AND If ACRLAT_VAL > 30)	Next rule	Reject	Pass to the next rule all patients passed to this rule who meet either of the criteria below: <ul style="list-style-type: none"> • no type 2 diabetes recorded up to and including the payment period end date and the last recorded urine albumin to creatinine ratio 22.6 is mg/mmol or more or • type 2 diabetes recorded up to and including the payment period end date and the last recorded urine albumin to creatinine ratio value is over 30 mg/mmol. Reject the remaining patients.		

4	If <u>SGLT2DRUG_DAT</u> > (<u>PPED</u> – 6 months) AND (<u>SGLT2DRUG_DAT</u> >= <u>ACE_DAT</u> OR <u>SGLT2DRUG_DAT</u> >= <u>ARB_DAT</u>)	Select	Next rule	Select patients passed to this rule who were prescribed an SGLT2 inhibitor in the last 6 months, after being treated with an ACE inhibitor (ACE-I) or an ARB Pass all remaining patients to the next rule.		
5	If <u>CKDPCAPU_DAT</u> > (<u>PPED</u> – 12 months)	Reject	Next rule	Reject patients passed to this rule for whom CKD quality indicator care was unsuitable in the 12 months leading up to and including the payment period end date. Pass all remaining patients to the next rule.		
6	If <u>XSGLT_DAT</u> ≠ Null OR If <u>TXSGLT_DAT</u> > (<u>PPED</u> – 12 months)	Reject	Next rule	Reject patients passed to this rule who had a persisting contraindication or an expiring contraindication to an SGLT2 inhibitor drug recorded in the 12 months leading up to and including the payment period end date. Pass all remaining patients to the next rule.		
7	If <u>CKDEXC_DAT</u> > (<u>PPED</u> – 12 months)	Reject	Next rule	Reject patients passed to this rule who had a CKD exception reporting code in the 12 months leading up to and including the payment period end date. Pass all remaining patients to the next rule.		
8	If <u>CKDINVITE1_DAT</u> ≠ Null AND If <u>CKDINVITE2_DAT</u> ≠ Null	Reject	Next rule	Reject patients passed to this rule who have not responded to at least two CKD care review invitations, made at least 7 days apart, in the 12 months leading up to and including the payment period end date. Pass all remaining patients to the next rule. <i>Please note: to support GP practices in enabling them to carry out QOF care reviews after two invitations for care have been coded, clinical system prompts should not remove a patient from the indicator.</i> <i>Currently, once the second invite code has been added to the patient record, the Business Rules logic will remove the patient from the Denominator and clinical systems may automatically remove the prompt, removing the chance for opportunistic reviews where necessary. If a patient has not responded to the invitations and has not received the intervention required by a given indicator, then that patient will be removed from the indicator via personalised care adjustments at year end. This is for payment purposes only. However, up until year end it is expected that such patients should still be flagged up to practices as requiring the care specified by the indicator.</i>		

9	If ECKD_DAT > (PPED – 3 months)	Reject	Next rule	Reject patients passed to this rule who had their first CKD 3-5 diagnosis in the 3 months leading up to and including the payment period end date. Pass all remaining patients to the next rule.	TS	DIAG_DAT
10	If REG_DAT > (PPED – 3 months)	Reject	Next rule	Reject patients passed to this rule who registered within the 3 months leading up to and including the payment period end date. Pass all remaining patients to the next rule.	TS	REG_DAT3
<i>End of denominator rules</i>						

Numerator						Configure
Rule number	Rule	Action if true	Action if false	Rule description or comments	Y	
1	If SGLT2DRUG_DAT > (PPED – 6 months) AND (SGLT2DRUG_DAT >= ACE_DAT OR SGLT2DRUG_DAT >= AII_DAT)	Select	Reject	Select patients from the denominator who were prescribed an SGLT2 inhibitor in the last 6 months, after being treated with an ACE inhibitor (ACE-I) or an ARB Reject the remaining patients.		
<i>End of numerator rules</i>						

Appendix 1: Clusters for indicators transferring from NCD

IND2022-129

The percentage of patients on the learning disability register aged 14 or over, who received a learning disability health check and a completed health action plan in the preceding 12 months.

Clusters

Cluster name	Description	SNOMED CT
HLTHAP_COD	Health action plan provided codes	^999015891000230105
HLTHAPDEC_COD	Codes indicating the patient has chosen not to receive a health action plan	^999018571000230102
HLTHCHK_COD	Learning disability (LD) health check codes	^999015851000230100
HLTHCHKDEC_COD	Codes indicating the patient has chosen not to receive a learning disability (LD) health check	^999018611000230108
LD_COD	Learning disability (LD) codes	^999002611000230109

CDEC fields

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
1	PAT_AGE	n/a	Patient age (years) at QSED	<i>The patient's age (in years) on the quality service end date.</i>

IND2023-152

The percentage of patients on the learning disability register aged 14 or over, who:

- received a learning disability health check and a completed health action plan in the preceding 12 months and
- have a recording of ethnicity.

Clusters

Cluster name	Description	SNOMED CT
ETHNALL_COD	Active and inactive ethnicity codes	^999022611000230100
HLTHAP_COD	Health action plan provided codes	^999015891000230105
HLTHAPDEC_COD	Codes indicating the patient has chosen not to receive a health action plan	^999018571000230102
HLTHCHK_COD	Learning disability (LD) health check codes	^999015851000230100
HLTHCHKDEC_COD	Codes indicating the patient has chosen not to receive a learning disability (LD) health check	^999018611000230108
LD_COD	Learning disability (LD) codes	^999002611000230109

CDEC Fields

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
1	PAT_AGE	n/a	Patient age (years) at QSED	<i>The patient's age (in years) on the quality service end date.</i>
2	PAT_ETHNIC	n/a	Unconditional at ACHV_DAT	<i>The ethnicity of the patient at the achievement date. N.B. the PAT_ETHNIC entries are only derived from the Patients table.</i>

IND2022-130

The percentage of patients with a total cholesterol reading greater than 7.5 when aged 29 years or under, or greater than 9.0 when aged 30 years or over, who have been:

- diagnosed with secondary hyperlipidaemia or
- clinically assessed for familial hypercholesterolaemia or
- referred for assessment for familial hypercholesterolaemia or
- genetically diagnosed with familial hypercholesterolaemia

Clusters

Cluster name	Description	SNOMED CT
CHOL2_COD	Total cholesterol codes with a value	^999003971000230103
CLASSFH_COD	Codes for assessed for familial hypercholesterolaemia	^999035751000230104
FAMHYPGEN_COD	Familial hypercholesterolemia disorders genetically confirmed codes	^999029651000230105
FAMHYPREF_COD	Referral for assessment for familial hypercholesterolemia codes	^999029571000230100
FAMHYPREFDEC_COD	Codes indicating patient chose not to be referred for assessment for familial hypercholesterolemia	^999030651000230100
PALCARE_COD	Palliative care codes	^999009771000230104
PALCARENI_COD	Palliative care not clinically indicated codes	^999009931000230103
SECHYPERLIP_COD	Secondary hyperlipidaemia or hypercholesterolemia codes	^999029611000230106

CDEC Fields

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
1	PAT_DOB	n/a	Unconditional	<i>The patient's date of birth.</i>

Appendix 2: Clusters for CKD SGLT2 inhibitors

IND2022-142/ IND2022-135/ IND2022-143

Description

IND2022-142: The percentage of patients on the CKD register and currently treated with an ARB or ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

- a urine ACR of 22.6 mg/mmol or more
- type 2 diabetes and a urine ACR over 30 mg/mmol.

IND2022-135: The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

- a urine ACR of 22.6 mg/mmol or more
- type 2 diabetes and a urine ACR 3 mg/mmol or more.

IND2022-143: The percentage of patients on the CKD register and currently treated with an ARB or an ACE inhibitor who are also currently treated with an SGLT2 inhibitor if they have either:

- a urine ACR of 22.6 mg/mmol or more
- type 2 diabetes.

Clusters

Cluster name	Description	SNOMED CT
ACE_COD	Angiotensin-converting enzyme (ACE) inhibitor prescription codes	^12464201000001109
ACR_COD	ACR test	New
All_COD	Angiotensin II receptor blockers (ARB) prescription codes	^12464301000001100
CKD_COD	Chronic kidney disease (CKD) stage 3-5 codes	^ 999004011000230108
CKD1AND2_COD	Chronic kidney disease (CKD) stage 1-2 codes	^ 999004051000230107
CKDEXC_COD	Chronic kidney disease (CKD) exception codes	^999004091000230102
CKDINVITE_COD	Invite for CKD care review codes	New
CKDPCAPU_COD	Patient unsuitable for CKD quality indicator care	New
CKDRES_COD	Chronic kidney disease (CKD) resolved codes	^ 999004171000230102
DMTYPE2_COD	Codes for diabetes type 2	^999010771000230109
EGFR_COD	Estimated glomerular filtration rate	^999017131000230107
SGLT2DRUG_COD	SGLT2 inhibitor drug codes	New pharmacy refset
SGLT2DEC_COD	SGLT2 inhibitor drug declined codes	New
TXACE_COD	Angiotensin-converting enzyme (ACE) inhibitor contraindications (expiring)	^999005251000230104
TXAII_COD	Angiotensin II receptor blockers (ARB) contraindications (expiring)	^999004491000230106
TXSGLT2_COD	SGLT2 inhibitor expiring contraindication codes	New
XACE_COD	Angiotensin-converting enzyme (ACE) inhibitor contraindications (persisting)	^999004371000230104
XAII_COD	Angiotensin II receptor blockers (ARB) contraindications (persisting)	^999004331000230101
XSGLT2_COD	SGLT2 inhibitor persisting contraindication codes	New

Clinical data extraction criteria

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
1	PAT_ID	n/a	Unconditional	<i>The patient's unique ID number for the practice in question.</i>
2	REG_DAT	n/a	Latest <= ACHV_DAT	<i>The most recent date that the patient registered for GMS, where this registration occurred on or before the achievement date.</i>
3	DEREG_DAT	n/a	Earliest > REG_DAT	<i>The first occurrence of the patient deregistering from GMS following the latest GMS registration</i>
4	PAT_AGE	n/a	Unconditional at ACHV_DAT	<i>The age of the patient in full years at the achievement date.</i>
5	CKD_DAT	CKD_COD	Latest <= ACHV_DAT	<i>Date of the most recent CKD 3-5 diagnosis up to and including the achievement date</i>
6	CKD1AND2_DAT	CKD1AND2_COD	Latest > CKD_DAT AND <= ACHV_DAT	<i>Date of the most recent CKD 1-2 diagnosis following the most recent CKD 3-5 diagnosis and up to and including the achievement date.</i>
7	CKDRES_DAT	CKDRES_COD	Latest > CKD_DAT AND <= ACHV_DAT	<i>Date of the most recent CKD resolved code following the most recent CKD 3-5 diagnosis and up to and including the achievement date.</i>
8	CKDEXC_DAT	CKDEXC_COD	Latest <= ACHV_DAT	<i>Date of the most recent CKD exception code up to and including the achievement date.</i>
9	SGLT2DRUG_DAT	SGLT2DRUG_COD	Latest <= ACHV_DAT	<i>Date of the most recent SGLT2 inhibitor prescription up to and including the achievement date.</i>
10	ACE_DAT	ACE_COD	Latest < ACHV_DAT	<i>Date of the most recent ACE inhibitor prescription up to and including the achievement date.</i>
11	AII_DAT	AII_COD	Latest <= ACHV_DAT	<i>Date of the most recent AII antagonist prescription up to and including the achievement date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
12	XACE_DAT	XACE_COD	Latest <= ACHV_DAT	<i>Date of the most recent persisting ACE inhibitor exception up to and including the achievement date.</i>
13	TXACE_DAT	TXACE_COD	Latest <= ACHV_DAT	<i>Date of the most recent expiring ACE inhibitor exception up to and including to the achievement date.</i>
14	EGFRLAT_DAT	EGFR_COD	Latest <= ACHV_DAT WHERE associated value ≠ Null	<i>Date of the latest estimated Glomerular Filtration Rate (eGFR) reading with an associated value up to and including the achievement date.</i>
15	EGFRLAT_VAL	EGFR_COD	Recorded on EGFRLAT_DAT	<i>The value of the latest estimated Glomerular Filtration Rate (eGFR) reading up to and including the achievement date</i>
16	ACRLAT_DAT	ACR_COD	Latest <= ACHV_DAT WHERE associated value ≠ Null	<i>Date of the latest urine albumin to creatinine ratio (ACR) reading with an associated value up to and including the achievement date.</i>
17	ACRLAT_VAL	ACR_COD	Recorded on ACRLAT_DAT	<i>The value of the latest urine albumin to creatinine ratio (ACR) reading up to and including the achievement date</i>
18	XAII_DAT	XAII_COD	Latest <= ACHV_DAT	<i>Date of the most recent persisting All antagonist exception up to and including the achievement date.</i>
19	TXAII_DAT	TXAII_COD	Latest <= ACHV_DAT	<i>Date of the most recent expiring All antagonist exception up to and including the achievement date.</i>
20	DMTYPE2_DAT	DMTYPE2_COD	Latest <= ACHV_DAT	<i>Date of the most recent diabetes type 2 diagnosis up to and including the achievement date.</i>
21	CKDPCAPU_DAT	CKDPCAPU_COD	Latest <= ACHV_DAT	<i>Most recent date that CKD quality indicator care was deemed unsuitable for the patient up to and including the achievement date.</i>
22	XSGLT2_DAT	XSGLT2_COD	Latest <= ACHV_DAT	<i>Date of the most recent persisting SGLT2 inhibitor contraindication code up to and including the achievement date.</i>

Field number	Field name	Code cluster (if applicable)	Qualifying criteria	Non-technical description
23	TXSGLT2_DAT	TXSGLT2_COD	Latest <= ACHV_DAT	<i>Date of the most recent expiring SGLT2 inhibitor contraindication code up to and including the achievement date.</i>
24	ECKD_DAT	CKD_COD	Earliest <= ACHV_DAT	<i>Date of the first CKD 3-5 diagnosis up to and including the achievement date.</i>
25	CKDINVITE1_DAT	CKDINVITE_COD	Earliest >= QSSD AND <= ACHV_DAT	<i>Date of the earliest invitation for a CKD care review on or after the quality service start date and up to and including the achievement date.</i>
26	CKDINVITE2_DAT	CKDINVITE_COD	Earliest >= (CKDINVITE1_DAT + 7 days) AND <= ACHV_DAT	<i>Date of the earliest invitation for a CKD care review recorded at least 7 days after the first invitation and up to and including the achievement date.</i>
<i>End of fields</i>				