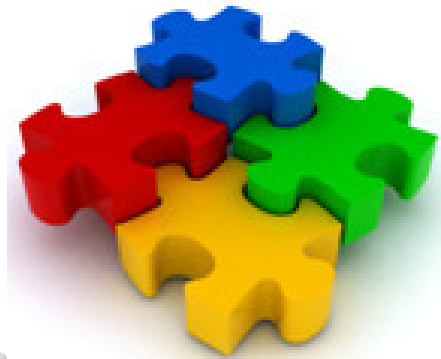




# Data Quality Manual



SA

FILE

**CTV-3**

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## **Introduction**

Information about your patients plays a vital role in the management of health care provision for those patients. It can be used to plan and commission services, monitor trends and measure performance. The information therefore needs to be accurate, reliable and credible if we are to trust the picture that it paints.

Practice disease register counts are used for final payment calculations in QMAS / CM Web / PCAS. If your disease registers are not accurate you could be either under or over claiming payment. In the former instance your practice is not being paid for the amount of work that you do. In the latter you are making false, and possibly, fraudulent payment claims.

Under the eight principles of the Data Protection Act 1998 practices have a duty of care to hold only data that is accurate, relevant and not excessive, whilst being up to date.

As practices move forward into the paperlight and paperless ways of working, more and more reliance is put onto the information recorded on the GP clinical systems. If we are to believe what this tells us without the reliance on paper based backup, we need to ensure that the information is as accurate as it can be. Taking the time and making the effort in the first instance to review the data held on your clinical system, making any corrections or amendments, and continuing this on a regular basis will reap benefits in the long term. Your practice will have the trust and belief that whatever uses your data may be called to report on; you will have the confidence to rely on it.

The following list of suggested searches can be used as a guide to improving the quality of the data held in your clinical system.

### **Read code versions**

This manual provides Read codes for clinical systems using Clinical Terms Version 3. Practices should identify which Read code set their clinical system uses and then write the searches using the corresponding set of codes provided in this guide.

### **Description of the symbols and characters used in this manual:**

%	Includes the code itself plus all the hierarchical children codes
-	Includes the listed codes plus all the codes between the two codes
1	Is the number one
0	Is the number zero
l	Is the lower case letter L
O	Is the upper case letter o
I	Is the upper case i

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## **Disclaimer:**

Insight Solutions have prepared this document as a guide for practices to use to help them identify data quality issues. The Read codes lists are not designed to be exhaustive, but provide guidance to the types of Read codes that could be used. Whilst every effort has been made to make this document as accurate and reliable as possible, it is in the practice's best interest to consult a qualified professional in their local primary care organisation before implementing any changes based on this document.

This document has been written to give practices a variety of searches that should be built on their own clinical systems. We have deliberately designed it so it is "generic" in terms of which clinical system you use. The functionality of all the different systems has not been taken into account, and in some cases some of these searches may already be available on your clinical system and produce the appropriate lists. We have made every effort to include as many different searches as possible, some will identify more patients than others. Whenever patients are identified after building a recommended search, we do not suggest that all patients will have incorrect entries, but that these patients should be checked as it is likely that some of them may have errors in their records.

We have called on many many years of practice experience from all our consultants and directors when creating this document and envisage that over time it may be added to when either changes to the nGMS contract are made or we identify other searches that may be of benefit to practices. If you feel that there is a search we could add to this document then please feel free to notify us at **[info@insightsol.co.uk](mailto:info@insightsol.co.uk)**

We hope that this document will be a great help to practices in their endeavour to maintain the highest standards of patient data on their clinical system. If any practice has difficulty in building the searches due to lack of skills within the practice then please talk to us at Insight and we will be able to suggest a training programme for your needs.

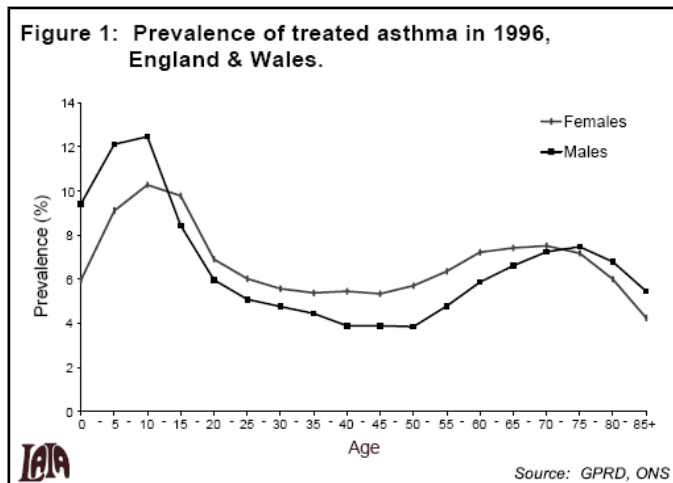
## Age and Sex of practice

Obtain an age/sex breakdown or a count of the practice population as a baseline to work out percentage recordings of other disease areas.

## Data Validation Searches QoF Registers

### Asthma

The Lung and Asthma Information Association fact sheet provides data on the prevalence of asthma treated in General Practice taken from the GPRD 1994-96.



The proportions of all registered patients who received asthma treatment in 1996 were highest in children, lowest in middle age and rose again in the elderly, with the prevalence in men almost doubling between ages 50 and 75.

Analysis found that there was relatively little geographical variation in prevalence of treated asthma.

Since that fact sheet was produced, there have been further rises in the prevalence of wheezing illness in both adults and children. The prevalence of asthma is probably at least 15 per cent

in children and about half that proportion in adults. Given the difficulties in obtaining reliable estimates of the prevalence of asthma, these figures are approximate.

Data from the European Respiratory Health Survey suggest that in the UK about one quarter of adults between 20 and 44 suffer from wheeze; in 15 per cent there was wheeze with breathlessness and the prevalence of doctor-diagnosed asthma was around 7 per cent.

The business rule set applies to patients with a diagnosis who have been prescribed asthma-related drugs in the previous twelve months. The three indicators ask that newly diagnosed asthma patients should have a measure of variability or reversibility recorded; 14-19 year olds should have a smoking status recorded and an asthma review is carried out within the contract period for each patient.

## Searches

### Age sex

Obtain a count of patients with asthma who have been prescribed asthma-related drugs in the previous twelve months. Use the diagnosis codes shown below along with the medication codes detailed in the next search.

***Work out the practice's percentage of asthmatic patients***

#### **CTV3 Read codes**

H33..%	Asthma (excluding Xa1hD, XE0YW)
X1020	Hay fever with asthma

### Medication but no diagnosis

Obtain a list of patients taking asthma medication without a recording of the asthma diagnosis codes noted above.

***Investigate why patients have the medication without a diagnosis recorded***

Note: The following medication may be prescribed to a patient with other conditions.

Note: Depending on your clinical system the searches may be built with or without the associated Read codes.

#### **CTV3 Read codes**

x02IF%	Bronchodilator preparations
x02IG%	Corticosteroids used in the treatment of asthma
c67..%	Budesonide+eformoterol
c1C..%	Eformoterol
x01Cm%	Orciprenaline
cA...%	Leukotriene receptor antagonist
c41..%	Aminophylline
c42..%	Choline theophyllinate
c43..%	Theophylline product

### Diagnosis but no medication

Obtain a list of patients with a diagnosis of asthma without a medication recorded using the above Read codes for diagnosis and medication.

***Investigate why patients have no medication, are they intolerant to the medication or should the diagnosis be questioned?***

***Where appropriate these records may need a change: If a patient no longer suffers from the condition and the diagnosis was considered accurate, you may wish to add a condition resolved code, however should the condition recur the resolved code would need removing or a new diagnosis for asthma adding with the associated variability or reversibility testing.***

***If a patient no longer suffers from the condition and the diagnosis was considered accurate, add a condition resolved code.***

***Where it has been identified that a diagnosis is incorrect this should be edited or deleted in line with a robust practice deletion policy.***

**Associated codes but no diagnosis**

Obtain a list of patients with asthma associated codes shown below without a recording of an asthma diagnosis code as noted above.

***Investigate why patients have the associated code, was the code added in error, has the condition been resolved or should the diagnosis be added?***

**CTV3 Read codes**

XE2Nb	Asthma monitored
Xa8Hn%	Asthma control steps
9Q21.	Patient in asthma study
XaBU3%	Asthma monitoring status
6636.	Inhaler technique shown
6637.	Inhaler technique observed
663H.	Inhaler technique – good
663I.	Inhaler technique – poor
66Y4.	Inhaler technique – moderate
XM15i	Bronchodilators used > 1 /day
663L.	Bronchodilators used 1/day max
663N.	Asthma disturbing sleep
663O.	Asthma not disturbing sleep
663P.	Asthma limiting activities
663Q.	Asthma not limiting activities
663S.	Peak flow meter at home
663T.	No peak flow meter at home
663U.	Asthma management plan given
663V.	Asthma severity
663W.	Asthma prophylactic medication used
663X.	Irritable airways
663Y.	Steroid dose inhaled daily
XE1Sw	Respiratory disease monitoring
663a.-	Oral steroids since last appmt, home nebuliser since last appmt, nebulisation since last
663f.	appmt, emergency asthma admission since last appmt, asthma restricts exercise, asthma never restricts exercise
XaDvK	Asthma - currently active
XaEES	Spacer device in use
173A.	Exercise induced asthma
8791.	Further asthma – drug prevention
8793. -	Asthma control step 0, asthma control step 1, asthma control step 2, asthma control step
8798.	3, asthma control step 4, asthma control step 5
8H2P.	Emergency admission, asthma
9N1d.	Seen in asthma clinic
XE2Na	Asthma monitoring admin.
9Q21.	Patient in asthma study
14B4.	H/O: asthma
XaIuG	Asthma confirmed
XaIQ4	Change in asthma management plan
XaIQD	Step up change in asthma management plan
XaIQE	Step down change in asthma management plan
XaIR3	Absent from work or school due to asthma
XaIeq	Asthma annual review
XaIer	Asthma follow-up
XaIu5	Asthma monitoring by nurse
XaIu6	Asthma monitoring by doctor
XaIoE	Asthma night-time symptoms
8CE2.	Asthma leaflet given
XaIfK	Asthma medication review

This preview document has been created to give you a sample of the structure and contents of the full document

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