

# **Northern Ireland**

## **Audits for DES : Long Term Management Scheme 2007-08**

INPS

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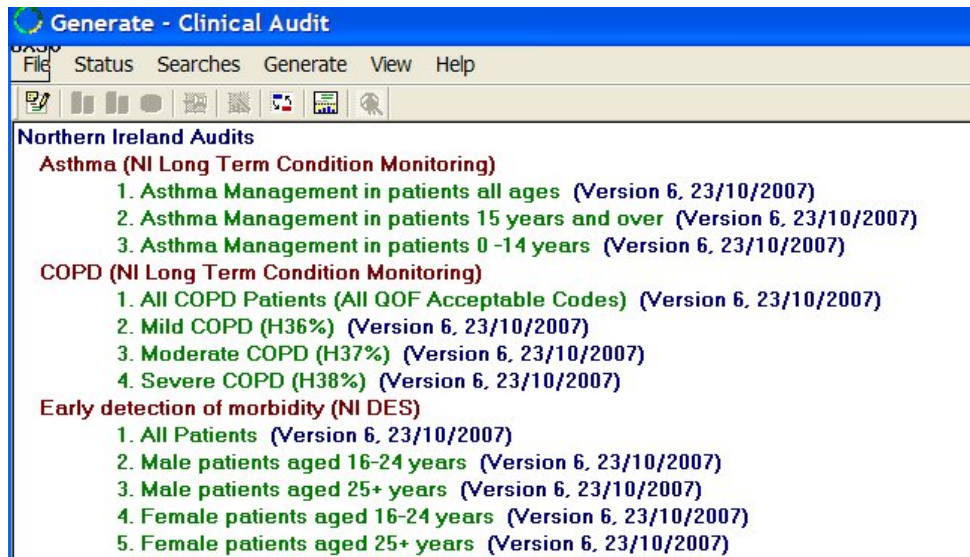
### Table of Editions and Contents

<b>Date</b>	<b>Version</b>	<b>Contents</b>	<b>Output</b>
31.10.06	Version 4, 04/10/2007	Audit - COPD (NI Long Term Condition Monitoring) Audit - Asthma Audit BMI >30	
14.11.06	Version 4, 04/10/2007	Comments from GP Unit EHSSB	
04.10.07 16.10.07	Version 3, 04/10/2007	Changes for the 2007-8 collection	pdf
24.10.07	Version 6 23/10/2007	All audits same version no.	pdf

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The audits may have different version numbers to those shown above, as minor amendments take place and new versions are issued.

# Northern Ireland DES audits and guideline

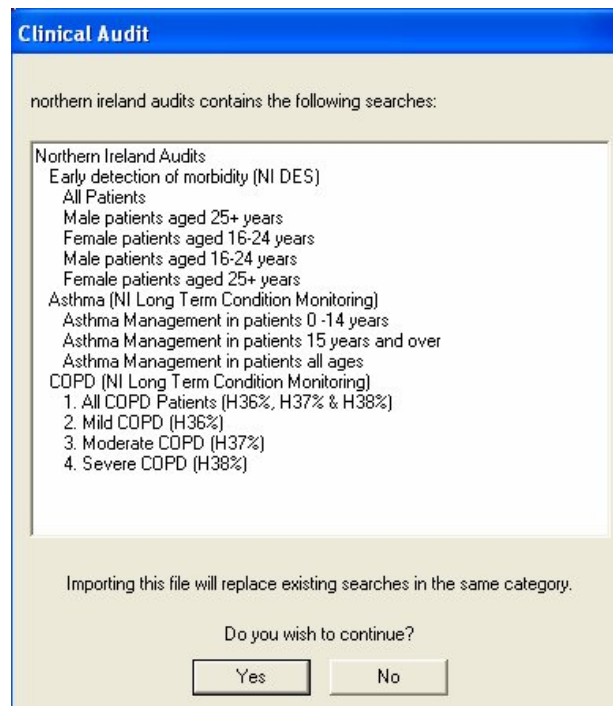
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## What this User Guide covers

This user guide explains the criteria that relates to the NI DES audits. These audits can be downloaded from the INPS website [www.inps.co.uk](http://www.inps.co.uk) - Client Zone - Downloads - Clinical Audits - NI DES. They can then be imported into Vision 3 - Clinical Audit. Activate the reminders you want to use, then generate the statistics.

The criteria and Read codes used for the scheme:

- COPD - see page 14
- Asthma - see page 25
- BMI > 30 - see page 32



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## Long Term Condition Management Scheme 2007/8

Reference and extracts have been made from "Specification for a Northern Ireland Directed Enhanced Service in: Long-Term Condition Management Scheme 2006/2007".

This DES focuses on three regional health priorities. It builds on the QOF and should contribute to reduced pressure on secondary care and improve the long-term health and well-being of patients.

### Patients with Chronic Obstructive Pulmonary Disease (COPD)

- Specialist smoking cessation
- Effective self-management training and action plans
- Referral to community services e.g. pulmonary rehabilitation.

### Patients with Asthma

- Specialist smoking cessation
- Effective self-management training and action plans
- Urgent care and high risk patients.

The early detection and follow up of patients with a Body Mass Index (BMI) greater than 30 who are likely to develop morbidity such as diabetes mellitus

- Specialist smoking cessation
- Identification and follow-up of patients with increased risks of morbidity
- Provision of a resource kit to motivated patients.

## Part 1 - Practice-based service for patients with COPD

### Introduction

This part of the DES builds on activities already being provided by practices under QOF for this condition.

It further enhances treatment and care to ensure that disease management is optimized and disease progression and adverse outcomes are minimized. In order to provide the service practices will require liaising effectively with community-based schemes commissioned or provided by Trusts, LHSCGs, Boards and others. This may include non-HPSS services e.g. Ulster Cancer Foundation.

LHSCGs, Trusts and Boards are already providing a range of services which will support practice activities under this DES e.g. community based pulmonary rehabilitation and specialist smoking cessation services including those provided in practices. Practices will therefore need to have an awareness of local provision and how patients may access other community-based services. Boards should facilitate the provision of this information to practices by ensuring that Trusts provide the relevant information to participating practices. Implementation of this part should contribute to reduced pressure on secondary care.

### Service Description

- a. For all patients on the COPD register identify the severity of airflow obstruction. Severity should be assessed annually for each patient.

Severity	FEV <sub>1</sub> , % predicted
Mild	50-80
Moderate	30-50
Severe	<30

- b. For all patients with COPD who smoke, a pro-active approach to encourage patients to take advantage of specialist smoking cessation services. The practice should be aware of all local specialist smoking cessation services and provide information on these to motivated patients. Boards will assist practices with information about local specialist smoking cessation services including those provided by practices.
- c. Record and review against best practice those patients using home nebulisers to determine if the continued use of home nebulisers are clinically appropriate and that patients are using them correctly (see NICE guidance).
- d. Ensure that patients with moderate and severe COPD are assessed with pulse oximetry and referred for long-term oxygen therapy in line with NICE guidance.
- e. Practices need to become aware of local pulmonary rehabilitation programmes (where available) and should refer all appropriate patients in accordance with local guidance e.g. MRC dyspnoea score 3 or greater, moderate/severe COPD.

- f. Specific educational packages should be developed for patients with COPD. The education provided should take account of the different needs of patients at different stages of their disease. Practices will provide annual review and updating of patient education. Suggested topics, some of which are compulsory, are included in Annex A. All patients should be provided with self management training and a written action plan. Patients should have their BMI recorded and MRC dyspnoea score recorded annually in the patient held plan. Patients with severe COPD should have S<sub>a</sub>O<sub>2</sub> measured and recorded twice a year.
- g. Ensure that patients with COPD are on appropriate pharmacological treatment.
- h. Record the number of admission(s) and readmissions within 28 days to hospital and A&E attendances the patient has had for an exacerbation of COPD or where COPD was a major contributory factor over the previous 12 months.
- i. Provide data at year-end to the HSSB using the standardized format provided. Boards will give comparative data feedback to practices.
- j. Relevant practice staff must be appropriately trained to meet modern authoritative standards e.g. on the correct use of spirometers and oximeters. Training needs of staff should be reviewed regularly.

### ***Support and Monitoring by HSSB***

Boards will facilitate practice training and will review individual anonymised patient records for a sample of patients admitted to hospital to review the care arrangements made. Boards also, subject to their resources, should consider funding the provision of relevant equipment in practices eg oximeters where the equipment is not already available. In particular the effectiveness of clinical assessment prior to admission decisions should be discussed to ensure that only those patients who need to be admitted are so. The patient's exacerbation management plans should also be reviewed for these patients. This should include their content and usage.

It is intended that the DES will be reviewed regionally with a view to making it recurrent.

### ***ANNEX A***

Patients must be provided with a written self-management and action plan, which is reviewed at least annually and is held by patients. For patients with severe COPD, it should include a record of assessment and referral for long-term oxygen therapy. For all patients, it should include relevant education topics.

Education Topics which must be included in all plans:

- Disease education (Anatomy, physiology, pathology and pharmacology, including oxygen therapy and vaccination)
- Smoking cessation (All smokers)
- Exacerbation management (including when to seek help, self-management and decision making, coping with setbacks and relapses). This should be included in all patient plans.

Other Suggested Education Topics for patients with COPD as and when relevant to individual needs

- Dyspnoea/symptom management, including chest clearance techniques
- Energy conservation/pacing
- Nutritional advice
- Managing travel
- Benefits system and disable parking badges
- Advance directives (living wills)
- Making a change plan
- Anxiety management
- Goal setting and rewards
- Relaxation
- Identifying and changing beliefs about exercise and health related behaviours
- Loving relationships/sexuality
- Home care support
- Managing surgery (non thoracic)
- The benefits of physical exercise
- Support groups – such as the Lung Foundation (NI) Breathe Easy groups, which operate throughout the UK, and local groups, eg, those associated with the Northern Ireland Chest Heart and Stroke Association.

The patient or practice should record which topics have been covered. Practices may wish to consider using the NICE guidance: CG12 Chronic Obstructive Pulmonary Disease: Information for the public. It is a comprehensive document.

## DES Data Return to HSSB 07/08 for patients with COPD

<b>Practice Name</b>					
<b>Practice Address</b>					
<b>Practice Code</b>					
<b>Practice List Size</b>					
<b>Total Number of Smokers in Practice</b>					
<b>Number of</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Other</b>	<b>TOTAL</b>
<b>FEV, % predicted</b>	<b>50-80</b>	<b>30-50</b>	<b>&lt;30</b>		
<b>1. Patients with COPD (QOF Register at 01 April 08)</b>					0
<b>2. Patients with COPD provided with self management training and written plan (to include assessment and referral for Long Term Oxygen Therapy for severe cases)</b>					0
<b>3. Patients with COPD on optimal pharmacological treatment</b>					0
<b>4. Patients with COPD who are smokers</b>					0
<b>5. Patients with COPD who are smokers referred to specialist smoking cessation services in last 12 months</b>					0
<b>6. Patients with COPD assessed and referred for Long Term Oxygen Therapy</b>	N/A				0
<b>7. Patients with COPD referred for pulmonary rehabilitation in last 12 months</b>					0
<b>8. Patients with COPD using home nebuliser (see NICE guidance)</b>					0
<b>9. Patients with COPD admitted to hospital A&amp;E because of COPD more than 3 times in past 12 months</b>					0
<b>10. Patients with COPD attending A&amp;E because of COPD more than 3 times in past 12 months</b>					0

COPD Percentage of Achievement



## **Part 2 - Practice based service for patients with Asthma**

### ***Introduction***

This part of the DES builds on activities already being provided by practices under QOF for this condition.

Implementation of this part should contribute to reduced pressure on secondary care. It further enhances treatment and care to ensure that disease management is optimized and disease progression and adverse outcomes are minimized. In order to provide the service practices will require liaising effectively with community-based schemes commissioned or provided by Trusts, LHSCGs, Boards and others. This may include non-HPSS services e.g. Ulster Cancer Foundation. LHSCGs, Trusts and Boards are already providing a range of services which will support practice activities under this DES eg specialist smoking cessation services including those provided in practices. Practices will therefore need to have an awareness of local provision and how patients may access other community-based services. Boards should facilitate the provision of this information to practices by ensuring that Trusts provide the relevant information to participating practices.

### ***Service Description***

- a. Provide each patient (over age 15 years) with self-management training and a patient held asthma action plan. Patients ideally should contribute to their own written plans over time. Examples of such plans are available e.g. from Asthma UK. The content of a basic action plan is described below. For patients under 15 years of age the practice will provide the child or parent (as appropriate) with the action plan.
- b. Identify patients at risk of developing near fatal or fatal asthma using BTS/SIGN guidelines. Practices will have a proactive approach for each of these high risk patients to ensure that the identified risks are minimised. This should be documented in the patients records.
- c. Ensure that all relevant staff have training on the assessment of acute and effective immediate treatment of asthma that may be provided in the surgery.
- d. Record the number of A&E attendances or hospital admissions for asthma within the past year.
- e. For all patients with asthma who smoke, a proactive approach to encourage patients to take advantage of specialist smoking cessation services. The practice must therefore be aware of all local specialist smoking cessation services and how patients may access services.
- f. Review and record patient inhaler technique.
- g. Ensure that patients with asthma are on appropriate pharmacological treatment.
- h. Provide data at year-end to the HBSB using the standardized format provided. Boards will provide comparative data feedback to practices.

- i. Relevant practice staff including doctors should be appropriately trained to meet modern authoritative standards e.g. on the correct use of spirometers. Training needs of staff should be reviewed regularly.

### ***Contents of a basic action plan for asthma***

- Advice about taking medication for asthma (reliever and preventer inhalers and other asthma medication);
- A definition of a deterioration in asthma that requires action (increasing symptoms or a peak flow level at which medication should be changed);
- What to do in the case of a deterioration (what change to make in medication to be used and how long for);
- When to go back to maintenance medication;
- When to seek urgent medical help.

### ***Support and Monitoring by HSSB***

Boards should review the effectiveness of care arrangements made for patients. This would include assessment of the written patient plans (content and usage), hospital admissions, A&E attendances and results of inhaler technique checks.

It is intended that the DES will be reviewed with a view to making it recurrent.

## DES Data Return to HSSB 07/08 for patients with Asthma

Practice Name			
Practice Address			
Practice Code			
Practice List Size			
Total Number of Smokers in Practice			
Age	0 - 14 years	15+ years	TOTAL
1. Patients with Asthma (QOF Register at 01 April 08)			0
2. Exacerbation self management training and written plan covering relevant topics to patients provided			0
3. Patients with Asthma on optimal pharmacological treatment			0
4. Patients with Asthma who are smokers			0
5. Patients with Asthma who are smokers referred to specialist smoking cessation services in last 12 months			0
6. Patients at risk of near fatal Asthma			0
7. Patients using inhalers			0
8. Patients with good inhaler technique			0
9. Patients with moderate inhaler technique			0
10. Patients with poor inhaler technique			0
11. Patients with Asthma admitted to hospital because of asthma in the past 12 months			0
12. Patients with Asthma attending A&E because of asthma in the past 12 months			0

**Asthma Percentage of Achievement**

## **Part 3 - Patients with a Body Mass Index (BMI) > 30 likely to develop morbidity such as diabetes mellitus**

The early detection and follow up of patients with a Body Mass Index (BMI) greater than 30 who are likely to develop morbidity such as diabetes mellitus.

### ***Introduction***

This part of the DES seeks to build the capacity of practices to play an important role in the service provision for early detection and provision of necessary follow-up in patients who have a BMI greater than 30 who are likely to develop morbidity such as diabetes mellitus. It builds on the new QOF indicators for obesity introduced from 1 April 2006. The service will be of help to patients with obesity with or without other co-morbidities. In Northern Ireland 17% of men and 20% of women are clinically obese (CMO Report 2004).

### ***Service Description***

- a. Provide appropriate training for practice employed clinical staff and who are involved in the management and treatment of patients with a BMI greater than 30. The practice should have a written protocol for their management of such patients. It includes as a minimum the frequency of repeat weight measurement, testing for blood lipids and glucose, physical activity referral process (if service available) criteria for anti-obesity drug treatment of patients and a description of the typical contents of the practice resource kit which is provided to patients. It should also include a description of the follow-up of patients whose BMI > 30. Blood pressure checking and thyroid function should be offered routinely.
- b. Develop a practice resource kit for motivated patients whose BMI is greater than 30, which provide information and guidance on both sides of the "energy equation". Boards and LMCs will co-operate in assisting practices to develop this kit and will supply material/data where available. It should include up to date information on local opportunities for sport and leisure, quality physical activity including physical activity referral schemes and active travel. Written information given to patients should be relevant to their needs e.g. patients with physical disability, patients whose families are obese. Boards will provide information on other relevant local initiatives e.g. Health Action Zones. Practices should provide information to patients about the availability of their resource kit to patients e.g. in a leaflet, notice board, practice website.
- c. As a minimum, patients identified with lipid or glucose abnormalities, e.g. impaired glucose tolerance (IGT) should be offered annual follow-ups as they have increased risk of future morbidity. The patient's follow-up treatment plan should be documented in the patient record.
- d. For all patients with BMI greater than 30 who smoke practices should adopt a pro-active approach to encourage them to take advantage of specialist smoking cessation

services. The practice should be aware of all local specialist smoking cessation services and provide information on these to motivated patients. Boards will assist practices with information about local specialist smoking cessation services including those provided by practices.

- e. Provide information to the HSSB at year-end which will assist with service planning for future public health initiatives. Boards will provide practices with comparative data feedback.

### ***Support and Monitoring by HSSB***

Boards should review the effectiveness of this DES including practice referrals to physical activity schemes and/or appropriate use of antiobesity drugs and/or follow-up of patients where lipid or glucose abnormalities are detected. Practices should be able to demonstrate their call and recall system.

It is intended that the DES will be reviewed with a view to making it recurrent.

**DES Data Return to HSSB 07/08 for patients with a Body Mass Index (BMI) greater than 30 who are likely to develop morbidity such as diabetes mellitus**

<b>Practice Name</b>					
<b>Practice Address</b>					
<b>Practice Code</b>					
<b>Practice List Size</b>					
<b>Total Number of Smokers in Practice</b>					
<b>Age</b>	<b>16 - 24 years</b>		<b>25+ years</b>		<b>TOTAL</b>
<b>Sex</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	
1. Patients with a BMI between 30 - 39.9 (obese) (QOF Register at 01 April 08)					
					0
2. Patients with a BMI greater than 40 (severely obese) (QOF Register at 01 April 08)					
					0
3. Patients with a BMI greater than 30 who are smokers					
					0
4. Patients with a BMI greater than 30 who are smokers referred to specialist smoking cessation services in last 12 months					
					0
5. Patients in whom diabetes mellitus has been detected					
					0
6. Patients in whom abnormal/high lipids have been detected					
					0
7. Patients with abnormal Impaired Glucose Tolerance / Fasting Glucose testing					
					0
8. Patients in whom Hypertension has been detected					
					0
9. Patients in whom Hypothyroidism has been detected					
					0

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## **NI DES guideline for Vision 3**

The NI DES guideline has been distributed separately. This will help you enter the correct data with valid Read codes.

If you have any queries regarding this guideline, please contact:

GP Unit  
EHSSB  
Champion House  
Belfast  
Tel: 028 9055 3941  
Fax: 028 9055 3682

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## **COPD (NI Long Term Condition Monitoring) audits**

Version 6, 23/10/2007

The COPD audits look for patients with or without:

- Specialist smoking cessation
- Effective self-management training and action plans
- Referral to community services e.g. pulmonary rehabilitation.

They are divided:

- All COPD patients
- Patients with Mild COPD (H36%)
- Patients with Moderate COPD (H37%)
- Patients with Severe COPD (H38%)

The criteria is almost the same for each set of audits. For the purpose of this help file, each line relates to the different degrees of COPD severity as listed above.

Total Practice population

All active, registered patients

### **Total number of smokers (QOF smoking codes) within the practice**

All active, registered patients who have a record as a smoker with one of the following Read codes:

- 1372. Trivial smoker - <1 cig/day
- 1373. Light smoker - 1-9 cigs/day
- 1374. Moderate smoker - 10-19 cigs/day
- 1375. Heavy smoker - 20-39 cigs/day
- 1376. Very heavy smoker - 40+ cigs/day
- 137C. Keeps trying to stop smoking
- 137D. Admitted tobacco cons untrue?
- 137G. Trying to give up smoking
- 137H. Pipe smoker
- 137J Cigar smoker
- 137M Rolls own cigarettes
- 137P. Cigarette smoker
- 137Q. Smoking started
- 137R. Current smoker
- 137V Smoking reduced
- 137X. Cigarette consumption

- 137Y. Cigar consumption
- 137Z. Tobacco consumption NOS
- 137a. Pipe tobacco consumption
- 137b. Ready to stop smoking
- 137c. Thinking about stopping smoking
- 137d. Not interested in stopping smoking
- 137e. Smoking restarted
- 137f. Reason for restarting smoking
- 137h Minutes from waking to first tobacco consumption

#### All patients with COPD (All QOF acceptable read codes)

All patients with COPD:

- H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)
- H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))
- H32% Emphysema, etc
- H36-H3z Mild chronic obstructive pulmonary disease, etc

#### All patients with COPD WITH a specific severity code

All patients with COPD:

- H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)
- H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))
- H32% Emphysema, etc
- H36-H3z Mild chronic obstructive pulmonary disease, etc

Who as one of the recorded codes have a specific severity code of one of the following:

- H36.. Mild COPD
- H37.. Moderate COPD
- H38.. Severe COPD

#### All patients with COPD WITHOUT a specific severity code

All patients with COPD:

- H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)
- H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))
- H32% Emphysema, etc
- H36-H3z Mild chronic obstructive pulmonary disease, etc

Who do NOT have a specific severity code of one of the following:

- H36.. Mild COPD
- H37.. Moderate COPD
- H38.. Severe COPD

COPD in detail:

- H3. Chronic obstructive pulmonary disease
  - H3...11 Chronic obstructive airways disease
- H31. Chronic bronchitis
  - H310. Simple chronic bronchitis
    - H3100 Chronic catarrhal bronchitis
    - H310z Simple chronic bronchitis NOS
  - H311. Mucopurulent chronic bronchitis
    - H3110 Purulent chronic bronchitis
    - H3111 Fetid chronic bronchitis
    - H311z Mucopurulent chronic bronchitis NOS
  - H312. Obstructive chronic bronchitis
    - H3120 Chronic asthmatic bronchitis
    - H3120.11 Chronic wheezy bronchitis
    - H3121 Emphysematous bronchitis
    - H312z Obstructive chronic bronchitis NOS
  - H313. Mixed simple and mucopurulent chronic bronchitis
  - H31y. Other chronic bronchitis
    - H31y1 Chronic tracheobronchitis
    - H31yz Other chronic bronchitis NOS
  - H31z. Chronic bronchitis NOS
- H32. Emphysema
  - H320. Chronic bullous emphysema
    - H3200 Segmental bullous emphysema
    - H3201 Zonal bullous emphysema
    - H3202 Giant bullous emphysema
    - H3203 Bullous emphysema with collapse
    - H3203.11 Tension pneumatocele
    - H320z Chronic bullous emphysema NOS
  - H321. Panlobular emphysema
  - H322. Centrilobular emphysema
  - H32y. Other emphysema
    - H32y0 Acute vesicular emphysema
    - H32y1 Atrophic (senile) emphysema

- H32y1.11 Acute interstitial emphysema
- H32y2 MacLeod's unilateral emphysema
- H32yz Other emphysema NOS
- H32yz11 Sawyer - Jones syndrome
- H32z. Emphysema NOS
- H36. Mild chronic obstructive pulmonary disease
- H37. Moderate chronic obstructive pulmonary disease
- H38. Severe chronic obstructive pulmonary disease
- H3y. Other specified chronic obstructive airways disease
  - H3y..11 Other specified chronic obstructive pulmonary disease
  - H3y0 Chronic obstruct pulmonary dis with acute lower resp infectn
  - H3y1 Chron obstruct pulmonary dis wth acute exacerbation, unspec
- H3z. Chronic obstructive airways disease NOS
  - H3z..11 Chronic obstructive pulmonary disease NOS
- NB - Excluded: H3122 Acute exacerbation of chronic obstructive airways disease

All patients with COPD provided with self management training since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

With a record of self management training since 01/04/2007:

66YI COPD management plan given

All patients with COPD NOT provided with self management training since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

NOT provided with self management training since 01/04/2007:

66YI COPD management plan given



Reminder: NI DES COPD patient not given management training

All patients with COPD on optimal pharmacological treatment since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

On optimal pharmacological treatment since 01/04/2007:

8BID. Optimisation of drug dosage

All patients with COPD NOT on optimal pharmacological treatment since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

With NO record of being on optimal pharmacological treatment since 01/04/2007:

8BID. Optimisation of drug dosage



Reminder: NI DES COPD patient not on optimal therapy

All patients with COPD who are recorded as smokers since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

Who are recorded as smokers since 01/04/2007:

137R. Current smoker

All patients with COPD who are recorded as non-smokers or ex-smokers since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

Who are recorded as non-smokers since 01/04/2007:

1371. Never smoked tobacco

Or ex-smokers:

137S. Ex smoker

All patients with COPD who have NO smoking status recorded since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

With no smoking status recorded since 01/04/2007:

1371 Never smoked tobacco

137S Ex smoker

137R Current smoker



Reminder: NI DES COPD patient with no DES smoking status code

All patients with COPD who are recorded as smokers who have been offered smoking cessation advice since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

Who are recorded as smokers since 01/04/2007:

137R. Current smoker

Who have been offered smoking cessation advice since 01/04/2007:

8H7i Referral to smoking cessation advisor

All patients with COPD who are recorded as smokers who have NOT been offered smoking cessation advice since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

Who are recorded as smokers since 01/04/2007:

137R. Current smoker

Who have NOT been offered smoking cessation advice since 01/04/2007:

8H7i Referral to smoking cessation advisor



Reminder: NI DES COPD patient not offered smoking cessation advice

### All patients with moderate or severe COPD assessed and referred for Long Term Oxygen Therapy since 01/04/2007

All patients with moderate or severe COPD:

H37.. Moderate COPD

H38.. Severe COPD

(Note - this excludes H36.. Mild COPD

Assessed and referred for Long Term Oxygen Therapy since 01/04/2007:

8HHx Referral for assessment of need for oxygen therapy

### All patients with moderate or severe COPD NOT assessed and referred for Long Term Oxygen Therapy since 01/04/2007

All patients with moderate or severe COPD:

H37.. Moderate COPD

H38.. Severe COPD

NOT Assessed and referred for Long Term Oxygen Therapy since 01/04/2007:

8HHx Referral for assessment of need for oxygen therapy



Reminder: NI DES COPD patient not assessed for long term oxygen

### All patients with COPD referred for pulmonary rehabilitation since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

Referred for pulmonary rehabilitation since 01/04/2007:

8H7u Referral to pulmonary rehabilitation

### All patients with COPD NOT referred for pulmonary rehabilitation since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)  
H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and  
H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic  
obstructive airways disease (v7))  
H32% Emphysema, etc  
H36-H3z Mild chronic obstructive pulmonary disease, etc  
NOT referred for pulmonary rehabilitation since 01/04/2007:  
8H7u Referral to pulmonary rehabilitation



Reminder: NI DES COPD patient not referred for pulmonary rehabilitation

### All patients with COPD using home nebuliser since 01/04/2007

All patients with COPD:  
H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)  
H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and  
H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic  
obstructive airways disease (v7))  
H32% Emphysema, etc  
H36-H3z Mild chronic obstructive pulmonary disease, etc  
Using home nebuliser since 01/04/2007: 6638 Home nebuliser

### All patients with COPD without a record of using home nebuliser since 01/04/2007

All patients with COPD:  
H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)  
H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and  
H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic  
obstructive airways disease (v7))  
H32% Emphysema, etc  
H36-H3z Mild chronic obstructive pulmonary disease, etc  
With NO record of using home nebuliser since 01/04/2007:  
6638 Home nebuliser



Reminder: NI DES COPD patient with no record of home nebuliser

### All patients with COPD with 3+ emergency admissions to hospital because of COPD (8H2R.) since 01/04/2007

All patients with COPD:  
H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

Who have more than 3 emergency admissions to hospital because of COPD since 01/04/2007:

8H2R. Admit COPD emergency

All patients with COPD with 1-3 emergency admissions to hospital because of COPD (8H2R.) since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

Who have 1-3 emergency admissions to hospital because of COPD since 01/04/2007:

All patients with COPD with 3+ A&E attendances because of COPD (66Yd.) since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc

Who have more than 3 A&E attendances because of COPD since 01/04/2007:

66Yd. COPD accident & emergency attendance since last visit

All patients with COPD with 1-3 A&E attendances because of COPD (66Yd.) since 01/04/2007

All patients with COPD:

H3 Chronic obstructive pulmonary disease (with NO hierarchical codes)

H31% Chronic bronchitis etc (excluding H3101 Smoker's cough, and H31y0 Chronic tracheitis, H3122 Acute exacerbation of chronic obstructive airways disease (v7))

H32% Emphysema, etc

H36-H3z Mild chronic obstructive pulmonary disease, etc  
Who have 1-3 A&E attendances because of COPD since 01/04/2007:  
66Yd. COPD accident & emergency attendance since last visit

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# Asthma NI Long Term Condition Monitoring audits

Version 6, 23/10/2007

These audits are divided into three sections by age:

- Asthma Management in patients 0 - 14 years
- Asthma Management in patients 15 years and over
- Asthma management in patients all ages

The criteria is the same for each set of audits. For the purpose of this help file, each line implies the three age groups as listed above.

## Total Practice Population

All active registered patients

### All patients with diagnosis of Asthma (H33%)

All patients in the following age groups:

- in patients 0 - 14 years
- in patients 15 years and over
- in patients all ages

With one of the following Read codes for Asthma:

H33% Asthma

Excluding those patients whose LAST Asthma Register entry shows "Removed From Register"

Excluding those with a latest record, since asthma diagnosis date, of:

21262 Asthma resolved

212G Asthma resolved

### All patients with Asthma (H33%) with asthma medication in last 12 months (QOF codes)

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

### Patients with Asthma (H33%) with NO asthma medication in last 12 months (QOF codes)

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With NO record of asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

### Patients with Asthma provided with self management training since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

And with a record of self management training:

663U Asthma management plan given

### Patients with Asthma NOT provided with self management training since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

And with NO record of self management training:

663U Asthma management plan given



Reminder: NI DES Asthma patient [age range]not given management training

### Patients with Asthma on optimal pharmacological treatment since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

And with a record of optimal pharmacological treatment since 01/04/2007

8BID Optimisation of drug dosage

## Patients with Asthma NOT on optimal pharmacological treatment since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

And with NO record of optimal pharmacological treatment since 01/04/2007  
8BID Optimisation of drug dosage



Reminder: NI DES Asthma patient [age range] not on optimal therapy

## Patients with Asthma who are recorded as smokers since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

Who are recorded as smokers since 01/04/2007:

137R Current smoker

## Patients with Asthma who are recorded as non-smokers or ex-smokers since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

Who are recorded since 01/04/2007 as non-smokers:

1371 Never smoked tobacco

Or ex-smokers:

137S Ex smoker

## Patients with Asthma who have NO smoking status recorded since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:


c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With no smoking status recorded since 01/04/2007:

1371 Never smoked tobacco

137S Ex smoker

137R Current smoker

 Reminder: NI DES Asthma patient [age range] with no DES smoking status code

### Patients with Asthma who are recorded as smokers who have been offered smoking cessation advice since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

Who are recorded as smokers since 01/04/2007:

137R Current smoker

Who have been offered smoking cessation advice since 01/04/2007:

8H7i Referral to smoking cessation advisor

### Patients with Asthma who are recorded as smokers who have NOT been offered smoking cessation advice since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:


c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

Who are recorded as smokers since 01/04/2007:

137R Current smoker

Who have NOT been offered smoking cessation advice since 01/04/2007:

8H7i Referral to smoking cessation advisor

 Reminder: NI DES Asthma patient [age range] not offered smoking cessation advice

### Patients with Asthma recorded as at risk of fatal Asthma (H334) since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With an at risk of fatal asthma record ever:

H334 Brittle asthma

#### Patients with Asthma NOT recorded as at risk of fatal Asthma (H334) since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With NO record of at risk of fatal asthma ever:

H334 Brittle asthma



Reminder: Asthma patient [age range] without code for Brittle Asthma

#### Patients with Asthma recorded as using inhalers since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With a record of using inhalers since 01/04/2007 with one or more of the following drug Read codes:

c13e, c13z, c14j, c14t, c19, c1C, c1D, c1E

c318, c31Bz, c31G, c31W, c332j, c33z, c68, c69

c648, c64j, c64c, c64y

c51C, c51F, c61, c67x, c67y, c67z, c71, c74

c65, c66

#### Patients with Asthma NOT recorded as using inhalers since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With NO record of using inhalers since 01/04/2007



Reminder: NI DES Asthma patient [age range] not recorded as using inhalers

### Patients with Asthma recorded as using inhalers since 01/04/2007 with inhaler technique recorded

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With a record of using inhalers since 01/04/2007 with one or more of the following drug Read codes:

c13e, c13z, c14j, c14t, c19, c1C, c1D, c1E, c318, c31Bz, c31G, c31W, c332j, c33z, c68, c69, c648, c64j, c64c, c64y, c51C, c51F, c61, c67x, c67y, c67z, c71, c74, c65, c66

And with a record of inhaler technique in the last 12 months with one of the following:

663H. Inhaler technique - good

66Y4. Inhaler technique - moderate

663I. Inhaler technique - poor

### Patients with Asthma recorded as using inhalers with good technique (663H.) since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With a record of using inhalers since 01/04/2007

And with a record of good inhaler technique:

663H. Inhaler technique - good

### Patients with Asthma recorded as using inhalers with moderate technique (66Y4.) since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With a record of using inhalers since 01/04/2007

And with a record of moderate inhaler technique:

66Y4. Inhaler technique - moderate

Patients with Asthma recorded as using inhalers with poor technique (663l.) since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With a record of using inhalers since 01/04/2007

And with a record of poor inhaler technique:

663l. Inhaler technique - poor

Patients with Asthma recorded as using inhalers since 01/04/2007 with NO inhaler technique recorded

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With a record of using inhalers since 01/04/2007

And with NO record of inhaler technique in the last 12 months



Reminder: NI DES Asthma patient [age range] with no record inhaler technique

Patients with Asthma with emergency admissions to hospital because of Asthma (8H2P.) since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following drug Read codes:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With emergency admission to hospital because of Asthma since 01/04/2007:

8H2P Emergency admission, asthma

Patients with Asthma with A&E attendances because of Asthma (663m.) since 01/04/2007

All patients in the relevant age groups with a diagnosis of Asthma (excluding those removed from register, or Asthma resolved)

With asthma medication in the last 12 months with one of the following:

c1%, c2%, c3%, c4%, c5%, c6%, c7%, cA%

With A&E attendance because of Asthma since 01/04/2007:

663m. Asthma accident & emergency attendance since last visit

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## **BMI >30 - Early detection of morbidity (NI DES) audits**

Version 6, 23/10/2007

These audits are split into five categories of age and sex:

- All patients
- Female patients aged 16-24 years
- Female patients aged 25+ years
- Male patients aged 16-24 years
- Male patients aged 25+ years

The criteria is the same for each set of audits. For the purpose of this help file, each line implies the different age and sex ranges as listed above.

### **Total Practice Population**

All active, registered patients.

### **Total Number of smokers (137R) recorded since 01/04/2007 within the practice**

All active, registered patients who have a record since 01/04/2007 as a smoker:

137R. Current smoker

### **All patients with BMI 30 and above recorded since 01/01/2007**

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

### **All patients with BMI between 30 and 39.9 recorded since 01/01/2007**

Patients with a BMI recorded between 30 and 39.9 in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

### All patients with BMI 40 and above recorded since 01/01/2007

Patients with a BMI recorded of 40 and over in the Weight SDA

And with one of the following Read codes:

22K7. Body mass index 40+ = severely obese

### All patients with NO BMI recorded since 01/01/2007

Patients with NO BMI recorded in the Weight SDA

Nor with one of the following Read codes:

22K% Body Mass Index



Reminder: NI DES: This patient has no BMI recorded since 01/01/2007

### All patients with BMI 30 and above recorded as smokers since 01/04/2007

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

Who have a record since 01/04/2007 as a smoker:

137R. Current smoker

### All patients with BMI 30 and above recorded as non-smokers or ex-smokers since 01/04/2007

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

Who are recorded as non-smokers since 01/04/2007:

1371. Never smoked tobacco

Or ex-smokers:

137S. Ex smoker

### All patients with BMI 30 and above with no smoking status recorded since 01/04/2007

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

With no smoking status recorded since 01/04/2007:

1371 Never smoked tobacco

137S Ex smoker

137R Current smoker



Reminder: NI DES: Pt with BMI >30 No smoking status since 01/04/2007

**All patients with BMI 30 and above recorded as smokers since 01/04/2007 referred for smoking cessation advice**

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

Who have a record since 01/04/2007 as a smoker:

137R. Current smoker

Who have been referred for smoking cessation advice:

8H71 Referral to smoking cessation advisor

**All patients with BMI 30 and above recorded as smokers since 01/04/2007 NOT referred for smoking cessation advice**

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

Who have a record since 01/04/2007 as a smoker:

137R. Current smoker

Who have NOT been referred for smoking cessation advice:

8H71 Referral to smoking cessation advisor



Reminder: NI DES: Pat with BMI >30 recorded as a smoker BUT no cessation advice

**All patients with BMI 30 and above with a new diagnosis of Diabetes recorded since 01/01/2007**

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

With a new diagnosis of diabetes recorded since 01/01/2007:

C10E.% Type 1 diabetes mellitus

C10F.% Type 2 diabetes mellitus

**All patients with BMI 30 and above with abnormal/high lipids or cholesterol >5mmol/l recorded since 01/01/2007**

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

With a record of abnormal or high lipids recorded since 01/01/2007:

44P3. Serum cholesterol raised

Or a record of cholesterol >5 mmol/l recorded since 01/04/2007 with either the following Read code:

44P3 Serum cholesterol raised

Or

44P Serum cholesterol, and >5 mmol/l

44P1 Serum cholesterol normal, and >5 mmol/l

44P2 Serum cholesterol borderline, and >5 mmol/l

44P4 Serum cholesterol very high, >5 mmol/l

Or

44PH. Total cholesterol measurement, and >5 mmol/l

44PJ. Serum total cholesterol level, and >5 mmol/l

44OE. Plasma total cholesterol level, and >5 mmol/l

**All patients with BMI 30 and above with impaired glucose tolerance recorded since 01/01/2007**

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

With a record of impaired glucose tolerance recorded since 01/01/2007:

C11y2 Impaired glucose tolerance

**All patients with BMI 30 and above with new diagnosis of hypertension recorded since 01/01/2007**

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

With a record of new diagnosis of hypertension recorded since 01/01/2007:

G2... Hypertension disease

All patients with BMI 30 and above with new diagnosis of hypothyroidism recorded since 01/01/2007

Patients with a BMI recorded as 30 and above in the Weight SDA

And with one of the following Read codes:

22K5. Body mass index 30+ - obesity

22K7. Body mass index 40+ = severely obese

With a record of new diagnosis of hypothyroidism recorded since 01/01/2007:

C04..13 Hypothyroidism