**NHS Health Check Incident Overview – Family history QRISK2 calculation issue affecting EMIS Web templates**

**1. Background**

NHS Health Checks include a calculation of future risk of Cardiovascular Disease (CVD), expressed as a % risk of CVD within 10 years. This future risk is calculated using a combination of risks for CVD which are included in a risk algorithm using Read codes. When the NHS Health Check was first introduced nationally a variety of risk engines were used to calculate future risk of CVD. In February 2015 NHS Health Check guidelines were updated in light of updates to NICE guidelines published in April 2014. Updated NHS Health Check guidelines included specifying QRISK2 search engine to calculate future risk of CVD.

In July 2014 Read code templates for use with NHS Health Checks were circulated to practices to use if they wished. These Read codes were then specified in the new Public Health Local Service Agreement for NHS Health Checks in April 2015.These Read codes included codes for family history of CVD.

In September 2017 it was identified by a GP Practice that the specified Read codes below relating to family history were not used in the algorithm included in the QRisk2 search engine on the EMIS system used by some practices. The specified Read codes are correct codes for the conditions they indicate, and are included in the QRisk2 calculation on other primary care systems, such as SystmOne, however EMIS has chosen not to include these specific codes relating to family history of CVD, but does include other codes which indicate family history of CVD.

Affected Read codes:

*FH: premature coronary heart disease 12CI*

*FH: Cardiovascular disease 1st degree male relative <55 yrs 12CV*

*FH: Cardiovascular disease 1stdegree female relative <65 yrs 12CW*

This means that patients whose family history was coded using the specified codes in QRisk2 in EMIS practices did not have that added risk factor included in their risk calculation.

Public Health staff (Consultant, Head of Service, Health Check lead) have worked with Hastings and Rother (H&R) and Eastbourne Hailsham and Seaford (EHS) CCG IMT staff, IMT lead GP, and the data extraction lead to identify the implications of this.

**2. Affected cohort**

The affected cohort has been identified as all people who had an NHS Heath Check from April 2014 in practices using the EMIS web system using the QRisk2 and who had a family history of CVD recorded in their notes using the affected Read codes.

All EMIS practices have been contacted by email and telephone and asked to confirm or otherwise that they are using the affected codes. Updated templates have now been provided to all EMIS practices to avoid the issue happening in future.

56 practices were identified as using EMIS Web in East Sussex. Of these:

* 31 practices have confirmed they are affected
* 4 practices have yet to clarify (follow up with these practices is ongoing)
* 21 practices confirm they are NOT affected

Consequently a maximum of 35 practices in East Sussex are believed to be affected.

* + 11 Eastbourne Hailsham and Seaford (EHS) practices, 21 Hastings & Rother (H&R) practices & 3 High Wealds Lewes and Havens (HWLH) practices

The number of patients per practice requiring an additional NHS Health Check is estimated to range from 16 to121 people.

**3. Plans to address the issue**

Public Health in collaboration with the CCG IMT leads and GP reviewed the potential affected cohorts, implications and potential actions for each cohort. To inform this work the CCG IMT Lead GP has undertaken experimental searches on his Practice population to enable estimation of the size of the cohort affected**.**

**Removing the issue** - In collaboration with the CCG IMT team Public Health have developed a new local NHS Health Check template using updated EMIS compatible family history Read codes, and have asked affected EMIS Web practices to use this to ensure no further patients are affected.

**Identifying and managing affected patients –** Working with the CCG IM&T team & GP IM&T lead Public Health have; developed and tested searches to identify affected patients and re-calculate CVD risk incorporating correct family history Read codes; identified the potential affected cohorts; identified implications for each cohort and potential actions to address the issue for each cohort, ensuring alignment with NICE Guidelines[[1]](#footnote-1), NHS Health Check Best Practice[[2]](#footnote-2) and East Sussex Public Health Local Service Agreement[[3]](#footnote-3) . The aim of the interventions are to ensure that people are provided with the information they would have received had their family history been factored into the CVD risk score. Table 1 below summarises the affected cohorts identified, estimated numbers and the recommended interventions to ensure the correct provision of CVD risk reduction advice.

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| **Affected cohorts** | **Recommended intervention** | **Estimated numbers affected\*** |
| **1. Patients recalculated CVD risk increases ≥ 20%+** | Request the GP practice to inform affected patients of the error & **offer new NHS Health Check within 2 months**. | - Up to 35 EMIS web practices  - **Approx. 190 patients**  (2-14 patients per practice)  *0.6% of NHSHC’s since April 14* |
| **2. Patients recalculated CVD risk increases to 10-19%** *(previously <10%)* | Request the GP practice to inform affected patients of the issue & **offer a new NHS Health Check within 6 months**. | - Up to 35 EMIS web practices  - **Approx. 1422 patients**  (14-107 patients per practice)  *4.5% of NHSHC’s since April 14* |
| **3. Patients recalculated CVD risk remains 10-19%** *(previously 10-19%)* |
| **4. Patients recalculated CVD risk < 10%** | Request GP Practice routinely recall for 5 year NHSHC, using new letter highlighting risk of family history. | - Up to 35 EMIS Web practices  - Approx. 3286 patients  *10.4% of NHSHC’s since April 14* |
| **5. Patients whose recalculated risk remains 20%+** | No intervention - patients should already be managed on high risk register and no longer eligible for NHSHC. | - Up to 35 EMIS Web practices  Approx. 221 patients  *0.7% of NHSHC’s since April 14* |

\* P*roportions identified in test searches at the pilot practice in H&R CCG, were modelled against NHSHC activity since April 2014 for the 35 affected practices*

It is estimated that up to 190 people would be offered and another NHS Health Check within 2 months, up to around 1422 people offered a follow up within 6 months.

This plan has also been agreed with the local LMC. Public Health together with the LMC are writing to all 35 affected practices to offer enhanced payment to identify affected patients and re-invite those whose recalculated CVD risk is:

* ≥20% (previously <20%) for a new NHS HC within 2 months
* 10-19% for a new NHS HC within 6 months

**Payments to Practices**

Most patients re-invited for NHS Health Check are likely to have a CVD risk of ≥ 10% and therefore require further discussion, post or during the NHS Health Check, with a GP or nurse on reducing their CVD risk through lifestyle modification and/or if appropriate lipid lowering therapies (in line with NICE guidance2). Practices will be offered the enhanced payment of £50 for each NHS Health Check, sufficient to remunerate 30 minutes of GP or nurse time, should practices prefer to offer a single appointment with a GP or nurse to enable combined NHS Health Check with appropriate lipid lowering advice. Practices are being offered:

* £50 one-off admin fee (to host 30-40 minute dial-in IM&T support to identify affected patients)
* £50 per NHSHC completed (practices currently paid £35 per NHS Health Check using POCT)
* £2.50 per patient invited (current NHS Health Check invitation rate)

Public Health will support practices to identify and recall patients by:

* Working with CCG IM&T to provide support to identify affected patients to invite for a new NHSHC.
* Offering enhanced payment to remunerate the additional NHSHC activity
* Providing letter templates to:
  + inform affected patients who need to be offered a new NHSHC (risk ≥10%)
  + invite affected patients for their 5 year routine NHSHC recall (risk< 10%), highlighting family history increases risk of CVD, to encourage patient uptake

This plan will ensure that all affected patients are offered a new NHS Health Check and appropriate advice over the next 6 months, to reduce their risk of CVD, prioritising those at higher risk first.

**Contact**

Please contact Hayley Martin, Health Improvement Principal at Public Health, East Sussex County Council [hayley.martin@eastsussex.gov.uk](mailto:hayley.martin@eastsussex.gov.uk) with any queries relating to this issue.

1. NICE (2016) Cardiovascular disease: risk assessment and reduction, including lipid modification. [www.nice.org.uk/guidance/cg181](http://www.nice.org.uk/guidance/cg181) [↑](#footnote-ref-1)
2. PHE (2016) NHS Health Check best practice guidance [www.healthcheck.nhs.uk/commissioners\_and\_providers/guidance/national\_guidance1/](http://www.healthcheck.nhs.uk/commissioners_and_providers/guidance/national_guidance1/) [↑](#footnote-ref-2)
3. ESCC (2016) Public Health Local Service Agreement for NHS Health Checks 2016/17 [www.eastsussex.gov.uk/socialcare/providers/health/phcontracts/phlsas/localserviceagreement/general-practices-phlsa-services/](http://www.eastsussex.gov.uk/socialcare/providers/health/phcontracts/phlsas/localserviceagreement/general-practices-phlsa-services/) [↑](#footnote-ref-3)