



Quick guide to CVDPREVENT

CVDPREVENT is a new national primary care audit that will automatically extract routinely held GP data. It will support primary care in understanding how many people with cardiovascular disease (CVD) or conditions that lead to a higher risk of developing CVD are potentially undiagnosed, under treated or over treated. Analysis and reporting of the audit will support systematic quality improvement to reduce health inequalities and improve outcomes for individuals and populations.

A summary of the data items which will be extracted for people who have a high-risk condition or pre-existing CVD is shown below. This list is not exhaustive. When published the full details on the final extract will be available on the [NHS Digital – CVDPREVENT Extract Specification](#) web page.

What are the high-risk conditions?

People with a coded diagnosis of at least one of the following six high-risk conditions (HRC): hypertension (HT), familial hypercholesterolaemia and other hyperlipidaemias, chronic kidney disease (CKD), non-diabetic hyperglycaemia (NDH), type 1 or type 2 diabetes mellitus (T1 or T2DM) and atrial fibrillation (AF).

Which CVD diagnoses are included?

People with a coded diagnosis of at least one of the following cardiovascular diseases (CVD): stroke or transient ischaemic attack, coronary heart disease (CHD) (including myocardial infarction (MI) and acute coronary syndrome), heart failure (HF), abdominal aortic aneurysm (AAA), and peripheral arterial disease (PAD).

The following data items will be collected (where they occur) for all people in the two groups above, to enable analysis of CVD prevention efforts.

Behavioural change support

1. Smoking status
2. Smoking interventions and stop smoking medications
3. BMI recording, alcohol consumption and interventions etc

High blood pressure

1. BP control to NICE guidance
2. Home or ambulatory blood pressure monitoring
3. eGFR readings
4. CVD risk assessment and interventions

Atrial fibrillation

1. CHA₂DS₂-VASc
2. HAS-BLED performed before anticoagulation
3. Prescribed anticoagulant
4. Time in therapeutic range (TTR)
5. Review of anticoagulation
6. INR blood test

Lipids

1. TC/HDLc//LDLc/non-HDLc/TG
2. TC/LDLc assessed for FH
3. Lipid lowering therapy (statins, PCSK9i, ezetimibe)
4. QRisk score
5. FH assessment - Simon Broome and dutch lipid score
6. Referral to metabolic or endocrine clinic

Non-diabetic hyperglycaemia

1. Referral to the diabetes prevention lifestyle programme
2. HbA1c and other blood glucose tests
3. BMI recorded

Type 2 Diabetes

1. Diagnosis in last 12 months referred for diabetes education
2. HbA1c and other blood glucose tests
3. All 8 care processes coded
4. Retinal screening
5. ACR
6. CVD risk assessment and interventions

Type 1 Diabetes

1. Diagnosis in last 12 months referred for diabetes education
2. HbA1c and other blood glucose tests
3. Review of CVD risk factors
4. All 8 care processes coded
5. Retinal screening
6. ACR

CKD Stages 3-5

1. Appropriate interval eGFR tests (as per NICE)
2. Albumin creatinine ratio (ACR)
3. Proteinuria treated with ACEi/ARB
4. CKD 3b-5 - haemoglobin in last 12 months
5. CKD 4-5 - ever had Ca/PO4/PTH tested

In addition to the information extracted for the two groups described above the audit will also extract information for people who may have un-coded high risk conditions. This case finder group is described below.

Case finder group

People who have no coded diagnosis of any of the six high-risk conditions or existing CVD with an entry in their record that suggest they may have an undiagnosed high-risk condition.

Data items collected for the case finder group:

- Latest cholesterol values
- Blood pressure
- Latest two eGFR readings
- Latest HbA1c and other blood glucose readings
- ACR readings
- QRISK score
- CVD risk factor data and testing
- Latest statin prescriptions
- Most recent oral anticoagulant discussions, adverse reactions and prescriptions
- ECG indicating AF, history of AF or AF monitoring
- Diagnosis of gestational or other rare non type 1 and type 2 diabetes diagnosis

Additional data items on demographics, ethnicity and sex extracted for people in all three groups will allow analysis of inequalities in diagnosis and treatment. Individuals will not be identifiable. More information on CVDPREVENT is available here: <https://www.england.nhs.uk/ourwork/clinical-policy/cvd/cvdprevent/>. A draft copy of the complete CVDPREVENT Business Rule set can be requested by emailing england.clinicalpolicy@nhs.net.