



# Quality Improvement Framework 2023

## CLINICAL INDICATORS

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Version Control			
Version	Amended By	Date	
1.0	Clare Fitton	08.09.2022	Created – inclusions of Cancer Register
2.0	Clare Fitton	22.09.2022	Inclusion of target thresholds and removal of requirement for same day interventions
3.0	Clare Fitton	07.10.2022	Formatting, amending weightings and finalising of target thresholds

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<b>Asthma</b>				
<b>Indicator</b>		<b>Weighting</b>	<b>Criteria/Notes/Comments</b>	<b>Achievement Thresholds</b>
<b>AST 007</b>	The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire, a recording of the number of exacerbations, an assessment of inhaler technique and a written personalised asthma plan.	5	High quality review, moving away from RCP questions to Asthma Control Test questionnaire. A complete review requires 5 components to be recorded: <ul style="list-style-type: none"> <li>- Asthma review</li> <li>- ACT score</li> <li>- Number of exacerbations</li> <li>- Assessment of inhaler technique</li> <li>- Written personalised asthma plan</li> </ul>	<p><b>LOW – 45%</b></p> <p><b>MEDIUM – 58%</b></p> <p><b>HIGH – 70%</b></p>
<b>AST 008</b>	The percentage of patients with asthma on the register aged 19 years or under, in whom there is a record of either personal smoking status or exposure to second-hand smoke in the preceding 12 months.	1	This indicator aims to encourage general practice to ask children and young people aged 6 to 19 years with asthma about their exposure to tobacco and second-hand smoke. Support can then be offered to patients and the people they live with to understand the risks of smoking and exposure to second-hand smoke for those with asthma, and how to access smoking cessation services.	<p><b>LOW – 45%</b></p> <p><b>MEDIUM – 63%</b></p> <p><b>HIGH – 80%</b></p>

<b>Atrial Fibrillation</b>				
<b>Indicator</b>		<b>Weighting</b>	<b>Criteria/Notes/Comments</b>	<b>Achievement Thresholds</b>
<b>AF007</b>	In those patients on the register with atrial fibrillation whose latest record of a CHA2DS2-VASc score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy	2	<p>A CHA2DS2-VASc score of 2 or more needs to be recorded on the record to be included in the indicator; Practice should ensure all patients with AF have a CHA2DS2-VASc score coded.</p> <p>If not prescribed then a reason should be recorded in the patient's notes for the same reasons as noted above; an informed discussion with agreed decision should be recorded in the medical record.</p> <p>All patients with AF and a CHA2DS2-VASc score of two or above should be offered anti-coagulation therapy taking their bleeding risk into account. A CHA2DS2-VASc score of one in women (women under age 65 with no other risk factors) should be regarded as low risk and should not receive anti-coagulation. Men with a CHA2DS2- VASc score of one should be regarded as at intermediate risk and a group in whom anti-coagulation should be considered.</p>	<p><b>Low – 45%</b></p> <p><b>MEDIUM – 58%</b></p> <p><b>HIGH – 70%</b></p>

Blood Pressure				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years NICE 2012 menu ID: NM61	2	All types of BP monitoring are valid, including ABPM, as long as the value is recorded.  Coding <i>Blood pressure procedure refused</i> will remove the alert.	<p><b>Low – 50%</b></p> <p><b>MEDIUM – 70%</b></p> <p><b>HIGH – 90%</b></p>

Cancer		
Indicator		Weighting
CAN001	The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003.	2

Chronic Kidney Disease				
Indicator				Weighting
<b>CKD005</b>	The contractor establishes and maintains a register of patients aged 18 or over with CKD with classification of categories G3a to G5 (previously stage 3 to 5)			0
Indicator	Weighting	Criteria/Notes/Comments	Indicator	Achievement Thresholds
<b>CKD002</b>	The percentage of patients on the CKD register in whom the last blood pressure reading (measured in the preceding 12 months) is 140/85 mmHg or less	2	All types of BP monitoring are valid, including ABPM, as long as the value is recorded.  Coding <i>Blood pressure procedure refused</i> will remove the alert.	LOW – 65% MEDIUM – 80% HIGH – 95%
<b>CKD003</b>	The percentage of patients on the CKD register with hypertension and proteinuria who are currently treated with an ACE-I or ARB	2	CKD, hypertension, AND proteinuria must all exist on the record for to be eligible for the indicator.  Coding <i>Angiotensin converting enzyme inhibitor declined</i> AND <i>Angiotensin II receptor antagonist declined</i> will remove the alert.	LOW – 57% MEDIUM – 77% HIGH – 97%
<b>CKD004</b>	The percentage of patients on the CKD register whose notes have a record of a urine albumin:creatinine ratio (or protein:creatinine ratio) test in the preceding 12 months	1	Coding <i>Declines to give urine specimen</i> will remove the alert.	LOW – 65% MEDIUM – 80% HIGH – 95%

Coronary Heart Disease				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>CHD 005</b>	The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken.	2	NICE guidelines recommend all people who have had an MI should be offered aspirin (or clopidogrel if aspirin contraindicated), or an anticoagulant.  Coding that the patient has declined all therapy (aspirin; clopidogrel; warfarin/DOAC) will remove the alert.	<b>LOW – 56%</b> <b>MEDIUM – 76%</b> <b>HIGH – 96%</b>
<b>CHD 008</b>	The percentage of patients aged 79 years or under, with coronary heart disease, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.	1	All types of BP monitoring are valid, including ABPM, as long as the value is recorded.  Coding <i>Blood pressure procedure refused</i> will remove the alert.	<b>LOW – 40%</b> <b>MEDIUM – 58%</b> <b>HIGH – 77%</b>
<b>CHD 009</b>	The percentage of patients aged 80 years or over, with coronary heart disease, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	1	All types of BP monitoring are valid, including ABPM, as long as the value is recorded.  Coding <i>Blood pressure procedure refused</i> will remove the alert.	<b>LOW – 46%</b> <b>MEDIUM – 66%</b> <b>HIGH – 86%</b>



Chronic Obstructive Pulmonary Disease				
Indicator			Weighting	
<b>COPD 009</b>	<p>The contractor establishes and maintains a register of:</p> <ol style="list-style-type: none"> <li>1. Patients with a clinical diagnosis of COPD before 01 January 2022</li> <li>2. Patients with a clinical diagnosis of COPD on or after 01 January 2022 whose diagnosis has been confirmed by a quality assured post-bronchodilator spirometry FEV<sub>1</sub>/FVC ratio below 0.7 between 3 months before or 6 months after diagnosis (or if newly registered in the preceding 12 months without a record of spirometry having been performed, a record of an FEV<sub>1</sub>/FVC ratio below 0.7 recorded within 6 months of registration); and</li> <li>3. Patients with a clinical diagnosis of COPD on or after 01 January 2022 who are unable to undertake spirometry.</li> </ol>		0	
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>COPD 008</b>	The percentage of patients with COPD and Medical Research Council (MRC) dyspnoea scale ≥3 at any time in the preceding 12 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme (excluding those who have previously attended a pulmonary rehabilitation programme).	2	<p>In Year 1 (2022) those patients who have previously completed a pulmonary rehab programme will be included (an MRC score must be documented within the 12 months. In Year 2 this will revert to only those referred in that 12 month period.</p> <p>Coding <i>Pulmonary rehabilitation declined</i> will remove the alert.</p>	<p><b>Low – 40%</b></p> <p><b>MEDIUM – 65%</b></p> <p><b>HIGH – 90%</b></p>
<b>COPD 010</b>	<p>The percentage of patients with COPD, on the register, who have had a review in the preceding 12 months which included:</p> <p>A record of the number of exacerbations AND An assessment of breathlessness using the Medical Research Council dyspnoea scale.</p>	3	<p>A complete review requires 3 components to be recorded:</p> <ul style="list-style-type: none"> <li>- COPD review</li> <li>- MRC score</li> <li>- Number of exacerbations</li> </ul>	<p><b>Low – 50%</b></p> <p><b>MEDIUM – 70%</b></p> <p><b>HIGH – 90%</b></p>

<b>Dementia</b>				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>DEM004</b>	The number of patients on the register diagnosed with dementia whose care has been reviewed in the preceding 12 months <i>A review is defined as a Dementia Care Plan being agreed or reviewed.</i>	2		<p><b>LOW – 35%</b></p> <p><b>MEDIUM – 53%</b></p> <p><b>HIGH – 70%</b></p>

<b>Diabetes Mellitus</b>				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>DM 006</b>	The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs)	1	Coding <i>Angiotensin converting enzyme inhibitor declined</i> AND <i>Angiotensin II receptor antagonist declined</i> will remove the alert, but not affect payment.	<p><b>LOW – 57%</b></p> <p><b>MEDIUM – 77%</b></p> <p><b>HIGH – 97%</b></p>
<b>DM 012</b>	The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 12 months	4	<p>Patients with diabetes are at high risk of foot complications that could lead to ulcer, amputation or death. Annual evaluation and risk classification on an annual basis are important for the detection of feet at most risk. For the purposes of JQIF the clinical codes for ‘moderate risk’ are used to record the concept of ‘increased risk’.</p> <p>Patients with amputated limbs should be coded to remove the alert.</p>	<p><b>LOW – 50%</b></p> <p><b>MEDIUM – 70%</b></p> <p><b>HIGH – 90%</b></p>
<b>DM 014</b>	The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 12 months who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register	1	This indicator suggests referral to a programme within nine months of entry onto the diabetes register to be appropriate for people with type 1 or type 2 diabetes. A timeframe of nine months for this indicator has been set to take into account the differing expectations for referral into SE programmes from diagnosis for people with type 1 and type 2 diabetes.	<p><b>LOW – 40%</b></p> <p><b>MEDIUM – 65%</b></p> <p><b>HIGH – 90%</b></p>
<b>DM 019</b>	The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less.	2	<p>A frailty assessment of moderate or severe frailty removes the patient from the indicator.</p> <p>Coding <i>Patient on maximal tolerated antihypertensive therapy</i> will remove the alert.</p>	<p><b>LOW – 38%</b></p> <p><b>MEDIUM – 58%</b></p> <p><b>HIGH – 78%</b></p>
<b>DM 020</b>	The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months.	2	<p>A frailty assessment of moderate or severe frailty removes the patient from the indicator. See DM021.</p> <p>Coding <i>Patient on maximal tolerated therapy for diabetes</i> will remove the alert.</p>	<p><b>LOW – 35%</b></p> <p><b>MEDIUM – 55%</b></p> <p><b>HIGH – 75%</b></p>

Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>DM 021</b>	The percentage of patients with diabetes, on the register, with moderate or severe frailty in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months.	2	Evidence that a frailty assessment has taken place is required in order to be eligible for the indicator.  <i>Coding Patient on maximal tolerated therapy for diabetes will remove the alert.</i>	<b>Low – 52%</b> <b>Medium – 72%</b> <b>High – 92%</b>
<b>DM 022</b>	The percentage of patients with diabetes, on the register, aged 40 years or over, with no history of CVD and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a CVD risk score of <10% recorded in the preceding 3 years).	2	A QRISK2 or QRISK3 score <10 in the previous 3 years is required to remove the patient from the indicator.  <i>Coding Statin declined will remove the alert.</i>	<b>Low – 50%</b> <b>Medium – 70%</b> <b>High – 90%</b>
<b>DM 023</b>	The percentage of patients with diabetes, on the register, and a history of CVD (excluding haemorrhagic stroke) who are currently treated with a statin.	3	<i>Coding Statin declined will remove the alert.</i>	<b>Low – 50%</b> <b>Medium – 70%</b> <b>High – 90%</b>

## Heart Failure

Indicator		Weighting
<b>HF001</b>	The contractor establishes and maintains a register of patients with heart failure	1

<b>Hypertension</b>				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>HYP003</b>	The percentage of patients aged 79 years or under, with hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.	2	All types of BP monitoring are valid, including ABPM, as long as the value is recorded.  Coding <i>Blood pressure procedure refused</i> will remove the alert.	<b>LOW – 40%</b> <b>MEDIUM – 55%</b> <b>HIGH – 77%</b>
<b>HYP007</b>	The percentage of patients aged 80 years or over, with hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.	1	All types of BP monitoring are valid, including ABPM, as long as the value is recorded.  Coding <i>Blood pressure procedure refused</i> will remove the alert.	<b>LOW – 40%</b> <b>MEDIUM – 60%</b> <b>HIGH – 80%</b>

<b>Learning Disabilities</b>				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>JLD 005</b>	The percentage of patients aged 18 and over with learning disabilities, on the register, who have had a review in the preceding 12 months.	2	A complete review requires 4 components to be recorded: <ul style="list-style-type: none"> <li>- LD review</li> <li>- Blood pressure</li> <li>- TFTs</li> <li>- BMI</li> </ul>	<b>LOW – 60%</b> <b>MEDIUM – 70%</b> <b>HIGH – 80%</b>

Mental Health			
Indicator			Weighting
MH001	The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy.		2
Indicator	Weighting	Criteria/Notes/Comments	Achievement Thresholds
MH003	3	<p>Patients with schizophrenia have mortality between two and three times that of the general population and most of the excess deaths are from diseases that are the major causes of death in the general population.</p> <p>All types of BP monitoring are valid, including ABPM, as long as the value is recorded.</p> <p>Coding <i>Blood pressure procedure refused</i> will remove the alert.</p>	<p>Low –50%</p> <p>Medium – 70%</p> <p>High – 90%</p>
MH007	3	<p>Substance misuse by people with schizophrenia is increasingly recognised as a major problem, both in terms of its prevalence and its clinical and social effects.</p> <p>Coding <i>Alcohol assessment declined</i> will remove the alert.</p>	<p>Low –50%</p> <p>Medium – 70%</p> <p>High – 90%</p>

Non-Diabetic Hyperglycaemia				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
NDH 001	The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months.	4	NICE Guidance (PH38108) recommends that everyone with NDH is offered an annual blood test to check for progression to Type 2 diabetes The aim of this indicator is to promote early identification of when people cross the threshold into the Type 2 diabetes category, as it is associated with reduced CVD event rate and lower mortality in the individuals identified. Patients who are diagnosed as diabetic will remain on the NDH register for the remainder of the year.	<p>Low –50%</p> <p>MEDIUM – 70%</p> <p>High – 90%</p>

Obesity		
Indicator		Weighting
OB002	The contractor establishes and maintains a register of patients aged 16 or over with a BMI $\geq$ 30 in the preceding 12 months <i>BMI must be recorded every year for patient to remain on the register.</i>	2

Palliative Care		
Indicator		Weighting
PC001	The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	2

<b>Rheumatoid Arthritis</b>				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>RA 002</b>	The percentage of patients with rheumatoid arthritis, on the register, who have had a review in the preceding 12 months.	2	A complete review requires 4 components to be recorded: <ul style="list-style-type: none"> <li>- RA review</li> <li>- Cardiovascular risk assessment (QRISK)</li> <li>- Annual blood pressure (within JQIF year)</li> <li>- Lipids (within JQIF year)</li> </ul>	<p><b>LOW –40%</b></p> <p><b>MEDIUM – 70%</b></p> <p><b>HIGH – 90%</b></p>

<b>Smoking</b>				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>SMOK004</b>	The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months Based on NICE 2011 menu ID: NM40	4	Current non-smoker is not a valid code.	<p><b>LOW –40%</b></p> <p><b>MEDIUM – 70%</b></p> <p><b>HIGH – 90%</b></p>

<b>Stroke and Transient Ischaemic Attack</b>				
Indicator		Weighting	Criteria/Notes/Comments	Achievement Thresholds
<b>STIA 010</b>	The percentage of patients aged 79 years or under, with a history of stroke or TIA, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less.	1	All types of BP monitoring are valid, including ABPM, as long as the value is recorded. Coding <i>Blood pressure procedure refused</i> will remove the alert.	<p><b>LOW –40%</b></p> <p><b>MEDIUM – 56%</b></p> <p><b>HIGH – 73%</b></p>
<b>STIA 011</b>	The percentage of patients aged 80 years or over, with a history of stroke or TIA, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.	1	All types of BP monitoring are valid, including ABPM, as long as the value is recorded. Coding <i>Blood pressure procedure refused</i> will remove the alert.	<p><b>LOW –46%</b></p> <p><b>MEDIUM – 66%</b></p> <p><b>HIGH – 86%</b></p>