

Data Provision Notice

Cardiovascular Disease Prevention Audit (CVDPREVENT Audit)

Information Asset Owner: Dave Roberts

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Information and technology
for better health and care

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Background

The Health and Social Care Act 2012 (the **2012 Act**) gives the Health and Social Care Information Centre, now known as **NHS Digital**¹ and hereafter referred to by this name, statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care (**Secretary of State**) or NHS England.

The data, as specified by NHS Digital in this published Data Provision Notice (**DPN**), is required to support a Direction from NHS England to NHS Digital. Therefore, organisations that are in scope of the Notice are legally required, under sections 259(1)(a) and 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

Purpose of the collection

NHS England has directed NHS Digital to collect and analyse data in connection with Cardiovascular Disease Prevention Audit (referred hereafter to as “**CVDPREVENT Audit**”).

The NHS Long Term Plan identifies cardiovascular disease (**CVD**) as a clinical priority and the single biggest condition where lives can be saved by the NHS over the next 10 years. CVD causes a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas.

The CVDPREVENT Audit is a new national primary care audit being commissioned by NHS England to support the implementation of the NHS Long Term Plan, the annually negotiated General Medical Services contract and the national CVD Prevention programme. Six high-risk conditions for CVD are included in the audit: atrial fibrillation, high blood pressure, high cholesterol, diabetes, pre-diabetes, and chronic kidney disease. These conditions are major causes of CVD. For example, high blood pressure accounts for half of all heart attacks and strokes, having atrial fibrillation makes it five times more likely that an individual will have a stroke, and in diabetes CVD is the leading cause of morbidity and premature mortality. However, although treatment in these conditions is highly effective at preventing CVD, late diagnosis and suboptimal treatment are very common, with substantial variation across England.

CVDPREVENT Audit will utilise an initial extract containing historical information and then rolling three monthly extracts of routinely recorded General Practice data, providing detailed insight into the diagnosis, investigation, and management of patients at risk of cardiovascular events. The data will be extracted for three cohorts: patients who have one of the six high-risk conditions, patients who have established CVD, and patients not in the first two cohorts but whose records contain entries indicating that they may have an undiagnosed high-risk condition. The extracts will include diagnostic codes, recording of risk factors such as smoking and alcohol, physical measurements such as blood pressure and body mass index (BMI), blood tests such as kidney function and cholesterol, as well as drug treatment and lifestyle interventions.

CVDPREVENT Audit will provide timely aggregate data at General Practice, primary care networks (PCNs), Clinical Commissioning Groups (CCGs) and integrated care system level. The data will be stratified by ethnicity, deprivation, severe mental illness and learning disability. It will support professionally led quality improvement, allowing local systems to clearly identify the gaps, inequalities and opportunities for improvement in diagnosis and

¹ <https://digital.nhs.uk/>

management of the high-risk conditions for CVD. It will show PCNs and CCGs where to focus their energies to prevent heart attacks and strokes at scale in their populations and to reduce health inequalities.

The CVDPREVENT Audit will be commissioned and delivered by several partners (hereafter referred to as the **Audit Partners**) including NHS England & NHS Improvement (**NHSE/I**), Public Health England (**PHE**), the Healthcare Quality Improvement Partnership (**HQIP**) and HQIP's commissioned provider.

To deliver the audit, routinely recorded GP data will be extracted by NHS Digital via the General Practice Extraction Service (**GPES**). The data will help clinicians to understand how well they are performing in the diagnosis and management of the six high-risk conditions for CVD.

Benefits of the collection

The principles, data specification and business rules on which CVDPREVENT Audit is based have been developed by GPs supported by a broad reference group that included the Royal College of General Practitioners (**RCGP**), The National Institute for Health and Care Excellence (**NICE**), National Diabetes Audit, British Heart Foundation, PHE, NHSE/I and NHS Digital. A core principle of CVDPREVENT Audit is that the audit should support professionally led quality improvement, should not impose a data burden on General Practice and should facilitate practices to work together across networks.

The objective is to maintain a data extract mechanism that lands, stores, transforms, and publishes deidentified data from all General Practices in England and a publication process to allow public access to these data at different NHS geographies.

The data from the audit will support the monitoring and evaluation of national programme delivery, local quality improvement activity and measure the impact on population outcomes. This will help to focus and optimise the programme locally and nationally. The new audit and data set will, for the first time, allow the provision of comprehensive locally specific and nationwide information related to CVD prevention and associated outcomes, providing a strong foundation and highlighting opportunities for broader professionally led quality improvement activity associated with the delivery of the NHS Long Term Plan.

The audit will generate reports that will highlight the variation between practices at various different NHS geographies and promote continuous quality improvement. Patient identifiable data will be collected to facilitate data linkage with wider national data sets.

Legal basis for the collection, analysis, publication, dissemination, and transparency

Collection and Analysis

NHS Digital has been directed by NHS England under section 254 of the 2012 Act to establish and operate a system for the collection and analysis of the information specified for this service. A copy of the Cardiovascular Disease Prevention Audit (CVDPREVENT Audit) Direction is published here <http://www.digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notice/nhs-england-directions/cardiovascular-disease-prevention-audit-directions-2020>

[Appendix A](#) provides a link to the Specification where details of each data item to be extracted can be found.

The [National Data Opt-Out](#) will not apply to the collection of data to NHS Digital for this collection as the DPN is a legal requirement with which the participating organisations must comply. However, patients that have registered a Type 1 objection with the General Practice will not have their data shared with NHS Digital. The Type 1 objection prevents an individual's personal identifiable confidential information from being shared outside of their General Practice except when it is being used for the purposes of their direct care. Patients who have registered a National Data Opt-Out will have their data shared with NHS Digital. NHS Digital will apply the National Data Opt-Out in accordance with the national data opt out policy: <https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document>.

Requests from the Audit Partners to NHS Digital for dissemination of the submitted data will be handled in accordance with the National Data Opt-Out Policy by the NHS Digital [Data Access Request Service \(DARS\)](#).

This information is required by NHS Digital under section 259(1)(a) of the 2012 Act to comply with the CVDPREVENT Audit Direction. In line with section 259(5) of the 2012 Act, all organisations in England that are in within the scope of this DPN, as identified below, must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this DPN.

This Notice is issued in accordance with the procedure published as part of NHS Digital duty under section 259(8) of the 2012 Act.

Once the data is collected from GP system suppliers (**GPSS**), validation on the file structure and contents is carried out before files are accepted by NHS Digital's GP Data Collector system. The data is then processed by the Data Management Service (**DMS**) to create a data asset.

Subject to the Audit Partners gaining appropriate authorisation via DARS/IGARD, data collected under these Directions may also be linked to other data sets held by NHS Digital to provide richer information, enhance existing publications, develop new publications, and to respond to requests from the Audit Partners. More information about the data sets and collections that NHS Digital hold and that may be used for linkage can be found on the [NHS Digital Data Collections and Data Sets webpage](#).

Publication

NHS Digital is directed not to publish information it obtains under the Directions, except for publication of anonymous statistical data (with small numbers suppressed), this form and manner has been agreed with NHS England pursuant to section 260(4)(a) of the 2012 Act. NHS Digital may also consult with the other Audit Partners on such publications, where NHS Digital and NHS England consider it appropriate for those Audit Partners to be consulted.

Any information that is published will be published in accordance with the [Code of Practice for Statistics](#).

Dissemination

Regular dissemination of data obtained by complying with these Directions will be restricted to the Audit Partners, therefore, NHS Digital has been directed not to exercise its powers under sections 261(1) and 261(4) of the 2012 Act other than to disseminate information to the Audit Partners where it would be lawful for NHS Digital to do so.

The information that will be disseminated to the Audit Partners will be anonymised in line

with the Information Commissioner's Office (**ICO**) [Anonymisation Code of Practice](#)².

Requests from the Audit Partners for information obtained by complying with the Directions will be via successful application to DARS supported by appropriate data sharing agreements and with oversight from the [Independent Group Advising on Data Release](#) (IGARD) where appropriate.

Transparency

NHS Digital is collecting personal data from General Practices to facilitate the CVDPREVENT Audit. General Practices have a legal duty to be transparent and to provide patients with transparency information under the [General Data Protection Regulation](#) (GDPR) about the data they are sharing with NHS Digital.

NHS Digital has issued a [Transparency Notice](#) for this data collection. This Transparency Notice ensures that NHS Digital meets its legal duty in line with the [Data Protection Act 2018](#) and supports General Practices in meeting their legal duty in line with the Data Protection Act 2018.

General Practices need to update their own Transparency Notices on their websites to include details of this collection. It is intended that General Practices should be able to link to the information included in the NHS Digital Transparency Notice to enable them to perform their legal duty in providing adequate fair processing information to their patients.

To meet fair processing responsibilities for this data collection, General Practices are required to:

- inform their patients how their personal data will be used (including what type of data will be used) and for what purpose(s) their personal data will be used
- reassure their patients that their personal data will remain safe and confidential and will be used only for its intended purpose.

NHS Digital will disclose in its [Data Release Register](#), the organisations to whom it disseminates the data obtained through this DPN and the purposes of the dissemination.

Persons consulted

NHS Digital has, as required under section 258 of the 2012 Act, consulted with the following organisations:

- The British Medical Association (**BMA**)
- The Royal College of General Practitioners (RCGP)
- NHS England, as directing organisation
- CVDPREVENT Implementation Steering Group which includes several GPs and other primary care practitioners from across England. It has national representation from the RCGP, NICE, British Heart Foundation, NHSE/I, PHE and NHS Digital to oversee the project. The Steering Group provides the leadership for the development of the CVDPREVENT national audit programme and has also been instrumental in developing the supporting business rule set

² <https://ico.org.uk/media/for-organisations/documents/1061/anonymisation-code.pdf> or any subsequent document, guidance or code on the same topic published by the ICO

- The Data Coordination Board (**DCB**)³, which includes representatives from the Department of Health and Social Care (**DHSC**), NICE, NHSE/I, PHE, Care Quality Commission (**CQC**), Local Government Association (**LGA**), Health Education England (**HEE**), Health Research Authority (**HRA**), Association of Directors of Adult Social Services (**ADASS**) and NHS Digital.

Health and Social Care Bodies within the scope of the collection

Under section 259(1)(a) of the 2012 Act, this Notice is served in accordance with the procedure published as part of the NHS Digital duty under section 259(8) on the following persons:

- General Practices in England

Under section 259(1)(a) and (5) of the 2012 Act the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below.

Form of the collection

GPES business rules will be provided to GPSS to set out the scope of the collection. The GP IT System Suppliers develop the extract in accordance with the business rules.

Once the extract is developed, GPES will be used to schedule and manage the collection and onward processing of the data into Data Processing Service (DPS). GPES is an established mechanism to schedule, extract and deliver General Practice data from GPSS clinical systems. For the purposes of the CVDPREVENT collection, it is made up of three key components:

- **GPDC:** The GP Data Collector is the solution operated by the NHS Digital's Data Services Alliance team. It will send requests for data to the GPSS solutions. It is located on SUS+ physical infrastructure hosted in the Crown Hosting datacentres
- **GPET-E:** The GP Extraction Tool-Extractor is the GPSS solution used to extract the data from the clinical system on receipt of the request from the GP Data Collector. The resulting data files are sent to the NHS Digital DPS MESH mailbox
- **MESH:** Message Exchange for Social Care and Health is the secure transport mechanism used to transport the data from the GPET-Es to NHS Digital. Data files are stored on MESH in accordance with MESH's 30-day retention policy and are then deleted from MESH.

DPS is the platform where the data will be processed and stored. NHS Digital uses Amazon Web Services (AWS) to host the data located within the UK, consequently AWS is a data processor for all data stored on DPS and NHS Digital has GDPR Article 28(3) compliant contracts in place with AWS.

Manner of the collection

General Practices will be sent an invitation to participate via the Calculating Quality Reporting Service (**CQRS**). This invitation must be accepted as there is a Direction in place for this data collection and it is a legal requirement for General Practices to provide this data

³ The Data Coordination Board (DCB) – a sub board of the system-wide Digital Delivery Board (DDB), the DCB acts with delegated authority from the DDB and directly from the Secretary of State as the main governance route through which all data collection requirements are agreed, and priorities assigned.

under section 259(1)(a). All General Practices are therefore mandated to comply with this invitation and approve the collection.

The required data will be collected from General Practices' clinical IT systems via the General Practice Extraction Service (GPES). The [NHS Digital GP Collections webpage](#)⁴ provides further information on this service.

Once collected, the data will be stored in the NHS Digital secure Data Access Environment (DAE) used by NHS Digital.

Period of the collection

The Audit Partners require an initial full-year extract of data and thereafter an extract on a quarterly basis. The first extract is scheduled to take place in the second half of 2020-21 financial year and will cover the previous financial year of 2019-20.

The [GP live collections timetable](#) provides further details of when this data collection will take place. Please note that this timetable is a live document and is frequently edited to reflect changes to the GPES collection schedule; users are advised to check this regularly for updates.

Data quality

Data quality will be checked against the standard six data quality characteristics, which are: coverage, completeness, validity, default, integrity, and timeliness, as per the requirements of the customer.

Many of the SNOMED CT codes used to specify the data items listed are also used in the Quality and Outcomes and Framework (QOF) and other payment extractions and therefore the data quality of these codes is expected to be high. For other SNOMED CT codes that are not used in payment extractions, the data quality may not be as high. Analysis conducted by the Audit Partners will determine this.

Other non-coded information will be validated against standard NHS Digital protocols. For example: patient NHS Number will be validated against the Modulus 11 algorithm and General Practice code will be validated against reference data held by NHS Digital.

Burden of the collection

Steps taken by NHS Digital to minimise the burden of collection

NHS Digital has sought to minimise the burden on General Practices by using existing data extract technology, rather than requesting information in another format which may be more burdensome to process.

In seeking to minimise the burden it imposes on others, in line with sections 253(2)(a) and 265(3) of the 2012 Act, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching DCB approval process. The DCB, acting under authority of the Secretary of State, oversees the assurance, approval and

⁴ <https://digital.nhs.uk/services/general-practice-gp-collections>

publication of information standards and data collections for the health and social care system in England.

Detailed burden assessment findings

Assessed costs

The associated burden of the data collection is:

Burden on providers	£122k	Based upon circa 6,700 General Practices. 4 minutes per General Practice per quarter.
Set up costs for the data collection	£189k	Includes NHS Digital and supplier costs, representing a maximum estimate.
Other costs of the data collection	£149k	This covers the expected General Practice system supplier costs as well as the GPES running costs.
Total burden	£460k	Overall, total burden of GPES collection.

Appendix A – Specification

The patient/record data that will be included in the CVDPREVENT Audit extract version 1.9, or the latest amended version as agreed by NHS England, may be found on the Business Rules page on NHS Digital's website:

<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/quality-and-outcomes-framework-qof#other-extracts>.

For further information

www.digital.nhs.uk

0300 303 5678

enquiries@nhsdigital.nhs.uk

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