

CORONARY HEART DISEASE & STROKE PROGRAMME



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NATIONAL CLINICAL DATASET DEVELOPMENT IN CHD AND STROKE

CHD AND STROKE

Clinical data standards development for Cardiac Surgery and Percutaneous Cardiac Interventions are underway. The data standards developed by this working group will be available for consultation later in 2008.

LONG TERM CONDITIONS

Development of a core of long term conditions clinical data standards has recently started.

If you have any queries or comments regarding these developments please contact:

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ALLIED HEALTH PROFESSIONS (AHP)

Data standards for AHP Stroke are expected to be submitted for approval by the NCDDP Board in April 2008.

NCDDP currently has a range of clinical data standards developments underway covering areas such as Care Planning, Cancer and Mental Health. For more information, please contact:

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SCOTTISH CARE INFORMATION – CORONARY HEART DISEASE (SCI-CHD) ACUTE CORONARY SYNDROME (ACS)

DEVELOPMENT

Version 3.1

V3.1 was released on 11th December 2007. This included:

- ability for Data Administrators to add/edit CHI numbers to existing episodes by validating this against National CHI. This was tested successfully by Stirling Royal Infirmary
- changes to the Initial Diagnosis/Reperfusion screens navigation dependent on the specific diagnosis of the patient
- other error fixes and change requests as deemed appropriate

Version 3.2 & 3.3

V3.2 & V3.3 were released on 29th January and 20th February 2008 respectively. These versions included a number of error fixes and change requests as highlighted during the Discharge Letter pilot that is currently taking place in Ninewells Hospital, Dundee.

Version 3.4

V3.4 was released on 4th March 2008. This version was entirely dedicated to the resolving of an issue that had been instigated by another clinical system, whereby a header/footer from another clinical system had been included on a SCI-CHD ACS print-out. The development team decided to implement specific changes to SCI-CHD ACS in order that this error would not affect any print outs in the future. All print outs from the system are now in PDF format. Work is also ongoing on the other clinical system to resolve the issue outright.

An additional re-starting of the SCI-CHD ACS server was required following the release of V3.4 to resolve ongoing issues, which was successful. It should be noted, however, that the latest version of Adobe Reader should be used when accessing the PDF files. Some issues may occur with Adobe Reader V6 or less.

Version 4.0

V4.0 development is in progress and is due to be released on 27th March 2008. This will include:

- pre-population of Secondary Prevention medications from the specific discharge medication dictionary
- ability for System Administrator to remove active users thereby disabling ability for user to log in
- other error fixes and change requests as deemed appropriate

Analysis is currently ongoing on changes to the STEMI National Reporting screens. Discussion took place at the last Development Group meeting in December 2007 and changes were suggested to the calculations of the thrombolysis time standards. These will be incorporated into the existing screens and released before the mid-May STEMI National Reporting deadline.

Technical analysis is now complete on linking SCI-CHD ACS with SCI Gateway to allow the electronic transfer of the Discharge Letters from secondary to primary care. Development on this large piece of work is due to start in the near future.

Development Group

The last Development Group Meeting took place on 18th December 2007. It was decided that this group would be disbanded for the foreseeable future and reconvened under the pending NHS QIS ACS Audit project. The development team would like to take this opportunity to thank all those who have contributed to this meeting in the past.

Implementation

Planning towards going live with SCI-CHD ACS is continuing in a number of hospitals. There are now 23 hospitals that have the system switched on with approximately 7 additional hospitals planning switch on in the next few months.

Initial demonstrations are also taking place at up to 3 other hospitals in the near future.

SCI-CHD ACS WEB SITE

For further information, please refer to the SCI-CHD web site (<http://scichd.scot.nhs.uk>)

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SCOTTISH STROKE CARE AUDIT (SSCA)

The Scottish Stroke Care Audit National Report was released on the 18th of September 2007. This report on Stroke Services in Scottish Hospitals is based on data from 2005/2006 and is summarized in an Executive summary. Both are available on the website:

<http://www.strokeaudit.scot.nhs.uk/>

If you would like to request a hard copy of the report or Executive summary, please contact Robin Flaig (contact details below).

- The scheduled plan for next year is:
- 31st of March 2008 - Collect all data in for the National report.
- 31st of May 2008 - Draft report sent out for comment.
- 24th of June 2008 - National Meeting held to discuss the report.
- September 2008 - report finished/published.

For further information, please refer to the Scottish Stroke Care Audit web site

<http://www.strokeaudit.scot.nhs.uk/>

or

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Email: robin.flraig@ed.ac.uk

CARDIAC REHABILITATION

ISD are working with the British Heart Foundation (BHF) to provide improved estimates of participation in cardiac rehabilitation programmes. Data will be published by the BHF later in the year.

SCOTTISH HEALTH STATISTICS WEBSITE

[HTTP://WWW.ISDSCOTLAND.ORG](http://www.isdscotland.org)

CHD & STROKE

A variety of analyses are available from our CHD & Stroke web sites at <http://www.isdscotland.org/chd> and <http://www.isdscotland.org/stroke>. These include estimated prevalence of coronary heart disease, primary care consultations, prescribing, hospital-based incidence, hospital activity (including operations), mortality and survival.

Some of the published information is available at varying degrees of detail, including NHS board level, council area level and community health partnership (CHP) level.

Sample analyses using the published data are illustrated in the charts below.

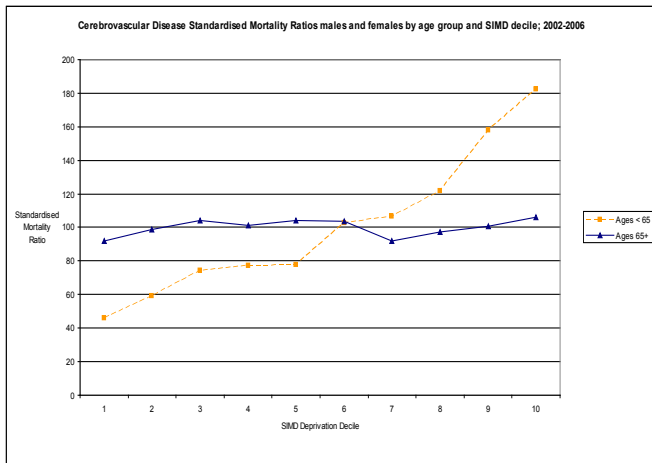
If you are interested in ad hoc analyses of the source data please contact:

David Murphy

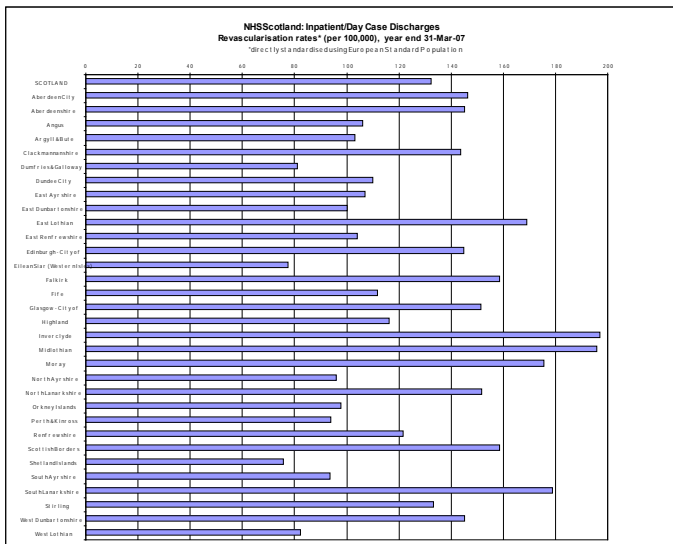
Tel: 0131 275 6624

Email: David.Murphy@isd.csa.scot.nhs.uk

Deprivation example (sourced is published table DS1): 



(SIMD values: 1= least deprived; 10=most deprived).



Council Area example (sourced is published table OCS): 

WEB-BASED CLINICAL OUTCOME INDICATORS

On 29-Jan-08 the biannual update of trends for a selection of established hospital acute care patient outcome indicators was published. This includes:

- acute myocardial infarction: survival for 30 days after emergency admission
- stroke: survival for 30 days after emergency admission

For these indicators, the main findings were:

- the percentage of patients surviving 30 days after emergency admission for acute myocardial infarction for Scotland gradually increased from 81.2 in year ending 31st December 1998 to 85.8 in year ending 31st December 2006.

- the percentage of patients surviving 30 days after emergency admission for stroke for Scotland increased from 76.6 in year ending 31st December 1998 to 80.6 in year ending 31st December 2006. There was a slight decrease between 2005 and 2006 (81.0% in 2005).

The publication includes figures at NHS Board and hospital level for years ending 31-Dec: 1998-2006.

The established indicators were developed under the aegis of Clinical Outcome Indicator reports and these are available at <http://www.indicators.scot.nhs.uk/Index.htm>.

For further information, contact the Clinical Indicators Support Team (CIST) via their web page <http://www.indicators.scot.nhs.uk/Contacts/Contacts.htm>.

ISD CHD DATA REPOSITORY

In January 2008 ISD’s CHD & Stroke Programme Team held a workshop to discuss ideas around the creation of a national CHD data warehouse.

Presentations were given by Allan Sheriffs, of NSS IT, on the technical aspects of “what is a data warehouse” and by Jill Telfer, of the Scottish Health Information Service (SHIS), on ISD’s strategy for to providing smarter information intelligence to users in NHS Scotland.

The team discussed data sources and quality, specification of outputs, benchmarking and possibilities for measuring SIGN guidelines.

Further information on SHIS can be found at:

<http://www.isdscotland.org/isd/4877.html>.

ICD10 CODES FOR ACUTE MYOCARDIAL INFARCTION (AMI)

Since the introduction of ‘5th digit’ codes (Coding Guidelines newsletter June 2007) to further qualify ICD10 code I20.0 (unstable angina), an adhoc analysis of the use of these codes across NHSScotland proved encouraging.

For the period Apr-Sep 2007, just over half of discharge records (SMR01, provisional data) involving a principal diagnosis of ICD10 I20.0 were further qualified with one of the 5th digits below (2601 records out of 4476 and the majority of the 2601 used 5th digits of ‘0’ or ‘1’):

- 0 - Clinical statement - ‘troponin positive’
- 1 - Clinical statement - ‘troponin negative’
- 2 - Coder knows troponin measured but has no clinical statement of ‘troponin positive’ or ‘troponin negative’
- 9 - Coder does not know if troponin measured or coder knows troponin not measured

We will continue to monitor the recording of these 5th digits along with their potential impact on the recording of the existing ICD10 codes used to define AMI (ICD10 I21-I22).

[7D923F2D82D8/0/esc08advanceprog.pdf](#) for details of the advance programme.

CARDIAC WAITING TIMES TARGETS

The latest release of waiting times information, including that related to interventions to treat coronary heart disease, occurred on 25-Feb-08. See ISD's web pages at <http://www.isdscotland.org/isd/3454.html> for further information.

Current waiting time targets for cardiac interventions are:

- a maximum waiting time of 16 weeks from GP referral via a Rapid Access Chest Pain Clinic or equivalent to intervention, if required, and
- a maximum wait of 16 weeks to cardiac procedure after a heart specialist has recommended treatment (intended for those attending general or sub-specialist cardiology clinics as new or return patients).

At present, NHS Scotland lacks systems on a national basis to capture total patient journey information. Therefore progress towards these targets is currently being assessed by measuring and reporting the component parts of the journey (assessment, investigation and treatment). Local audits will assess the administrative processes between the different parts of the journey with the aim of minimising the gaps.

CONFERENCES & WORKSHOPS

KEEP WELL CONFERENCE

NHS Health Scotland hosted a national conference 'Anticipatory Care: Keep Well & Beyond' from 5th - 6th March 2008 at the Beardmore Conference Centre in Clydebank. See <http://www.healthscotland.com/Prevention-2010.aspx> for further details.

WORKSHOP ON THE ELECTRONIC PATIENT RECORD

FOR CARDIAC SERVICES IN SCOTLAND

The CHD Data & IT subgroup of the National Advisory Committee for CHD, has been developing a project that aims to outline requirements for an electronic patient record for patients with heart disease. This ambitious project extends across the whole patient pathway including primary, secondary and tertiary care and is formally supported as part of the wider eHealth Programme for Scotland.

A one day workshop was held at the Beardmore Hotel in Clydebank on March 3 to allow the wider cardiac community to make an important contribution at an early stage of planning and development.

EUROPEAN SOCIETY OF CARDIOLOGY (ESC)

ESC holds its annual Congress in Munich from 30-Aug-08 to 3-Sep-08 with this year's theme being cardiovascular imaging. See <http://www.escardio.org/NR/rdonlyres/83895D46-1022-46E4-925F->

EUROPEAN STROKE CONFERENCE

The 26th European Stroke Conference takes place from 13-16 May 2008 in Nice, France. See <http://www.eurostroke.org/> for further information. ISD had an abstract accepted for presentation (the topic is cerebrovascular disease mortality and the effects of rurality and deprivation).