

<b>Enclosure No:</b>	10/AWMSG/0217
<b>Agenda item No:</b>	14 – CEPP National Audit: Medicines Management for CKD
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## 1.0 ACTION FOR AWMSG

AWMSG members are requested to consider the *CEPP National Audit: Medicines Management for Chronic Kidney Disease (CKD)* for endorsement.

## 2.0 PURPOSE

A [National CKD Audit](#) has been implemented in England and Wales to provide a comprehensive picture of management and outcomes for people with CKD stages 3–5. Its purpose is to improve the quality of patient care and assess each GP practice against NICE CKD quality guidelines and standards to encourage quality improvement. The results of the audit were intended to enable comparison between practices, and help GPs to identify, and share, best practice.

The CEPP National Audit: Medicines Management for CKD has an aim of ensuring that CKD patients (stage 3–5) receive appropriate medicines management. This audit will collect primary care data from NHS practices in regions across Wales using Audit+.

The CEPP National Audit forms part of the Medicines Management Resource for CKD, which will support primary care teams in undertaking the audits and the medicines management of relevant patients. By endorsing this audit, AWMSG will help ensure high quality care for patients with CKD in Wales. Audit involvement will allow access to data collected by Audit+ on medicines management issues in patients with CKD that can be used for AWMSG national audits, identification of further educational opportunities and the development of national guidelines.

### 2.1 Process

- AWPAG meeting 22 June 2016
- AWPAG meeting September 2016
- Consultation November 2016
- AWMSG Steering Committee January 2017
- AWMSG February 2017

### 2.2 Stakeholders

- Welsh Renal Clinical Network
- Renal Pharmacists' Group
- Renal Registry
- Primary and Community Care Development and Innovation, PHW
- NHS Wales Informatics Service (NWIS)
- Welsh Government
- Primary care Wales
- GP cluster networks
- AWTTTC
- Health boards
- 1000 Lives
- Public Health Wales (PHW)
- GPC Wales
- GPOne
- Yellow Card Centre Wales
- Medicines and Therapeutics Committees
- Chief Pharmacists

## DRAFT FOR AWMSG ENDORSEMENT

### 1.0 AUDIT

The All Wales Prescribing Advisory Group (AWPAG), NHS Wales Informatics Service (NWIS) (part of Public Health Wales) and the Welsh Renal Clinical Network have developed this audit. The document is for primary care to use to support local prescribing initiatives as part of CEPP.

NICE guidance, quality standards and broader information used to derive the audit standards are:

- [NICE QS5: Chronic kidney disease in adults](#)
- [NICE Chronic kidney disease pathway](#)
- [NICE CG182: Chronic kidney disease in adults: assessment and management](#)
- [NICE CG181: Cardiovascular disease: risk assessment and reduction, including lipid modification](#)

A 100% target has been stated within the audit standards detailed below. However, it is recognised that in a small number of patients, achievement of the stated target may not be possible due to specific patient factors. In such patients, clear documentation of these decisions should be made in their medical records.

### 1.1 Aim and objectives

Aim:

The aim of the audit is to ensure that patients with CKD (stage 3–5) receive appropriate medicines management.

Objectives:

- To ensure the prescribing for patients with CKD (stage 3–5) is in line with the NICE recommendations;
- To review the prescribing of non-steroidal anti-inflammatory drugs (NSAIDs) in patients identified as having CKD (stage 3–5);
- To review blood pressure control in patients with CKD (stage 3–5) and hypertension (with and without diabetes) to ensure optimal therapy;
- To investigate if patients with CKD (stage 3–5) are prescribed required statin therapy.

### 1.2 Audit standards

- 100% of patients with CKD (stage 3–5) who have been prescribed an NSAID have this medication reviewed and stopped if appropriate.
- 100% of CKD (stage 3–5) patients without diabetes and a measured ACR < 30 (PCR < 50) have blood pressure below 140/90 mmHg.
- 100% of CKD (stage 3–5) patients with diabetes or a measured ACR ≥ 30 (PCR ≥ 50) have blood pressure below 130/80 mmHg.
- 100% of CKD (stage 3–5) patients with diabetes and hypertension are treated with a renin-angiotensin system antagonist (RASA).
- 100%<sup>1</sup> of CKD (stage 3–5) patients are offered treatment with a statin.

### 1.3 Method

The National CKD Audit (NCKDA) aims to [measure](#) the management and outcomes for patients with CKD by [collecting](#) Primary Care data from NHS practices in regions throughout [Wales](#) using Audit+. In order for individual practices to participate in this audit access to the practice data will be enabled through Audit+. These data will be for adult patients only.

Using Audit+ practices can identify the following groups:

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<sup>1</sup> 100% standard target in line with NICE clinical audit standards in accordance with Prudent Health Care principles of informed patient choice

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<b>Sample 1.</b> Number of patients with CKD (stage 3–5) who have been prescribed an NSAID within the last 12 months
<b>Sample 2.</b> Number of patients with CKD (stage 3–5) and uncontrolled hypertension
<b>Sample 3.</b> Number of patients with CKD (stage 3–5), hypertension and diabetes not on a renin-angiotensin system antagonist (RASA)
<b>Sample 4.</b> Number of patients with CKD (stage 3–5) not on a statin

**2. Complete Data Summary Sheets 1–4.**

**3. Complete Practice Review Sheet (use the Data Summary Sheets to inform discussion).**

**4. Return Data Summary Sheets and the Practice Review Sheet to (localities to insert contact).**

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**DATA SUMMARY SHEET 1**

Sample 1. Number of patients with CKD (stage 3–5) who have been prescribed an NSAID within the last 12 months.

Practice: \_\_\_\_\_

Date of audit: \_\_\_\_\_

	<b>Number</b>	<b>Percentage of practice population</b>
Practice list size		100%
(A) Number of patients with CKD (stage 3–5)		
	Number	Percentage of (A)
(B) Number of patients with CKD (stage 3–5) issued with a prescription for an NSAID within the last 12 months		

	<b>Number</b>	<b>Percentage of the audit sample</b>
(C) Sample size i.e. number of CKD (stage 3–5) patients issued with a prescription for an NSAID within the last 12 months		100%
(D) Number of CKD (stage 3–5) patients with a clear indication for NSAID use documented and recorded in their patient notes		
(E) Number of CKD (stage 3–5) patients with assessment of prescribing risk/benefit of NSAID use documented in patient notes		
(F) Number of CKD (stage 3–5) patients in whom the NSAID has been stopped		

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### DATA SUMMARY SHEET 2

Sample 2. Number of patients with CKD (stage 3–5) and uncontrolled hypertension.

Practice: \_\_\_\_\_

Date of audit: \_\_\_\_\_

	Number	Percentage of practice population
Practice list size		100%
(A) Number of patients with CKD (stage 3–5) and hypertension		
	Number	Percentage of (A)
(B) Number of patients with CKD (stage 3–5) and hypertension, with their blood pressure outside of recommended targets on the two most recent readings		

	Number	Percentage of the audit sample
(C) Sample size i.e. the number of CKD (stage 3–5) patients with uncontrolled hypertension		100%
(D) Number of CKD (stage 3–5) patients with uncontrolled hypertension despite the use of maximum tolerated therapy of antihypertensive drugs at therapeutic doses		
(E) Number of CKD (stage 3–5) patients with uncontrolled hypertension, with assessment of prescribing risk/benefit documented in patient notes		
(F) Number of CKD (stage 3–5) patients with uncontrolled hypertension despite the use of maximum tolerated therapy reviewed by secondary care renal specialists		

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### DATA SUMMARY SHEET 3

Sample 3. Number of patients with CKD (stage 3–5), hypertension and diabetes not on a RASA.

Practice: \_\_\_\_\_

Date of audit: \_\_\_\_\_

	Number	Percentage of practice population
Practice list size		100%
(A) Number of patients with CKD (stage 3–5), type 2 diabetes and hypertension		
	Number	Percentage of (A)
(B) Number of patients with CKD (stage 3–5), type 2 diabetes and hypertension, and not issued a repeat RASA prescription within the last 12 months		

	Number	Percentage of the audit sample
(C) Sample size i.e. the number of CKD (stage 3–5) patients with type 2 diabetes and hypertension not on a RASA		100%
(D) Number of CKD (stage 3–5) patients with type 2 diabetes and hypertension with assessment of risk/benefit of RASA prescribing documented in notes		

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### DATA SUMMARY SHEET 4

Sample 4. Number of patients with CKD (stage 3–5) not on a statin.

Practice: \_\_\_\_\_

Date of audit: \_\_\_\_\_

	Number	Percentage of practice population
Practice list size		100%
(A) Number of patients with CKD (stage 3–5) not on a statin		

	Number	Percentage of the audit sample
(B) Sample size i.e. the number of CKD (stage 3–5) patients not on a statin		100%
(C) Number of CKD (stage 3–5) patients with assessment of risk/benefit for statin prescribing documented in notes		
(D) Number of CKD (stage 3–5) patients in whom statin therapy has been stopped and reasons are clearly documented in notes		
(E) Number of patients in whom statin use has been discussed and declined by the patient.		

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**PRACTICE REVIEW SHEET**

A. What lessons did the practice learn from carrying out this audit?

B. What discussion/activities did the practice undertake as a result of the audit?

C. What changes has the practice agreed to implement as a result of this audit?

This audit was completed by:

Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

Practice (name and address):

\_\_\_\_\_

\_\_\_\_\_

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