

Data Provision Notice

Cardiovascular Disease Prevention Audit (CVDPREVENT Audit)

Information Asset Owner: Kathryn Salt

Version: 2.0

Publication date: 16 February 2024

Contents

Change control	3
Background	3
Purpose	3
Benefits	4
Legal basis for collection, analysis, publication and dissemination	5
Collection and Analysis	5
Publication	5
Dissemination	6
Persons consulted	6
Scope of the collection	7
Form of the collection	7
Manner of the collection	7
Period of the collection	8
Data quality	8
Burden of the collection	8
Steps taken by NHS England to minimise the burden of collection	8
Assessed costs	9

Change control

This is a revision of this Data Provision Notice to reflect the linkage of CVDPREVENT Audit data with [Hospital Episode Statistics \(HES\)](#) and Mortality data, the re-use of CVDPREVENT Audit data for the purposes of the [National Obesity Audit \(NOA\)](#), additional purposes for which de-identified CVDPREVENT Audit data is being used within the Unified Data Access Layer (**UDAL**) and legal and organisational changes which came into effect on 1 October 2021, 1 July 2022 and 1 February 2023.

The last version of this Data Provision Notice was issued by NHS Digital in October 2020 pursuant to a direction under section 254 of the Health and Social Care Act 2012 (**the 2012 Act**) from NHS England.

On 1 February 2023, the statutory functions of NHS Digital transferred to NHS England under the [Health and Social Care Information Centre \(Transfer of Functions, Abolition and Transitional Provisions\) Regulations 2023 \(Transfer Regulations\)](#). Under these Transfer Regulations, the provisions of all directions from either the Secretary of State for Health and Social Care or NHS England to NHS Digital are now treated as if contained in directions from the Secretary of State for Health and Social Care to NHS England.

Consequently, the legal basis for this Data Provision Notice is still the [Cardiovascular Disease Prevention Audit Directions 2020](#) issued by NHS England, with its status now treated as if contained in a direction from the Secretary of State for Health and Social Care to NHS England under section 254 of the 2012 Act.

Background

The 2012 Act gives [NHS England](#) 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.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the Data Provision Notice are legally required, under section 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

Purpose

The [CVDPREVENT Audit](#) is a national primary care audit that supports the implementation of the [NHS Long Term Plan](#), the annually negotiated [GP Contract](#) and the national CVD Prevention programme. The CVDPREVENT Audit is commissioned and delivered by several partners (hereafter referred to as the **Audit Partners**¹) including NHS England, the Office for Health Improvement and Disparities (**OHID**), the Healthcare Quality Improvement Partnership (**HQIP**) and HQIP's commissioned provider – NHS Benchmarking Network.

¹ NHS Improvement and Public Health England (**PHE**) were Audit Partners until 1 July 2022 when NHS Improvement became part of NHS England and 30 September 2021 when PHE dissolved and its functions relating to the CVDPREVENT Audit passed to OHID.

The NHS Long Term Plan identifies 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 aim of the CVDPREVENT Audit is to support professionally led quality improvement, optimising diagnosis and treatment of high-risk conditions to prevent heart attacks and strokes at scale. The CVDPREVENT Audit also aims to evaluate the national CVD Prevention programme and inform better decisions on its delivery. The data has and continues to help clinicians understand how well they are performing in the diagnosis and management of six high-risk conditions for CVD.

CVDPREVENT Audit data has been linked with Hospital Episode Statistics (**HES**) and Mortality data by NHS England. The purpose of this linkage is to facilitate the tracking, monitoring and evaluation of national programme delivery across the life course and care pathway. The linked data will also allow the Audit Partners to determine the impact on outcomes and health inequalities in both primary and secondary care.

Furthermore, CVDPREVENT Audit data is being re-used for the purposes of the National Obesity Audit (**NOA**). The NOA is required to support the measurement of weight management service provision, interventions and outcomes to facilitate the delivery of efficient, effective and equitable prevention and care.

CVDPREVENT Audit data has also been de-identified and held within NHS England's secure de-identified data environment, UDAL, to facilitate the tracking of the recovery of cardiovascular services post COVID-19. It will additionally provide an on-going resource to inform activities supporting NHS England's statutory functions under the NHS Act 2006. De-identified CVDPREVENT Audit data will also be linked to other de-identified datasets in UDAL to support the above purposes.

The statutory basis for the analysis and de-identification of the CVDPREVENT Audit identifiable data and the transfer of this de-identified data into UDAL is the [NHS England De-Identified Data Analytics and Publication Directions 2023](#), in particular paragraphs 4.1 – 4.3.

The [Advisory Group for Data \(AGD\)](#) was also consulted on 4th May 2023 regarding the proposed transfer of CVDPREVENT Audit data to NHS England's UDAL.

Further information pertaining to how NHS England uses de-identified personal data to support its purposes can be found in its [privacy notice](#).

NHS England has also published a [CVDPREVENT Audit transparency notice](#) which provides further detail around the purposes for which CVDPREVENT Audit is processed.

Benefits

A core principle of the CVDPREVENT Audit is that it should support professionally led quality improvement, prevent imposing a data burden on general practice and facilitate practices working collaboratively across networks.

It seeks to maintain a data extract mechanism that lands, stores, transforms, and publishes de-identified data from all general practices in England and provide a publication process which allows public access to the data at different NHS geographies.

The CVDPREVENT Audit will, for the first time, allow for 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 extract will allow for analysis of primary care data beyond that currently published as part of the Quality and Outcomes Framework (**QOF**). It will enable the reporting of familiar indicators at greater detail, which will inform improvements in service delivery and reduce inequalities. For example, the CVDPREVENT Audit will be able to provide data and information around blood pressure and atrial fibrillation broken down by age group which will enable Primary Care Networks (**PCNs**) to optimise care. Other novel analyses will include a review of the extent to which CVD related comorbidities occur within the population.

Legal basis for collection, analysis, publication and dissemination

Collection and Analysis

NHS England has been directed by the Secretary of State for Health and Social Care 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: the CVDPREVENT Audit. The [direction](#) is published on the NHS England website.

This information is required by NHS England under section 259(1)(a) of the 2012 Act.

In line with section 259(5) of the 2012 Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

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

Patients that have registered a Type 1 objection with their general practice will not have their data shared with NHS England for this collection. The Type 1 objection prevents an individual's confidential patient information from being shared outside of their general practice except when it is being used for the purposes of their direct care.

The national data opt-out will not apply to the submission of data to NHS England for this collection as the Data Provision Notice is a legal requirement with which the participating organisations must comply. Where NHS England disseminates data, the national data opt-out will be applied in accordance with the [national data opt-out policy guidance](#).

Publication

In accordance with section 260(2)(d) of the 2012 Act, NHS England is directed not to publish any information it obtains under section 254 of the 2012 Act by complying with the directions, except for the publication of anonymous statistical data (with small numbers suppressed) as agreed with the Department of Health and Social Care (**DHSC**) and in consultation with the other Audit Partners where NHS England and DHSC consider it appropriate that those Audit Partners are consulted.

Dissemination

Regular dissemination of data obtained by complying with the directions will be restricted to the Audit Partners, therefore, NHS England has been directed not to exercise its powers under section 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 England to do so. The information disseminated to the Audit Partners is anonymised in line with the [Information Commissioner's Office \(ICO\) Anonymisation Code of Practice](#).

The Audit Partners made a successful application in 2020 to NHS England's [Data Access Request Service \(DARS\)](#) to request access to pseudonymised CVDPREVENT Audit data. The application was reviewed by the [Independent Group Advising on the Release of Data \(IGARD\)](#).² A further, successful application was made to amend the existing Data Sharing Agreement to permit the linkage of CVDPREVENT Audit data with HES and Mortality data and the sharing of that data in pseudonymised form with Audit Partners. The application received oversight from the AGD.

Persons consulted

Following receipt of a direction to establish a system to collect CVDPREVENT Audit data, NHS England has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- DHSC, as the directing organisation
- The British Medical Association (**BMA**)
- The Royal College of General Practitioners (**RCGP**)
- CVDPREVENT Implementation Steering Group which includes several GPs and other primary care practitioners from across England. It has national representation from the RCGP, National Institute for Health and Care Excellence (**NICE**), British Heart Foundation and NHS England to oversee the project. The Steering Group provides the leadership for the development of the CVDPREVENT national audit programme and has been instrumental in developing the supporting business rule set
- The [Data Alliance Partnership Board \(DAPB\)](#) - DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and information standards, mandated for use in health and care in England, are scrutinised and approved.

In addition, and as part of the assurance process, the [Data Coordination Board \(DCB\)](#)³ requested appropriate consultation is undertaken with members of the Joint GP IT Committee (**JGPITC**) to obtain feedback on the technical design of the extraction.

² IGARD ceased to exist 1 February 2023 when NHS Digital merged with NHS England. NHS England AGD as an interim arrangement to advise on internal and external access arrangements for confidential information.

³ DCB provided the national governance of information standards and data collections (including extractions), known collectively as ISCE, from April 2017 to March 2021. The Data Alliance Partnership Board (**DAPB**) replaced the DCB as part of a system-wide information and technology governance model.

A targeted stakeholder consultation exercise with members of the JGPITC took place between 23 December 2019 – 31 January 2020. The findings of the targeted stakeholder consultation have been reflected in the final data specification which has ensured data minimisation of the extraction.

Few objections or challenges were raised in response to the consultation exercise. This reflected the extensive professional and other stakeholder involvement in developing the CVDPREVENT Audit.

NHS England also consulted with relevant clinical advisors in deciding which data items should be included in this extract. The SNOMED codes that make up the data items have been reviewed and agreed by NHS England Clinical Informatics Advisors.

A CVDPREVENT Implementation Steering Group was established. It includes several GPs and other primary care practitioners from across England. At the time of consultation, it had national representation from the Royal College of General Practitioners (**RCGP**), the National Institute for Health and Care Excellence (**NICE**), British Heart Foundation, NHS England, Public Health England (**PHE**) and NHS Digital to oversee the project. The Steering Group provides the leadership for the development of the CVDPREVENT national audit programme. It has also been instrumental in developing the supporting business rule set.

Scope of the collection

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

- General practices in England

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

Form of the collection

NHS England collects identifiable patient level data. A data minimisation exercise has been undertaken to ensure that the data extracted on each individual is kept to a minimum. A full list of the data items collected can be found in the [GPES business rules](#) provided to GP system suppliers (**GPSS**) which set out the scope of the collection.

The service requirement specification is reviewed each year by the Audit Partners in line with the standard requirement specification review process of new and ongoing extracts. This is managed through fortnightly meetings held between the Audit Partners. The SNOMED CT codes used within the specification are regularly reviewed throughout the year following SNOMED UK and international releases.

Manner of the collection

General practices are 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 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 GPES.

The [GPES webpage](#) provides further information on this service.

Period of the collection

The first extract took place on 27 November 2020. The Audit Partners received an initial full-year extract of data covering the financial year 2019-20. The data has been extracted on a quarterly basis following that initial full-year extract.

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

NHS England shall ensure the last date of the collection is clearly known by the users of the data (e.g. time stamp on data extracts) to prevent misinterpretation of the data recency.

For the overall quality of the data, when the CVDPREVENT Audit data is received by NHS England, it is processed in the Data Processing Service (**DPS**) to verify completeness and accuracy of the data.

Data quality is checked against the standard six data quality characteristics (coverage, completeness, validity, default, integrity and timeliness) as per the requirements of the customer.

Many of the SNOMED 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 codes that are not used in payment extractions, the data quality may not be as high. Analysis conducted by the Audit Partners determines this.

Other non-coded information is validated against standard NHS England protocols. For example: patient NHS Number is validated against the Modulus 11 algorithm and GP practice code is validated against reference data held by NHS England.

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the 2012 Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England 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 addition, in support of its obligation under 265(3) of the 2012 Act, NHS England 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 with support from the Data Standards Assurance Service (**DSAS**) which assures burden assessment evidence as part of the overarching DAPB approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Assessed costs

The associated burden of the data collection is:

Burden on providers	N/A	
Other costs of the data collection	N/A	
Total burden	£0	<p>As of March 2022, the burden methodology for each GPES extraction has been re-calculated. Burden is now calculated as a year one cost only and for the set-up costs incurred by general practices. This is because the extraction process imposes no burden as it extracts activities recorded at practices in a clinically relevant way. Set up costs are typically related to the reading of guidance and accepting the extract.</p> <p>Given general practices are not required to re-participate for the purpose of the re-issuing of this DPN, the burden imposed on general practice managers to approve participation in the service within CQRS does not apply.</p>