

SystemOne Searches

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Introduction

BI Responsibilities

- SystemOne and EMIS searches for NWL Single Offer
- Reporting dashboards to monitor activity and achievement
- Supports GP Practices/PCNs on queries

CRM

- Location: **NW London ICB >> BI Enhanced Service Test**
- CRM achievement searches are in draft and subject to change
- Data quality searches are currently in development
- Dates in achievement searches are set for 2026/27

The screenshot displays a software interface for CRM DRAFT Metrics. On the left, a tree view shows the folder structure under 'NW London ICB (12327)'. The 'BI Enhanced Services Test (1133)' folder is expanded, showing 'CRM DRAFT Metrics (63)'. On the right, a list of metrics is displayed, including:

- *CRM000 -----CRM COHORT-----
- *CRM00A | REGISTER | Patients on CRM Register
- *CRM01A -----ATRIAL FIBRILLATION DETECTION-----
- *CRM01AD | AF | DENOMINATOR | Age >= 55 | Patients eligible for ECG or Pulse Rhythm Check
- *CRM01AN | AF | ACHIEVEMENT | THIS FINANCIAL YEAR | ECG or Pulse Rhythm Check
- *CRM01B -----CHRONIC KIDNEY DISEASE DETECTION-----
- *CRM01BD | CKD | DENOMINATOR | Patients who are likely to have CKD
- *CRM01BN | CKD | ACHIEVEMENT | THIS FINANCIAL YEAR | Diagnosed and coded appropriately with CKD
- *CRM01C -----DIABETES DETECTION-----
- *CRM01CD | DM | DENOMINATOR | HbA1c >= 48 on one or more occasion
- *CRM01CN | DM | ACHIEVEMENT | THIS FINANCIAL YEAR | Diabetes (HbA1c >= 48) or NDH Diagnosis (Hb...
- *CRM01D -----HYPERTENSION DETECTION-----
- *CRM01DD | HYP | DENOMINATOR | Earliest BP reading >= 140/90 OR Daytime Average BP >= 135/85
- *CRM01DN | HYP | ACHIEVEMENT | THIS FINANCIAL YEAR | BP >=140/90 more than once or Daytime Aver...
- *CRM01E -----NON-DIABETIC HYPERGLYCAEMIA DETECTION-----
- *CRM01ED | NDH | DENOMINATOR | HbA1c >= 42 and < 48 on one or more occasion
- *CRM01EN | NDH | ACHIEVEMENT | THIS FINANCIAL YEAR | NDH Diagnosis (2nd HbA1c >= 42 & 48) OR ...
- *CRM02 -----CARE PROCESSES ACHIEVEMENT-----
- *CRM02 | ALL CRM | ACHIEVEMENT | PAYMENT | LAST 15 MONTHS | Care Processes completed
- CRM02a -----CARE PROCESSES-----
- CRM02Na | ALL CRM | LAST 15 MONTHS | Hba1c

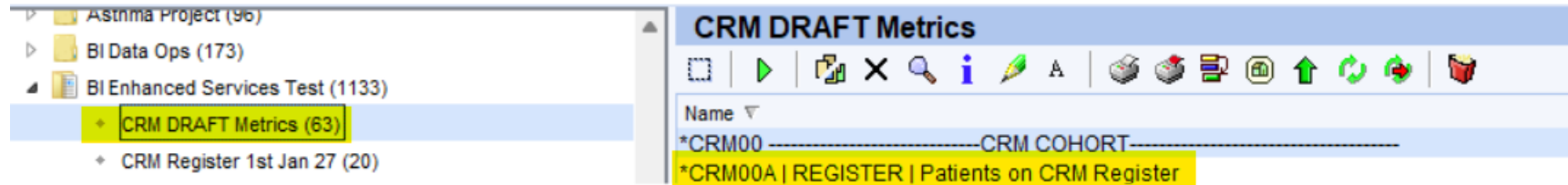
Cohort

Inclusions

- Aged ≥ 17
- Atrial Fibrillation
- Coronary heart Disease
- Peripheral arterial disease
- Chronic Kidney Disease
- Diabetes
- Heart failure
- Hypertension
- Metabolic dysfunction-associated steatotic disease
- Non-diabetic hyperglycaemia
- Stroke/TIA

Exclusions

- Palliative Care



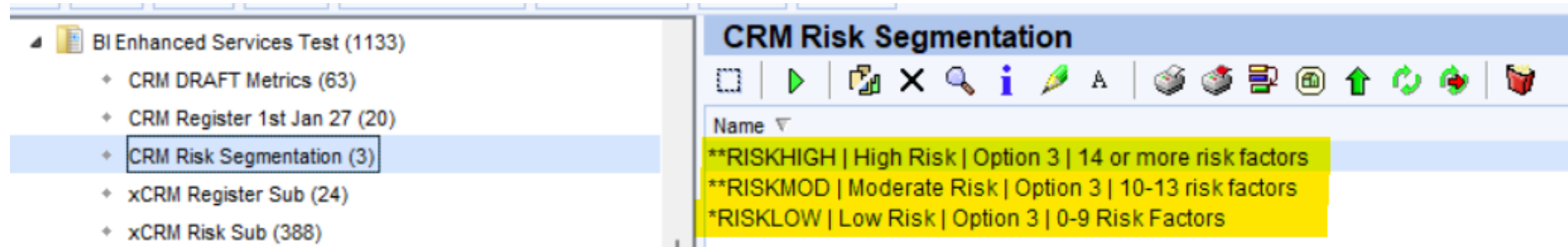
The screenshot shows a software interface with a folder tree on the left and a table on the right. The folder tree includes 'Asthma Project (96)', 'BI Data Ops (173)', and 'BI Enhanced Services Test (1133)'. Under 'BI Enhanced Services Test', there is a sub-folder 'CRM DRAFT Metrics (63)' which is highlighted in yellow, and a sub-item 'CRM Register 1st Jan 27 (20)'. The table on the right is titled 'CRM DRAFT Metrics' and has a toolbar with various icons. The table has a 'Name' column with two rows: '*CRM00 -----CRM COHORT-----' and '*CRM00A | REGISTER | Patients on CRM Register', with the second row highlighted in yellow.

Risk Cohort

- Risk segmentation searches based on various risk factors e.g. ethnicity, age, gender, BMI, smoking etc

Risk Categories

- High Risk – 14 or more risk factors
- Moderate – 10-13 risk factors
- Low Risk – Either no risk factors or 1-9 risk factors



The screenshot displays a software interface for CRM Risk Segmentation. On the left, a tree view shows a folder named 'BI Enhanced Services Test (1133)' containing several sub-items: 'CRM DRAFT Metrics (63)', 'CRM Register 1st Jan 27 (20)', 'CRM Risk Segmentation (3)', 'xCRM Register Sub (24)', and 'xCRM Risk Sub (388)'. The 'CRM Risk Segmentation (3)' item is selected. On the right, a panel titled 'CRM Risk Segmentation' features a toolbar with various icons (selection, play, copy, delete, search, info, edit, text, print, save, refresh, undo, redo, trash) and a list of risk categories. The list is titled 'Name' and contains three entries: '**RISKHIGH | High Risk | Option 3 | 14 or more risk factors', '**RISKMOD | Moderate Risk | Option 3 | 10-13 risk factors', and '*RISKLOW | Low Risk | Option 3 | 0-9 Risk Factors'. The list items are highlighted in yellow.

CRM01 - Detection Searches

- Split into 5 searches: AF, CKD, Diabetes, Hypertension, NDH
- Denominator – cohort of patients based on the specification
- Achievement - achieved

Diabetes

Denominator

- HbA1c \geq 48

Achievement (any of the below)

- 2 or more HbA1c \geq 48: Diabetes
- 2nd HbA1c \geq 42 and $<$ 48: NDH
- 2nd HbA1c $<$ 42

BI Enhanced Services Test (1133)

- CRM DRAFT Metrics (63)
 - CRM Register 1st Jan 27 (20)
 - CRM Risk Segmentation (3)
 - xCRM Register Sub (24)
 - xCRM Risk Sub (388)
 - zArchive (6)
 - zCRM Metrics Sub (629)
- BI New ES (105)
- BI Reports (232)
- Bowel Screening Community Links (47)
- Breast Screening (5)
- CKD Dashboard (187)
- CONDITIONS Covid 19 (73)
- CONDITIONS Palliative Care (144)

CRM DRAFT Metrics

Name ▾

- *CRM01A -----ATRIAL FIBRILLATION DETECTION-----
- *CRM01AD | AF | DENOMINATOR | Age \geq 55 | Patients eligible for ECG or Pulse Rhythm Check
- *CRM01AN | AF | ACHIEVEMENT | THIS FINANCIAL YEAR | ECG or Pulse Rhythm Check
- *CRM01B -----CHRONIC KIDNEY DISEASE DETECTION-----
- *CRM01BD | CKD | DENOMINATOR | Patients who are likely to have CKD
- *CRM01BN | CKD | ACHIEVEMENT | THIS FINANCIAL YEAR | Diagnosed and coded appropriately with CKD
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- *CRM01D -----HYPERTENSION DETECTION-----
- *CRM01DD | HYP | DENOMINATOR | Earliest BP reading \geq 140/90 OR Daytime Average BP \geq 135/85
- *CRM01DN | HYP | ACHIEVEMENT | THIS FINANCIAL YEAR | BP \geq 140/90 more than once or Daytime Aver...
- *CRM01E -----NON-DIABETIC HYPERGLYCAEMIA DETECTION-----
- *CRM01ED | NDH | DENOMINATOR | HbA1c \geq 42 and $<$ 48 on one or more occasion
- *CRM01EN | NDH | ACHIEVEMENT | THIS FINANCIAL YEAR | NDH Diagnosis (2nd HbA1c \geq 42 & 48) OR ...

CRM02 – Care Processes

- Metric applies to all CRM patients
- CRM02 – All care processes completed
- CRM02Na-I – Breakdown of care processes

Note:

- Waist circumference
- Diabetic patients only:
 - Mental health screening
 - Left & Right foot risk classification
 - Retinal screening
- Diabetic & MASLD
 - FIB-4

Name ▾
*CRM02 -----CARE PROCESSES ACHIEVEMENT-----
*CRM02 ALL CRM ACHIEVEMENT PAYMENT Care Processes completed
CRM02a -----CARE PROCESSES-----
CRM02Na ALL CRM LAST 15 MONTHS Hba1c
CRM02Nb ALL CRM LAST 15 MONTHS Blood Pressure
CRM02Nc ALL CRM LAST 15 MONTHS Lipids
CRM02Nd ALL CRM LAST 15 MONTHS Urine ACR
CRM02Ne ALL CRM LAST 15 MONTHS eGFR
CRM02Nf ALL CRM LAST 15 MONTHS BMI
CRM02Ng ALL CRM LAST 15 MONTHS Waist Circumference
CRM02Nh ALL CRM LAST 15 MONTHS Smoking status
CRM02Ni Diabetes & Mental Health Screening in last 15m OR No Diabetes
CRM02Nj Diabetes & Right AND Left Foot risk classification in last 15m OR No Diabetes
CRM02Nk Diabetes & Retinal Screening in last 27m OR No Diabetes
CRM02NI Diabetes or MASLD & FIB-4 in last 39m OR No Diabetes or MASLD

CRM03 – Blood Pressure Treatment

- Cohort/Denominator: Chronic Kidney Disease, Diabetes or Hypertension
- BP Targets are split into 2 categories
 - No Moderate or Severe Frailty or aged < 79 with BP target \leq 130/80
 - Moderate or Severe Frailty or aged \geq 80 with BP target \leq 150/90

CRM03 -----BLOOD PRESSURE TREATMENT-----

CRM03D | CKD, DM, HYP | DENOMINATOR | Chronic Kidney Disease, Diabetes or Hypertension

CRM03N | CKD, DM, HYP | ACHIEVEMENT | LAST 15 MONTHS | Latest BP reading \leq 130/80 with no Frailty or \leq 150/90 with Frailty

CRM04 – Lipid Lowering Therapy

- Cohort is split into 2 groups
 - Group 1: CKD, Stroke/TIA, CHD, PAD, Diabetes, or HF
 - Group 2: AF, Hypertension, MASLD, NDH and latest QRISK > 10%
- Achievement is moderate or high intensity statins prescribed in last 6 months

CRM04 -----LIPIDS TREATMENT-----

CRM04D | DENOMINATOR | Either CKD, CVD, DM, HF OR AF, HYP, MASLD NDH & QRISK > 10%

CRM04N | ACHIEVEMENT | LAST 6 MONTHS | Prescribed Moderate or High Intensity Statins

CRM05 – ACEI/ARB Medications

- Cohort is split into 2 groups
 - Group 1: CKD and Urine ACR ≥ 30
 - Group 2: Diabetes and Urine ACR ≥ 3 or eGFR < 60
- Achievement is ACE inhibitor or Angiotensin Receptor Blockers prescribed in last 6 months

CRM05 —————ACEI / ARB MEDICATIONS—————

CRM05D | DENOMINATOR | CKD and uACR ≥ 30 OR Diabetes and uACR ≥ 3 or eGFR < 60

CRM05N | ACHIEVEMENT | LAST 6 MONTHS | Prescribed ACE inhibitor or Angiotensin Receptor Blocker

CRM06 - SGLT-2 Inhibitors

- Cohort is split into 3 groups and excludes moderate or severe frailty or aged ≥ 80
 - Group 1: CKD and latest eGFR between 20 and 45
 - Group 2: CKD and latest eGFR between 45 and 90 and Urine ACR ≥ 22.6
 - Group 3: Type 2 Diabetes
- Achievement is SGLT-2 inhibitors prescribed in last 6 months

CRM06 -----SGLT2 INHIBITORS-----

CRM06D | DENOMINATOR | Exclude Moderate or Severe Frailty | Exclude Age 80 and over | CKD and eGFR ≥ 20 & < 45 OR CKD and uACR ≥ 22.6 and eGFR ≥ 45 & ≤ 90 OR Type 2 Diabetes

CRM06N | ACHIEVEMENT | LAST 6 MONTHS | Prescribed SGLT2 inhibitor

CRM07 – Holistic Care Plan

- Cohort is high or moderate risk groups
- CRM07: metric all components of holistic care plan is completed
- CRM07Na-f: individual components of holistic care plan
- All elements to be completed in last 15 months

Note:

- CRM07Nf - Avoid harmful substances (all items below need to be completed)
 - Smoking
 - Alcohol
 - Drugs

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CRM07 -----ACHIEVEMENT HOLISTIC CARE PLAN-----  
CRM07 | ACHIEVEMENT | High or Moderate Risk CRM | LAST 15 MONTHS | Holistic Care Plan completed  
CRM07D | DENOMINATOR | High or Moderate Risk CRM patients  
CRM07N -----HOLISTIC CARE PLAN-----  
CRM07Na | High or Moderate Risk CRM | LAST 15 MONTHS | Eat  
CRM07Nb | High or Moderate Risk CRM | LAST 15 MONTHS | Move  
CRM07Nc | High or Moderate Risk CRM | LAST 15 MONTHS | Sleep  
CRM07Nd | High or Moderate Risk CRM | LAST 15 MONTHS | Relax  
CRM07Ne | High or Moderate Risk CRM | LAST 15 MONTHS | Connect  
CRM07Nf | High or Moderate Risk CRM | LAST 15 MONTHS | Avoid harmful substances
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CRM08 – Improvement in Health Factors

- Cohort: High or moderate risk groups
- Improvement in any of exercise, BMI or smoking indicators
- Exercise
 - Cohort: earliest inactive/no exercise or moderately inactive coded between 01st Jan 26 – 31st Dec 26
 - Achievement: latest active or moderately active coded between 01st Jan 26 – 31st Mar 27 (recorded after earliest inactive/no exercise or moderately inactive code)

CRM08 -----IMPROVEMENT IN HEALTH FACTORS -----

CRM08AD | High or Moderate CRM | DENOMINATOR | Earliest Inactive/no exercise or moderately inactive

CRM08AN | High or Moderate CRM | ACHIEVEMENT | Latest Moderately active or active or exercise more than once a week

CRM08BD | High or Moderate CRM | DENOMINATOR | Earliest BMI

CRM08BN | High or Moderate CRM | ACHIEVEMENT | Improvement in BMI between 2 readings

CRM08CD | High or Moderate CRM | DENOMINATOR | Earliest Smoker

CRM08CN | High or Moderate CRM | ACHIEVEMENT | Latest Non-smoker or ex-smoker

CRM09 – Health Confidence Score

- Cohort: High or moderate risk groups
- Achievement: 2 Health Confidence scores recorded at least 1 month apart

CRM09 -----HEALTH CONFIDENCE SCORE-----

CRM09 | High or Moderate Risk CRM | ACHIEVEMENT | LAST 15 MONTHS | 2 Health Confidence Scores recorded at least 1 month apart