



Unrestricted					
Data and Business Rules – Smoking Indicator Set					
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New GMS Contract QOF Implementation

Dataset And Business Rules

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Smoking Indicator Set

Amendment History:

Version	Date	Amendment History
		The version number starts at 3.1 in order to coincide with existing datasets and business rules.
Draft 3.1	21-Nov-2005	From Phil Brown
Draft 3.2	22-Nov-2005	Amended following review by Peter Horsfield
Draft 3.3	3-Dec-2005	Draft revised for internal review
7.4	22-Feb-2006	Amended following internal & 4 Countries review. Also includes uplifting to 7.4 to bring the 4-Byte documents to the same version number as the 5-Byte/CTV3/SNOMED-CT documents
8.0	15-Mar-2006	Signed off following 4 Country review
8.1	18-May-2006	Responding to queries raised Amend wording for Note 3
8.5	18-May-2006	Approved by NHSE
8.6	27-Oct-2006	April Read Code Release October Read Code Release Corrections and amendments following feedback Add age check to Asthma element of the smoking register
8.7	09-Nov-2006	Diagnostic Code Status (for CHD): Add "excluding G4A." IHD_COD: Add "excluding G4A." DIAG_DAT: Amend CHD_DAT to IHD_DAT
9.0	30-Nov-2006	Approved by NHSE
9.1	11-Apr-2007	April 2007 Read Code Release
9.2	13-Jun-2007	Following 4-Country Review: Remove age check from Asthma Diagnostic Code Status and apply to SMOKE1 indicator.
10.0	18-Jun-2007	Signed off following 4 Country review
10.1	23-Sep-2007	October 2007 Read Code Release
10.2	27-Nov-2007	Following 4-Country Review: Add 'H37.' to qualifying diagnostic codes (for COPD) and COPD_COD.
11.0	28-Nov-2007	Signed off following 4 Country review
11.1	30-Jun-2008	April 2008 Read Code Release QOF Review 2007 (Include CKD and some MH patients into register, Replace Smoking 1 & 2 with Smoking 3 & 4)
11.2	21-Jul-2008	Following 4-Country Review: Register wording amended to included additional co-morbidities 137U removed from SMOK_COD cluster EXSMOK, EXSMOK1 & EXSMOK2 clusters corrected Selection criteria amended for EXSMOK1 and EXSMOK2, to look for an instance in a 12 month period Correct wording for indicator Smoking3 Correct numbering for indicator Smoking 4 Correct Denominator rules 3, 5 and 6 for indicator Smoking 3 Correct Numerator rules 2, 4 and 5 for indicator Smoking 3

12.0	24-Jul-2008	Signed off following 4 Country review
12.1	06-Oct-2008	October 2008 Read Code Release Application of v12.0 Addendum 2 corrections to Denominator Rule 6 & Numerator Rule 5 (for Smoking 3)
12.2	26-Nov-2008	Following 4-Country Review: Correction Denominator Rules 3 & 4 & and Numerator Rules 2 & 3 (for Smoking 3)
13.0	05-Dec-2008	Signed off following 4 Country review
13.2	09-Mar-2009	QOF Review 2008
14.0	01-May-2009	Signed off following 4 Country review

New GMS contract Q&O framework implementation

Dataset and business rules – Smoking indicator set

Notes

- 1) The specified dataset and rulesets are to support analysis of extracted data to reflect the status at a specified point in time of patient records held by the practice. In the context of this document that specified time point is designated the 'Reference date' and identified by the abbreviation 'REF_DAT'. In interpreting the specification REF_DAT should be taken to mean midnight of the preceding day (i.e. a REF_DAT of 01.04.2003 equates to midnight on 31.03.2003).
- 2) To support accurate determination of the population of patients to which the indicators should relate (the denominator population) these rulesets have been compiled with a prior assumption that the reference date is specified prior to extraction of data and is available for computation in the data extraction routine. The reference date will also be required to be included in the data extraction to support processing of rules that are dependent upon it. It is possible that an alternative approach could be adopted in which rules to determine the denominator population by registration status would be applied as a component of rule processing. If this second approach were to be adopted it would be essential to specify default time criteria for determining the registration characteristics of the denominator population during the data extraction process. Additionally there would be a requirement to supplement the dataset and rulesets to support identification of the appropriate denominator population.
- 3) Clinical codes quoted are (where known) from the October 2008 release of Read codes (version 0). The codes are shown within the document as a 4 character value to show that the Read Code is for a 4-Byte system.
 - i) Where a '%' wildcard is displayed, the Read Code is filled to 4 characters with full-stops. When implementing a search for the Read Code, only the non full-stop values should be used in the search, For example, a displayed Read Code of c1..% should be implemented as a search for c1%, i.e. should find c1 and any of it's children.
 - ii) Where a range of read codes are displayed, the Read Code is filled to 4 characters with full-stops. When implementing the search, only the non full-stop values should be used in the search, For example, a displayed Read Code range of G342 – G3z. should find all codes between G342 and G3z (including any children where applicable).

The version number starts at 3.1 in order to coincide with existing datasets and business rules

- 4) Datasets comprise a specification of two elements:
 - a) Patient selection criteria. These are the criteria used to determine the patient population against whom the indicators are to be applied.
 - i) Registration status. This determines the current patient population at the practice
 - ii) Diagnostic code status. This determines the current patient population (register size) for a given clinical condition

There are three scenarios within the diagnostic code status, these are where

- There is a single morbidity patient population (disease register) required (e.g. within CHD). Where this occurs, a single set of rules for identifying the patient population is provided.
- There is a single co-morbidity patient population (disease register) required (e.g. within Smoking). Where this occurs, a set of rules for *each* morbidity is provided. A patient *must* only be included in the patient population (register size) *once*.
- There are multiple patient populations (disease registers) required (e.g. within Heart Failure). Where this occurs, a single set of rules for *each* patient population is provided.
N.B. where there are multiple patient populations (disease registers), it is possible that one or more will also be a co-morbidity patient population (e.g. within Depression)

Where this occurs, details of which register population applies to which indicator(s) are provided. Where the register size applies to an indicator, this is the base denominator population for that indicator.

- b) Clinical data extraction criteria. These are the data items to be exported from the clinical system for subsequent processing to calculate points allocations. They are expressed in the form of a MIQUEST 'Report-style' extract of data.

The record of each patient that satisfies the appropriate selection criteria for a given indicator will be interrogated against the clinical data criteria (also appropriate to that indicator). A report of the data contained in the selected records will be exported in the form of a fixed-format tabular report. Each selected patient will be represented by a single row in the report. Rows will contain a fixed number of fields each containing a single data item. The number of fields in each row and their data content will be determined by the clinical data criteria. Data items that match the clinical data criteria will be exported in the relevant field of the report. Where there is no data to match a specific clinical criterion a null field will be exported.

- 5) Rulesets are specified as multiple rules to be processed sequentially. Processing of rules should terminate as soon as a 'Reject' or 'Select' condition is encountered
- 6) Rules are expressed as logical statements that evaluate as either 'true' or 'false'. The following operators are required to be supported:
- | | |
|---------------------|--------|
| a) > (greater than) | e) AND |
| b) < (less than) | f) OR |
| c) = (equal to) | g) NOT |
| d) ≠ (not equal to) | |
- 7) Where date criteria are specified with intervals of multiples of months or years these should be interpreted as calendar months or calendar years.
- 8) The new GMS contract requires that influenza vaccinations should be given between 1st September and 31st March of any given contract year in order to qualify for the relevant indicators. Hence in the contract year 2004 – 2005 the relevant dates will be 1st September 2004 and 31st March 2005 inclusive. In this document these dates are expressed as variable parameters FLU_COM and FLU_END respectively. For the purposes of data extraction these variables will be required to be specified prior to processing the relevant rule.

Dataset Specification

1) Patient selection criteria:

a) Registration status

<i>Current registration status</i>	<i>Qualifying criteria</i>
Currently registered for GMS	Most recent registration date < (REF_DAT)
Previously registered for GMS	Any sequential pairing of registration date and deregistration date where both of the following conditions are met: registration date < (REF_DAT); and deregistration date >= (REF_DAT)

- b) Diagnostic code status (patient population with co-morbidity of coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, asthma, CKD, schizophrenia, bipolar affective disorder or other psychoses)
(Note: A patient need only qualify for ONE of the disease areas to be included in the patient population)

<i>Code criteria</i>	<i>Qualifying diagnostic codes (CHD)</i>	<i>Time criteria</i>
<i>Included</i>	<i>Read codes v0</i>	<i>Earliest < (REF_DAT)</i>
	G4.. - G451 G45Z - G4Z. (excluding G4A.)	
	<i>(Ischaemic heart disease codes)</i>	

<i>Code criteria</i>	<i>Qualifying diagnostic codes (Stroke & TIA)</i>	<i>Time criteria</i>
<i>Included</i>	<i>Read codes v0</i>	<i>Earliest < (REF_DAT)</i>
	G712 G72.% G73.% G75.	
	<i>(Stroke disease codes)</i>	
	<i>Read codes v0</i>	
	G74.	
	<i>(TIA codes)</i>	

<i>Code criteria</i>	<i>Qualifying diagnostic codes (Hypertension)</i>	<i>Time criteria</i>
<i>Included</i>	<i>Read codes v0</i>	<i>Latest < (REF_DAT)</i>
	G3.. G31. G35. - G3Z.	
	<i>(Hypertension diagnosis codes)</i>	
<i>Excluded</i>	<i>Read codes v0</i>	<i>Latest < (REF_DAT) AND > Date of diagnostic code above</i>
	212K	
	<i>(Code for hypertension resolved)</i>	

<i>Code criteria</i>	<i>Qualifying diagnostic codes (diabetes mellitus)</i>	<i>Time criteria</i>
<i>Included</i>	<i>Read codes v0</i>	<i>Latest < (REF_DAT)</i>
	C2C.% C2D.%	
	<i>(Diagnostic codes for diabetes mellitus)</i>	
<i>Excluded</i>	<i>Read codes v0</i>	<i>Latest < (REF_DAT) AND > Date of diagnostic code above</i>
	212H	
	<i>(Code for diabetes resolved)</i>	
<i>Excluded</i>	Age < 17 yrs at REF_DAT	

<i>Code criteria</i>	<i>Qualifying diagnostic codes (COPD)</i>	<i>Time criteria</i>
<i>Included</i>	<i>Read codes v0</i>	Earliest < (REF_DAT)
	H37. H4.. - H413 H41Z - H42. H46. - H4Z.	

<i>Code criteria</i>	<i>Qualifying diagnostic codes (Asthma)</i>	<i>Time criteria</i>
<i>Included</i>	<i>Read codes v0</i>	Latest < (REF_DAT)
	H43.% (excluding H434, H435)	
	(Asthma diagnosis codes)	
<i>Excluded</i>	<i>Read codes v0</i>	Latest < (REF_DAT) AND > Date of diagnostic code above
	212G	
	(Code for asthma resolved)	
<i>Required</i>	<i>Read codes v0</i>	Latest >= (REF_DAT - 1y) AND < REF_DAT
	c1..% c2..% c3..% c4..% c5..% c6..% c7..% cA..%	
	(Asthma-related drug treatment codes)	

**N.B. Codes required to be present from both groups to qualify a patient for inclusion*

<i>Code criteria</i>	<i>Qualifying diagnostic codes (CKD)</i>	<i>Time criteria</i>
<i>Included</i>	<i>Read codes v0</i>	<i>Latest first or new episode < (REF_DAT)</i>
	1Z12 1Z13 1Z14 1Z15 1Z16 1Z1B - 1Z1L	
	<i>(Chronic kidney disease codes 3-5)</i>	
<i>Excluded</i>	<i>Read codes v0</i>	<i>Latest first or new episode < (REF_DAT) AND > Date of diagnostic code above</i>
	1Z10 1Z11 1Z17 - 1Z1A	
	<i>(Chronic kidney disease codes 1-2)</i>	
<i>Excluded</i>	Age < 18 yrs at REF_DAT	

<i>Code criteria</i>	<i>Qualifying diagnostic codes (MH)</i>	<i>Time criteria</i>
<i>Included</i>	<i>Read codes v0</i>	<i>Latest < (REF_DAT)</i>
	E2.. E21.% E22.% (excluding E222) E23. E24. E2Z. E2ZZ E142	
	<i>(Psychosis, schizophrenia + bipolar affective disease codes)</i>	

2) Clinical data extraction criteria

<u>Field Number</u>	<u>Field name</u>	<u>Data item</u>	<u>Qualifying criteria</u>
1	PAT_ID	Patient ID number	Unconditional
2	REG_DAT	Date of patient registration	Latest < REF_DAT
3	PAT_AGE	Patients age (years) at REF_DAT	Unconditional
4	PAT_DOB	Patients date of birth	Unconditional
5	IHD_COD	<i>Read codes v0</i>	Earliest < REF_DAT
		G4.. - G451 G45Z - G4Z. (excluding G4A.)	
		<i>(Ischaemic heart disease codes)</i>	
6	IHD_DAT	Date of IHD_COD	Chosen record
7	STRT_COD	<i>Read codes v0</i>	Earliest < REF_DAT
		G712 G72.% G73.% G75. G74.	
		<i>(Stroke or TIA codes)</i>	
8	STRT_DAT	Date of STRT_COD	Chosen record
9	HYP_COD	<i>Read codes v0</i>	Earliest < REF_DAT
		G3.. G31. G35. - G3Z.	
		<i>(Hypertension diagnosis codes)</i>	
10	HYP_DAT	Date of HYP_COD	Chosen record
11	HYPRES_COD	<i>Read codes v0</i>	Latest < (REF_DAT) AND > (HYP_DAT)
		212K	
		<i>(Codes for hypertension resolved)</i>	
12	HYPRES_DAT	Date of HYPRES_COD	Chosen record
13	DM_COD	<i>Read codes v0</i>	Earliest < REF_DAT
		C2C.% C2D.%	

		<i>(Codes for diabetes)</i>	
14	DM_DAT	Date of DM_COD	Chosen record
15	DMRES_COD	<i>Read codes v0</i>	Latest < (REF_DAT) AND > (DM_DAT)
		212H	
		<i>(Code for diabetes resolved)</i>	
16	DMRES_DAT	Date of DMRES_COD	Chosen record
17	COPD_COD	<i>Read codes v0</i>	Earliest < REF_DAT
		H37. H4.. - H413 H41Z - H42. H46. - H4Z.	
		<i>(COPD codes)</i>	
18	COPD_DAT	Date of COPD_COD	Chosen record
19	AST_COD	<i>Read codes v0</i>	Earliest < REF_DAT
		H43.% (excluding H434, H435)	
		<i>(Asthma diagnosis codes)</i>	
20	AST_DAT	Date of AST_COD	Chosen record
21	ASTRES_COD	<i>Read codes v0</i>	Latest < (REF_DAT) AND > (AST_DAT)
		212G	
		<i>(Code for asthma resolved)</i>	
22	ASTRES_DAT	Date of ASTRES_COD	Chosen record
23	ASTTRT_COD	<i>Read codes v0</i>	Latest >= (REF_DAT - 1y) AND < (REF_DAT)
		c1..% c2..% c3..% c4..% c5..% c6..% c7..% cA..%	
		<i>(Asthma-related drug treatment codes)</i>	
24	ASTTRT_DAT	Date of ASTTRT_COD	Chosen record
25	CKD_COD	<i>Read codes v0</i>	Latest first or new

		1Z12 1Z13 1Z14 1Z15 1Z16 1Z1B - 1Z1L <i>(Chronic kidney disease codes 3-5)</i>	episode < (REF_DAT)
26	CKD_DAT	Date of CKD_COD	Chosen record
27	MH_COD	<i>Read codes v0</i>	Latest < (REF_DAT)
		E2.. E21.% E22.% (excluding E222) E23. E24. E2Z. E2ZZ E142	
		<i>(‘Psychosis, schizophrenia + bipolar affective disease codes)</i>	
28	MH_DAT	Date of MH_COD	Chosen record
29	DIAG_DAT	The earliest diagnosis date of disease for inclusion in the co-morbidity register	Earliest of IHD_DAT, STRT_DAT, HYP_DAT (where (HYPRES_DAT = Null)), DM_DAT (where (DMRES_DAT = Null) AND (PAT_AGE >= 17)), COPD_DAT, AST_DAT (where (ASTRES_DAT = Null) AND (ASTTRT_DAT ≠ Null) AND (PAT_AGE >= 20)), CKD_DAT (where PAT_AGE >= 18), MH_DAT
30	SMOK_COD	<i>Read codes v0</i>	Latest < REF_DAT

		137. - 137D 137F - 137H 137J ,137K 137M - 137T 137V 137X - 137h <i>(Smoking habit codes)</i>	
31	SMOK_DAT	Date of SMOK_COD	Chosen record
32	NSMOK_COD	<i>Read codes v0</i>	Most recent of SMOK_COD < REF_DAT
		1371	
		<i>(Code for never smoked)</i>	
33	NSMOK_DAT	Date of NSMOK_COD	Chosen record
34	EXSMOK_COD	<i>Read codes v0</i>	Most recent of SMOK_COD < REF_DAT
		1377 - 137B 137F 137K 137N - 137O 137S - 137T <i>(Codes for ex-smoker)</i>	
35	EXSMOK_DAT	Date of EXSMOK_COD	Chosen record
36	CSMOK_COD	<i>Read codes v0</i>	Most recent of SMOK_COD
		1372 - 1376 137C - 137D 137G - 137H 137J 137M 137P - 137R 137V 137X - 137f 137h <i>(Current smoker codes)</i>	
37	CSMOK_DAT	Date of CSMOK_COD	Chosen record
38	CESS_COD	<i>Read codes v0</i>	Latest < REF_DAT

		6791 67A3 8B2B 8CAL 8HTK 13p.% 900.% 9N4M 9N2k 8H7i 67H1 8B3Y 8B3f	
		<i>(Smoking cessation codes)</i>	
39	CESS_DAT	Date of CESS_COD	Chosen record
40	EXSMOK1_COD	<i>Read codes v0</i>	Latest >= EXSMOK_DAT - 24 months AND < EXSMOK_DAT -12 months
		1377 - 137B 137F 137K 137N - 137O 137S - 137T	
		<i>(Codes for ex-smoker)</i>	
41	EXSMOK1_DAT	Date of EXSMOK1_COD	Chosen record
42	EXSMOK2_COD	<i>Read codes v0</i>	Latest >= (EXSMOK_DAT - 36 months) AND < (EXSMOK_DAT - 24 months)
		1377 - 137B 137F 137K 137N - 137O 137S - 137T	
		<i>(Codes for ex-smoker)</i>	
43	EXSMOK2_DAT	Date of EXSMOK1_COD	Chosen record
44	LSMOK_COD	<i>Read codes v0</i>	Latest < REF_DAT
		1372 - 1376 137C - 137D 137G - 137H 137J 137M 137P - 137R 137V 137X - 137f 137h	
		<i>(Smoker codes)</i>	
45	LSMOK_DAT	Date of LSMOK_COD	Chosen record
46	SMOKEXC_COD	<i>Read codes v0</i>	Latest < REF_DAT

		9hG1 9hG0	
		<i>(Smoking exception reporting codes)</i>	
47	SMOKEXC_DAT	Date of SMOKEXC_COD	Chosen record

Indicator rulesets

- 1 **Smoking 3:** The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, asthma, CKD, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 15 months.

a) Denominator ruleset

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If (IHD_DAT ≠ Null) OR If (STRT_DAT ≠ Null) OR If (COPD_DAT ≠ Null) OR If (HYP_DAT ≠ Null AND HYPRES_DAT = Null) OR If (DM_DAT ≠ Null AND DMRES_DAT = Null AND PAT_AGE ≥ 17) OR If (AST_DAT ≠ Null AND ASTRES_DAT = Null AND ASTTRT_DAT ≠ Null AND PAT_AGE ≥ 20) OR If (CKD_DAT ≠ Null AND PAT_AGE ≥ 18) OR If (MH_DAT ≠ Null)	Next Rule	Reject
2	If CSMOK_DAT ≥ (REF_DAT – 15 months)	Select	Next rule
3	If PAT_AGE > 25 AND NSMOK_DAT ≠ Null AND NSMOK_DAT ≥ DIAG_DAT AND NSMOK_DAT > PAT_DOB +25 years	Select	Next rule
4	If PAT_AGE ≤ 25 AND NSMOK_DAT ≥ (REF_DAT – 15 months)	Select	Next rule
5	If EXSMOK_COD ≠ Null AND EXSMOK_DAT ≥ (REF_DAT – 15 months)	Select	Next rule
6	If ((EXSMOK_COD ≠ Null) AND If (EXSMOK1_COD ≠ Null) AND If (EXSMOK2_COD ≠ Null)) AND If ((LSMOK_COD = Null) OR If (LSMOK_DAT < EXSMOK2_DAT))	Select	Next rule
7	If REG_DAT ≥ (REF_DAT – 3 months)	Reject	Next rule

8	If <u>SMOKEXC_DAT</u> >= (<u>REF_DAT</u> – 15 months)	Reject	Next rule
9	If <u>DIAG_DAT</u> >= (<u>REF_DAT</u> – 3 months)	Reject	Select

b) Numerator ruleset: To be applied to the above denominator population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>CSMOK_DAT</u> >= (<u>REF_DAT</u> – 15 months)	Select	Next rule
2	If <u>PAT_AGE</u> > 25 AND <u>NSMOK_DAT</u> ≠ Null AND <u>NSMOK_DAT</u> >= <u>DIAG_DAT</u> AND <u>NSMOK_DAT</u> > <u>PAT_DOB</u> +25 years	Select	Next rule
3	If <u>PAT_AGE</u> <= 25 AND <u>NSMOK_DAT</u> >= (<u>REF_DAT</u> – 15 months)	Select	Next rule
4	If <u>EXSMOK_COD</u> ≠ Null AND <u>EXSMOK_DAT</u> >= (<u>REF_DAT</u> – 15 months)	Select	Next rule
5	If ((<u>EXSMOK_COD</u> ≠ Null) AND If (<u>EXSMOK1_COD</u> ≠ Null) AND If (<u>EXSMOK2_COD</u> ≠ Null)) AND If ((<u>LSMOK_COD</u> = Null) OR If (<u>LSMOK_DAT</u> < <u>EXSMOK2_DAT</u>))	Select	Reject

Additional Notes:

Rule 1: The aim of this rule is to reject any patient, diagnosed with Asthma, who is on the QOF Smoking Register but is under the age of 20.

N.B. This rule is required because patients aged under 20 are checked for 'smoking status' under an indicator within the Asthma Indicator Group (ASTHMA3) but the 'cessation advice' is handled under the Smoking Indicator Group. Therefore any patient diagnosed with Asthma must be on the QOF Smoking Register. Hence, the need to remove the patients diagnosed with Asthma aged under 20 from the SMOKE 1 indicator specifically.

After following the logic of Rule 1, any patient that has not been rejected will therefore be considered for this indicator as the patient having an ongoing diagnosis of one of the eight morbidities (and in the correct age range where appropriate).

Rule 2: The aim of this rule is to identify any patient who's most recent smoking status is 'current smoker' and that it has been recorded in the last 15 months.

True: If the patient has a latest smoking status recorded in the last 15 months of 'current smoker', then the patient is to be included in both the numerator and the denominator.

False: If the patient does not have a latest smoking status recorded in the last 15 months of 'current smoker', then the patient is further considered.

Rules 3 & 4 are to handle the scenarios for patients who have 'never smoked'.

Rule 3: The aim of this rule is to identify any patient aged over 25 that has, as the most recent smoking status, a status of 'never smoked'.

True: If the patient is aged over 25 and has a latest smoking status of 'never smoked' which has been recorded after the diagnosis date AND after the patient's 25th birthday, then the patient is to be included in both the numerator and the denominator.

False: If the patient is aged over 25 and but does not have a latest smoking status of 'never smoked' recorded after the diagnosis date AND after the patient's 25th birthday, then the patient is further considered.

Rule 4: The aim of this rule is to identify any patient aged 25 or under that has, as the most recent smoking status, a status of 'never smoked'.

True: If the patient is aged 25 or under and has a latest smoking status of 'never smoked' which has been recorded in the last 15 months, then the patient is to be included in both the numerator and the denominator.

False: If the patient is aged 25 or under and does not have a latest smoking status of 'never smoked' recorded in the last 15 months, then the patient is further considered.

Rules 5 & 6 are to handle the scenarios for patients who are 'ex-smokers'.

Rule 5: The aim of this rule is to identify any patient that has, as the most recent smoking status, a status of 'ex-smoker'.

True: If the patient has a latest smoking status of 'ex-smoker' which has been recorded in the last 15 months, then the patient is to be included in both the numerator and the denominator.

False: If the patient does not have a latest smoking status of 'ex-smoker' recorded in the last 15 months, then the patient is further considered.

Rule 6: The aim of this rule is to identify any patient that has, as the most recent smoking status, a status of 'ex-smoker' and has consecutive 'ex-smoker' status (i.e. unbroken by a period of a 'smoking' status recorded over three consecutive years).

True: If the patient has a latest smoking status of 'ex-smoker' and has a smoking status of 'ex-smoker' recorded in three consecutive years ending at the date the latest recording of 'ex-smoker' WITHOUT a later smoking status of 'smoker' recorded, then the patient is to be included in both the numerator and the denominator.

False: If the patient has a latest smoking status of 'ex-smoker' and does not have a smoking status of 'ex-smoker' recorded in three consecutive years WITHOUT a later smoking status of 'smoker' recorded, then the patient is further considered.

Where NO smoking status satisfying Rules 2 to 6 above are found, then the patient records should be further examined to see if there are any 'exceptions' (Rules 7 to 9) that apply before including/excluding the patient in/from the denominator.

Rule 7: The aim of this rule is to identify any patient that 'recently registered' at the practice. If the patient has registered at the practice in the last 3 months, the patient should not be included in the denominator.

Rule 8: The aim of this rule is to identify any patient that has an accepted 'Smoking Exception read code' recorded. If the patient has an accepted 'Smoking Exception read code' recorded in the last 15 months, the patient should not be included in the denominator.

Rule 9: The aim of this rule is to identify any patient that has been 'recently diagnosed' as any of the morbidities used to populate the QOF Smoking Register. If the earliest diagnosis for inclusion has been diagnosed in the last 3 months, the patient should not be included in the denominator.

- 2 Smoking 4: The percentage of patients with any or any combination of the following conditions: coronary heart disease, stroke or TIA, hypertension, diabetes, COPD, asthma, CKD, schizophrenia, bipolar affective disorder or other psychoses who smoke whose notes contain a record that smoking cessation advice or referral to a specialist service, where available, has been offered within the previous 15 months.

a) Denominator ruleset

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>CSMOK_COD</u> = Null	Reject	Next rule
2	If <u>CESS_DAT</u> >= (<u>REF_DAT</u> – 15 months)	Select	Next rule
3	If <u>REG_DAT</u> >= (<u>REF_DAT</u> – 3 months)	Reject	Next rule
4	If <u>SMOKEXC_DAT</u> >= (<u>REF_DAT</u> – 15 months)	Reject	Next rule
5	If <u>DIAG_DAT</u> >= (<u>REF_DAT</u> – 3 months)	Reject	Select

b) Numerator ruleset: To be applied to the above denominator population

<i>Rule number</i>	<i>Rule</i>	<i>Action if true</i>	<i>Action if false</i>
1	If <u>CESS_DAT</u> >= (<u>REF_DAT</u> – 15 months)	Select	Reject