Question and Answers from the 2025/2026 Webinar Presenting the CVD and CKD Quality Improvement Projects.

General Questions

Q – Will I be able to access the 2025/2026 webinar recording?

A – Yes, the recording is available here: https://primarycareone.nhs.wales/tools/gms-quality-improvement-2025-2026/

Project Specific Questions

Q – On Health Pathways, HbA1c is not a requirement for the monitoring of hypertension, so why has it been included in the CVD project and therefore should health pathways change?

A – It's good practice to review a person's HbA1c as part of an annual CVD risk assessment in people with a diagnosis of hypertension, as recommended by NICE. Health Pathways are regularly reviewed to ensure they are aligned with the latest evidence, so if you believe something needs changing or updating, please do highlight this using the feedback option on the Health Pathways website.

Q – In terms of the options available as part of the CKD project, what is the minimum practices are expected to undertake and is anything considered to be mandatory?

A - The primary aim is to increase SGLT 2 inhibitor prescribing for our patients living with chronic kidney disease here in Wales. There's then a menu of options of secondary objectives. It is recommended you undertake at least one of the secondary objectives as well, although the more objectives you can complete the better for your practice. Your local health board contracting team can offer further advice on this question.

Q - If a patient with CKD is under the care of a renal team, should our practice be directing medication changes to them, or should they be left under the renal teams care only?

A - If patients have advanced CKD stages fours and fives, then they will be seen regularly by their renal team and it is recommended their care and medication prescribing is led by their renal team. Patients with CKD stages 3 and above, if under the renal team, may not be seen regularly (for example, stable GN patients on 12-18 monthly follow up) so there are opportunities for your practice to review them and prescribe medications accordingly. Where you are unsure as to the appropriate action to take for a specific patient, you are encouraged to submit an advice letter via the WCCG.

Q – What happens if a patient is not tolerating renin–angiotensin–aldosterone system inhibitors (RAASi) up titration due to a significant drop in their blood pressure?

A – You can leave the patient prescribed at the lower dose and define this as their "max tolerated dose" but also worth checking that they are not on other anti-hypertensives which could be de-prescribed to enable uptitration of the more nephro-protective RAASi. .

Q – If a first ACR is raised, the note from the lab will usually ask to repeat with an early morning sample – is this the case or does it not matter?

A – It is most ideal to repeat the test with an early morning sample as it is more sensitive – so for a first sample don't worry too much as to the time of day. However, if the sample does come back raised, then yes, try to get an early morning sample as the repeat. If the ACR result is >70, there is no need to repeat an ACR. Please follow the advice on the Community Healthpathways CKD page.

Q - SGLT2 to start in very elderly in CKD 3. e.g. >85- or 90-year-old?

A – You should take an individualised approach for each patient, considering CV comorbidity and the likelihood of benefit versus the potential for harm from side effects (usually urogenital in this age group). If the patient has symptomatic heart failure, there is good evidence for QOL benefit within weeks.

Q - If a patient has well controlled hypertension, but their egfr low and ACR normal but not on ACE- would you deprescribe other meds e.g. amlodipine and add in ACE instead?

A - HTN and albuminuric CKD or diabetes- yes, your better choice would be to switch CCB for ACE but if the patient is not albuminuric and controlled on CCB, then leave them on this.

Q - Patients coded in the past as CKD 3 due to x2 consecutive e-gfr, 60 now e-gfr >60 how do we go about. Do we say CKD resolved? I do have a few patients like that.

A – You need to check the uACR is not raised and/or there are no other markers of renal disease otherwise this would not be "CKD resolved", but CKD stage 2 in this case.

Q - When we refer to 'flozins' for CKD without diabetes, is it only dapagliflozin that's recommended, and should it now be prescribed generically since the patent for Forxiga has expired?

A - Empagliflozin and dapagliflozin have identical indications in CKD now as per NICE. Dapa coming off patent has made prices cheaper and will continue to fall as we see generics hit the market, so this is very good news!

Data Questions

Q - One of the issues with Informatica Audit+ (using EMIS) is that it's installed on only one machine in the surgery, which means access to the data is cumbersome. Is there a way to access the QI data in a more accessible way.

A - Audit+ can be "flood-wired" throughout the Practice. As you migrated from Vision it looks like it has only been installed on one machine. Log a call with the Service Desk and Client Services should be able to resolve this.

Q – Which months data (how far back) is going to be used as the baseline for comparing QI achievement figures?

A – That will be up to the practice – it's your QI project!

Q – Can we request Audit+ further back then March 2025?

A - Module following testing was deployed in June. We can look at producing a March baseline (retrospective position) but it will be based on today's population and not the population at the time

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Q – I cannot see module on the portal yet – is it live?

A – these will go live in October for CVD and November for CKD

Q – Will the status tab be available in the CKD Audit+ module?

A – This is available in the majority of Audit+ modules

Q – Will Audit+ be available for the foreseeable future? I have been told it is going to be removed.

A – It will be available until 30th April 2026 to cover the 25/26 GMS contract

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Q – How can I retrieve baseline data for the projects from previous months?

A - If you are using EMIS, when you select 'run' you can then select 'advanced', and you can change the relative run to your required date.

Q – For the CVD project, can Audit+ report people who are overdue blood pressure a blood pressure reading?

A – Yes, those patients are reported in priority group 2 as patients who have not had a blood pressure recorded in the previous 15 months.