

QOF Negotiators:
NHS Employers
General Practitioners Committee

Wednesday 27th July 2011

Sent via email only

Dear Negotiators,

NICE Menu of QOF Indicators

I write with regard to the NICE menu of QOF indicators that are being presented for consideration by NHS Employers and the General Practitioners Committee. The menu contains a range of proposals for your consideration. I would particularly like to draw your attention to issues presented by the potential retirement of Depression Indicators 1, 4 and 5.

At the June 2011 QOF Independent Advisory Committee meeting an evidence review of the depression indicators was considered. The review was undertaken by the NICE QOF programme team in line with methods and principles set out in the NICE clinical guidelines methods manual.

The Advisory Committee concluded that the quality of supporting evidence for the three depression indicators gave rise to significant concerns. They considered that the indicators were not shown to be effective in improving processes of care or health outcomes for people with depression. Additionally, the Advisory Committee noted there was published evidence that general

practitioners have concerns that the indicators have unintended consequences on the care provided to people with depression by encouraging what they describe as a more bureaucratic approach to identifying depression, at the expense of more engaged screening. The Advisory Committee considered that these two issues together constituted grounds for recommending that all three depression indicators should be proposed for retirement.

The Advisory Committee noted that depression is an important area for primary care and its recommendations should not be considered as a reflection on the importance of depression in primary care. Additionally, the Committee asked NICE to consider a rapid review of the evidence to develop high quality, evidence based indicators, for consideration for the QOF in time for the next round of negotiations (August 2012). We have, therefore, initiated a piece of work to identify further depression indicators to take through the QOF indicator development processes.

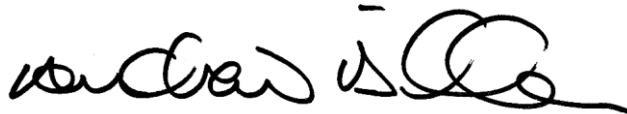
The proposed retirement of all the depression indicators, which constitutes the whole Depression domain, without having any replacement indicators, may have adverse consequences, which as negotiators, you will wish to take into account. These include:

- The removal of an incentive may reduce the quality of care. This can be a particular concern when the indicator is not sufficiently embedded in practice to prevent this.
- Should points associated with these indicators be transferred to other QOF indicators it may subsequently be difficult to 'find' the points to reintroduce new depression indicators in to the QOF when we are able to recommend better, evidenced-based indicators next year.

As negotiators, you may wish to reflect on the impact of implementing the proposal to remove all the depression indicators in advance of the development of the new depression indicators.

Finally, and for your information, the Department of Health has written to NICE asking that in future, new indicators are proposed before, or alongside, any recommendations which retire entire disease domains. In light of this, we will be updating the decision making frameworks of the QOF Independent Advisory Committee.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Andrew Dillon', with a stylized flourish at the end.

Sir Andrew Dillon
Chief Executive