

# **NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

## **QOF Advisory Committee recommendations for indicator development for potential inclusion on the NICE menu for the 2013/14 QOF**

### **December 2010 and June 2011 QOF Advisory Committees**

The tables below list the topics that were prioritised by the Independent Primary Care Quality and Outcomes Framework Indicator Advisory Committee in December 2010 and June 2011 for further development by the NICE external contractor.

The topics were submitted through NICE's online facility which opened for four weeks in August/September 2010 and February 2011. Stakeholder submissions were reviewed by the NICE QOF Programme Team against the criteria agreed through the Department of Health led consultation on QOF. Appropriate submissions were then further developed for consideration by the Advisory Committee.

**Topics prioritised by the Primary Care QOF Indicator Advisory Committee in December 2010 and June 2011 for further development**

<b>Topic Area</b>	<b>Evidence source</b>	<b>Indicator Development</b>
COPD: Oxygen Saturation	<p><b>NICE clinical guideline 101:</b> Chronic obstructive pulmonary disease (partial update of NICE clinical guideline 12)</p> <p><b>Recommendation(s):</b> 1.2.5.4 &amp; 1.2.5.5</p>	1. The percentage of patients with COPD AND Medical Research Council (MRC) Dyspnoea Scale $\geq 3$ at any time in the preceding 15 months, with a record of oxygen saturation value within the preceding 15 months
COPD: Pulmonary Rehabilitation	<p><b>NICE clinical guideline 101:</b> Chronic obstructive pulmonary disease (partial update of NICE clinical guideline 12)</p> <p><b>Recommendation(s):</b> 1.2.8.2 &amp; 1.2.8.1</p>	2. The percentage of patients with COPD and Medical Research Council (MRC) Dyspnoea Scale $\geq 3$ at any time in the preceding 15 months, with a record of a referral to a pulmonary rehabilitation programme (excluding patients on the palliative care register)
Myocardial Infarction & Heart Failure: Cardiac rehabilitation	<p><b>NICE clinical guideline 108:</b> Heart Failure</p> <p><b>Recommendation(s):</b> 1.3.1.1</p>	3. The percentage of patients with heart failure (diagnosed after 1/4/2011) with a record of referral for an exercise based rehabilitation programme
	<p><b>NICE clinical guideline 48:</b> MI secondary prevention</p> <p><b>Recommendation(s):</b> 1.2.1.1</p>	4. The percentage of patients with an MI within the preceding 15 months with a record of a referral to a cardiac rehabilitation programme
Diabetes: Erectile dysfunction	<p><b>NICE clinical guideline 66:</b> Type 2 diabetes</p> <p><b>Recommendation(s):</b> 123</p>	5. The percentage of male patients with diabetes with a record of being asked about erectile dysfunction in the preceding 15 months
	<p><b>NICE clinical guideline 15:</b> Type 1 diabetes</p> <p><b>Recommendation(s):</b> 1.11.4.1</p>	

Topic Area	Evidence source	Indicator Development
	<p><b>NICE clinical guideline 66:</b> Type 2 diabetes</p> <p><b>Recommendation(s):</b> 124, 125 &amp; 126</p> <p><b>NICE clinical guideline 15:</b> Type 1 diabetes</p> <p><b>Recommendation(s):</b> 1.11.4.2 &amp; 1.11.4.3</p>	<p>6. The percentage of male patients with diabetes who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 15 months</p>
Depression	<p><b>NICE clinical guideline 90:</b> Depression in adults</p> <p><b>Recommendation(s):</b> 1.4.1.3, 1.5.2.6, 1.3.1.3</p>	<p>7. The percentage of patients with depression who have had a bio-psychosocial assessment by the point of diagnosis</p> <p>8. The percentage of patients with a new diagnosis of depression (in the preceding 1 April to 31 March) who have been reviewed within 10-35 days of the date of diagnosis</p>
Tightly linked measures: Cholesterol	<p><b>NICE clinical guideline 66:</b> Type 2 diabetes: the management of type 2 diabetes</p> <p><b>Recommendation(s):</b> R77, R79, R80, R81</p>	<p>9. The percentage of patients with Type 2 diabetes aged 40 years and over with successful lipid management defined as either:</p> <ul style="list-style-type: none"> <li>a. last recorded cholesterol in the preceding 12 months <math>\leq</math> 4.0mmol/l</li> <li>b. last recorded cholesterol in the preceding 12 months <math>&gt;</math> 4.0mmol/l and commenced on a moderate dose generic statin within 90 days of cholesterol recording</li> <li>c. last recorded cholesterol in the preceding 12 months <math>&gt;</math> 4.0mmol/l and generic statin dose increased within 90 days of cholesterol recording</li> <li>d. or, last recorded cholesterol in the preceding 12 months <math>&gt;</math> 4.0mmol/l and cholesterol lowering therapy changed to a different drug within 90 days of cholesterol recording</li> </ul>
Hypertension: Blood pressure management	<p><b>NICE clinical guideline 127:</b> Hypertension: management of hypertension in adults in</p>	<p>10. The percentage of patients under 80 years old with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is</p>

Topic Area	Evidence source	Indicator Development
	primary care  <b>Recommendation(s):</b> 1.5.5 & 1.5.6	140/90 or less  11. The percentage of patients aged 80 years and over with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 150/90 or less
Rheumatoid arthritis: Monitoring	<b>NICE clinical guideline 79:</b> Rheumatoid arthritis: the management of rheumatoid arthritis in adults  <b>Recommendation(s):</b> 1.5.1.1	12. The practice can produce a register of all patients aged 16 years and over with rheumatoid arthritis  13. The percentage of patients with rheumatoid arthritis in whom CRP or ESR has been recorded at least once in the preceding 15 months  14. The percentage of patients with rheumatoid arthritis aged 30-84 years who have had a cardiovascular risk assessment using a CVD risk assessment tool adjusted for rheumatoid arthritis in the preceding 15 months (with appropriate exclusions)  15. The percentage of patients with rheumatoid arthritis who have had an assessment of fracture risk using a risk assessment tool adjusted for rheumatoid arthritis in the preceding 15 months
Rheumatoid arthritis: Annual Review	<b>NICE clinical guideline 79:</b> Rheumatoid arthritis: the management of rheumatoid arthritis in adults  <b>Recommendation(s):</b> 1.5.1.4	16. The percentage of patients with rheumatoid arthritis who have had a face to face annual review in the preceding 15 months.

**Topics prioritised by the Primary Care QOF Indicator Advisory Committee in December 2010 for further based on a review of an existing QOF indicator**

Existing QOF indicator	Basis of review	Indicator Development
Asthma 8	<p><i>Asthma 8: The percentage of patients aged eight and over diagnosed as having asthma from 1 April 2006 with measures of variability or reversibility</i></p> <p>An expert review of Asthma 8 was first presented to the NICE QOF Advisory Committee in June 2010 as a result of suggestions from stakeholders to align the current indicator with the more up to date British Asthma Guidelines (2009). Due to the nature of the proposed changes the Committee agreed new indicators should be developed and piloted. For further information please see <a href="#">December 2010 Advisory Committee minutes</a></p>	<p>17. The percentage of patients, 5 years and over, newly diagnosed as having asthma from 1 April 2011 in whom there is a record that the diagnosis of asthma has been made supported by the current BTS-SIGN guidelines</p> <p>18. The percentage of children reaching the age of 5 years after or on 1 April 2011 with an existing diagnosis of asthma in whom there is a record that the diagnosis of asthma has been reviewed and confirmed (supported by the current BTS-SIGN guidelines) within 15 months of becoming 5 years</p>
Cancer 3	<p><i>Cancer 3: The percentage of patients with cancer, diagnosed within the last 18 months who have a patient review recorded as occurring within 6 months of the practice receiving confirmation of the diagnosis</i></p> <p>An expert review of Cancer 3 was first presented to the NICE QOF Advisory Committee in December 2010. The Committee recommended that an amendment to the current QOF indicator, to include new metastatic cancer and a reduction in the timeframe from 6 to 3 months should go forward for development For further information please see: <a href="#">December 2010 Advisory Committee minutes</a></p>	<p>19. The percentage of patients with cancer diagnosed within the preceding 18 months who have a review recorded as occurring within 3 months of the practice receiving confirmation of the diagnosis</p> <p>20. The percentage of patients with recurrent or distant metastatic cancer diagnosed within the preceding 18 months who have a review recorded as occurring within 3 months of the practice receiving confirmation of the diagnosis</p>