

## **NICE Indicators Programme**

### **Consultation on potential new indicators for inclusion in the NICE Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) indicator menu**

**Consultation dates:** 26 January 2015 – 23 February 2015

This consultation document outlines 28 potential new indicators for inclusion in the NICE Clinical Commissioning Outcomes Indicator SET (CCG OIS) menu. NHS England will use the NICE CCG OIS menu to help decide which indicators are included in the 2016/17 CCG OIS.

For each indicator the supporting evidence base and a brief rationale explaining what the indicator aims to achieve is included. NICE welcomes general comments and we also ask stakeholders to respond to some key questions.

## Contents

Introduction .....	3
Potential new indicators for inclusion in the NICE menu .....	4
Acute upper gastrointestinal bleeding .....	4
Anxiety disorders.....	4
Attention deficit hyperactivity disorder .....	5
Autism .....	5
Conduct disorders .....	5
Depression in children and young people .....	6
Fertility problems.....	7
Heavy menstrual bleeding.....	8
Infection control.....	9
Lower urinary tract symptoms in men.....	9
Mental wellbeing of older people in care homes .....	9
Neonatal jaundice.....	10
Obesity .....	11
Peripheral arterial disease.....	12
Postnatal care .....	13
Smoking cessation .....	13
Surgical site infection .....	14
Appendix A: Consultation comments.....	15

## Introduction

NICE publishes a menu of indicators for potential inclusion in the Clinical Commissioning Group Outcomes Indicator Set (CCG OIS), which is maintained and updated each year. As part of the indicator development process, stakeholders have the opportunity to comment on potential new indicators for the NICE CCG OIS menu during a public consultation period.

Feedback from this consultation alongside other parts of the indicator development process (as outlined in the [Indicators process guide](#)) will be presented to the NICE Indicator Advisory Committee. The Committee will recommend indicators for inclusion in the NICE menu to be published in August 2015. [NHS England](#) will then consider the menu of indicators in Autumn 2015 and agree the final indicators for the 2016/17 CCG OIS.

The indicators presented here for consultation should be considered alongside the [CCG OIS<sup>1</sup>](#) and the [NHS Outcomes Framework](#). We encourage all stakeholders to comment on the 28 potential new indicators.

All indicators are presented below, in alphabetical order according to the area they impact on.

### How to submit your comments

A form which stakeholders should use for submitting their comments will be available alongside the consultation document.

Please send your comments [using this form](#) to:

**[indicators@nice.org.uk](mailto:indicators@nice.org.uk) by 5pm on 23 February 2015.**

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<sup>1</sup> Please note that the 2014/15 CCG OIS is available at the time of consultation but 2015/16 will be published in the near future on the same link

## Potential new indicators for inclusion in the NICE menu

<b><i>Acute upper gastrointestinal bleeding</i></b>	
<b>Indicator</b>	<b>Rates of hospital mortality for patients (IND-29)</b>
<b>Working title</b>	Rates of hospital mortality for patients admitted with acute upper gastrointestinal bleeding.
<b>Indicator rationale</b>	Acute upper gastrointestinal bleeding is a common medical emergency with a 10% hospital mortality rate. Patients are now older and have many more comorbidities than previously. In addition, the number of people with variceal bleeding has increased greatly as a result of alcohol misuse and obesity. Identifying rates of high hospital mortality allows for action to be taken to improve care and prevent premature mortality from acute upper gastrointestinal bleeding.
<b>Evidence base</b>	IND-29 is an overarching outcome measure developed from the NICE quality standard on <a href="#">acute upper gastrointestinal bleeding</a> .

<b><i>Anxiety disorders</i></b>	
<b>Indicator</b>	<b>Improvement in symptoms (IND-30)</b>
<b>Working title</b>	Proportion of people with anxiety disorders whose symptoms of anxiety disorder reduce.
<b>Indicator rationale</b>	Anxiety disorders can vary in their severity but are associated with significant long-term disability. Although an anxiety disorder may remain a lifelong diagnosis, signs and symptoms can be improved with appropriate treatment.
<b>Evidence base</b>	IND-30 is an overarching outcome measure developed from the NICE quality standard on <a href="#">anxiety disorders</a> .
<b>Indicator</b>	<b>Function (IND-31)</b>
<b>Working title</b>	Proportion of people with anxiety disorders who are able to return to full function.
<b>Indicator rationale</b>	Anxiety disorders are associated with functional impairment, and may result in people not being able to work and take part in their usual day to day activities. It is important that people with anxiety disorder can return to work or any other vocational activity they may have.
<b>Evidence base</b>	IND-31 is an overarching outcome measure developed from the NICE quality standard on <a href="#">anxiety disorders</a> .
<b>Specific issue for consideration during consultation:</b> <ul style="list-style-type: none"> <li>Of the 2 possible indicators for anxiety disorders, which has the greatest potential to contribute to quality improvement and so should be prioritised for further development and inclusion in the CCG OIS?</li> </ul>	

## ***Attention deficit hyperactivity disorder***

<b>Indicator</b>	<b>Starting drug treatment (IND-32)</b>
<b>Working title</b>	Proportion of people with attention deficit hyperactivity disorder (ADHD) starting drug treatment who have their initial drug dose adjusted and the response assessed by an ADHD specialist.
<b>Indicator rationale</b>	People starting drug treatment for ADHD should be closely monitored for adverse effects, particularly during the initial treatment period. Initial drug doses should be adjusted to ensure that any unwanted effects are minimised and beneficial effects are optimised.
<b>Evidence base</b>	IND-32 is a key area for quality improvement as set out in statement 6 of the <a href="#">NICE quality standard on attention deficit hyperactivity disorder</a> .

## ***Autism***

<b>Indicator</b>	<b>Diagnostic assessment by an autism team (IND-33)</b>
<b>Working title</b>	Proportion of people with autism referred to an autism team for a diagnostic assessment who have the assessment started within 3 months of referral.
<b>Indicator rationale</b>	It is important that once someone with autism is referred for an assessment, the assessment is conducted as soon as possible so that appropriate health and social care interventions, advice and support can be offered.
<b>Evidence base</b>	IND-33 is a key area for quality improvement as set out in statement 1 of the NICE quality standard on <a href="#">autism</a> .

## ***Conduct disorders***

<b>Indicator</b>	<b>Participation in multimodal interventions (IND-34)</b>
<b>Working title</b>	Proportion of children and young people aged 11 to 17 years with a conduct disorder who take part in multimodal interventions.
<b>Indicator rationale</b>	Multimodal interventions have been shown to help older children and young people with a conduct disorder to manage their behaviour in different social settings.
<b>Evidence base</b>	IND-34 is a key area for quality improvement as set out in statement 5 of the NICE quality standard on <a href="#">antisocial behaviour and conduct disorders in children and young people</a> .

## Depression in children and young people

<b>Indicator</b>	<b>CAMHS assessment within 24 hours of referral (IND-35)</b>
<b>Working title</b>	Proportion of children and young people with suspected severe depression and at high risk of suicide who are assessed by CAMHS professionals within 24 hours of referral.
<b>Indicator rationale</b>	Prompt access to services is essential if children and young people are to receive the right treatment at the right time. Arrangements should be in place so that children and young people referred to CAMHS with suspected severe depression and at high risk of suicide are assessed by CAMHS professionals as an emergency, within a maximum of 24 hours of referral. Healthcare professionals who refer a child or young person to CAMHS should also ensure that, at the time of referral, they assess the need for a safe place for the child or young person until the CAMHS assessment is carried out. This should help to prevent injury or worsening of symptoms.
<b>Evidence base</b>	IND-35 is a key area for quality improvement as set out in statement 3 of the NICE quality standard on <a href="#">depression in children and young people</a> .
<b>Indicator</b>	<b>CAMHS assessment within 2 weeks of referral (IND-36)</b>
<b>Working title</b>	Proportion of children and young people with suspected severe depression but not at high risk of suicide who are assessed by CAMHS professionals within 2 weeks of referral.
<b>Indicator rationale</b>	Prompt access to services is essential if children and young people are to receive the right treatment at the right time. Arrangements should be in place so that children and young people referred to CAMHS with suspected severe depression but not at high risk of suicide are assessed quickly to help prevent injury or worsening of symptoms.
<b>Evidence base</b>	IND-36 is a key area for quality improvement as set out in statement 4 of the NICE quality standard on <a href="#">depression in children and young people</a> .
<b>Specific issue for consideration during consultation:</b> <ul style="list-style-type: none"> <li>Of the 2 possible indicators for depression in children and young people, which has the greatest potential to contribute to quality improvement and so should be prioritised for further development and inclusion in the CCG OIS?</li> </ul>	

## ***Fertility problems***

<b>Indicator</b>	<b>Referral for specialist consultation (IND-52)</b>
<b>Working title</b>	Proportion of people who are referred for specialist consultation within 1 year of identification of fertility problems.
<b>Indicator rationale</b>	Over 80% of women under 40 will conceive within 1 year if they have regular unprotected vaginal intercourse at and around the time of ovulation. If they do not conceive after 1 year, or after 6 cycles of artificial insemination, they should be referred to specialist services to decide if more support is needed. Women aged 36 or over and people with a known clinical cause or history of predisposing infertility factors should be offered an earlier referral (before 1 year) because of the impact of these factors on fertility. Delays in referral to specialist services can have a negative impact on patient care and treatment outcomes.
<b>Evidence base</b>	IND-52 is a key area for quality improvement as set out in statement 2 of the NICE quality standard on <a href="#">fertility problems</a> .
<b>Indicator</b>	<b>IVF for women under 40 (IND-53)</b>
<b>Working title</b>	Proportion of CCG's that offer 3 full cycles of IVF to women under 40 who meet the criteria for IVF.
<b>Indicator rationale</b>	Access to the appropriate number of full cycles of IVF for women who meet the criteria for IVF will increase the likelihood of those women becoming pregnant. This staged approach to treatment supports the efficient and equitable use of healthcare resources.
<b>Evidence base</b>	IND-53 is a key area for quality improvement as set out in statement 5 of the NICE quality standard on <a href="#">fertility problems</a> .
<b>Indicator</b>	<b>IVF for women aged 40–42 (IND-54)</b>
<b>Working title</b>	Proportion of women aged 40–42 who meet the criteria for IVF and are offered 1 full cycle of IVF.
<b>Indicator rationale</b>	The overall chance of having a live birth after IVF treatment falls with rising female age and also decreases as the number of unsuccessful cycles increases. Access to the appropriate number of full cycles of IVF for women who meet the criteria for IVF will increase the likelihood of those women becoming pregnant. This staged approach to treatment supports the efficient and equitable use of healthcare resources.
<b>Evidence base</b>	IND-54 is a key area for quality improvement as set out in statement 6 of the NICE quality standard on <a href="#">fertility problems</a> .
<b>Specific issue for consideration during consultation:</b> <ul style="list-style-type: none"> <li>Of the 3 possible indicators for fertility problems, which has the greatest potential to contribute to quality improvement and so should be prioritised for further development and inclusion in the CCG OIS?</li> </ul>	

## Heavy menstrual bleeding

<b>Indicator</b>	<b>Access to endometrial ablation (IND-37)</b>
<b>Working title</b>	Rates of endometrial ablation and hysterectomy.
<b>Indicator rationale</b>	Endometrial ablation is a less invasive surgical procedure than hysterectomy and is associated with fewer complications. In addition it can be performed as day surgery, reducing the time the patient has to spend in hospital. Measurement of rates will allow the use of each procedure to be compared.
<b>Evidence base</b>	IND-37 is an overarching outcome measure developed from the NICE quality standard on <a href="#">heavy menstrual bleeding</a> .
<b>Indicator</b>	<b>Access to interventions for uterine fibroids (IND-38)</b>
<b>Working title</b>	Rates of uterine artery embolisation, myomectomy and hysterectomy.
<b>Indicator rationale</b>	Historically hysterectomy was the only treatment available to women with heavy menstrual bleeding related to large uterine fibroids. Alternative surgical and radiological treatments are now available, but evidence suggests that some women are not offered alternatives to hysterectomy and therefore do not have access to the full range of treatment options. This outcome measure will indicate access to and uptake of these different treatment options.
<b>Evidence base</b>	IND-38 is an overarching outcome measure developed from the NICE quality standard on <a href="#">heavy menstrual bleeding</a> .
<b>Indicator</b>	<b>Drug treatment (IND-39)</b>
<b>Working title</b>	Proportion of women with heavy menstrual bleeding and no suspected structural or histological abnormalities who are offered drug treatment at the initial assessment.
<b>Indicator rationale</b>	In some women with heavy menstrual bleeding, hormonal or non-hormonal drug treatments can reduce the bleeding or stop it completely. These treatments can be started in primary care, and may reduce the number of inappropriate referrals to specialist services.
<b>Evidence base</b>	IND-39 is a key area for quality improvement as set out in statement 4 of the NICE quality standard on <a href="#">heavy menstrual bleeding</a> .
<b>Specific issue for consideration during consultation:</b> <ul style="list-style-type: none"> <li>Of the 3 possible indicators for heavy menstrual bleeding, which has the greatest potential to contribute to quality improvement and so should be prioritised for further development and inclusion in the CCG OIS?</li> </ul>	



## ***Infection control***

<b>Indicator</b>	<b>Management (IND-40)</b>
<b>Working title</b>	Incidence of healthcare-associated infection.
<b>Indicator rationale</b>	It is essential that organisations work together to prioritise and monitor progress with infection prevention and control. An improved approach will reduce the prevalence of infection among patients. Monitoring will support targeted action to reduce the incidence of specific healthcare-associated infections.
<b>Evidence base</b>	IND-40 is an overarching outcome measure developed from the NICE quality standard on <a href="#">infection prevention and control</a> .

## ***Lower urinary tract symptoms in men***

<b>Indicator</b>	<b>Patient experience (IND-41)</b>
<b>Working title</b>	Proportion of men with LUTS who feel educated about their condition.
<b>Indicator rationale</b>	The symptoms of LUTS can be highly distressing and it is particularly important to know if the advice that men receive is appropriate and useful. In addition, when people are well informed about their condition there is a greater sense of wellbeing; they can also better manage their condition which leads to improved outcomes.
<b>Evidence base</b>	IND-41 is an overarching outcome measure developed from the NICE quality standard on <a href="#">lower urinary tract symptoms in men</a> .

## ***Mental wellbeing of older people in care homes***

<b>Indicator</b>	<b>Patient experience (IND-42)</b>
<b>Working title</b>	Feedback from older people in care homes and from their family, friends and/or carers that they are satisfied with the care they have received.
<b>Indicator rationale</b>	Many care home residents experience problems accessing NHS primary and secondary healthcare services, including GPs. It is important that care homes have good links with GPs and referral arrangements, so that services can be accessed easily and without delay when they are needed.
<b>Evidence base</b>	IND-42 is an overarching outcome measure developed from the NICE quality standard on <a href="#">mental wellbeing of older people in care homes</a> .

## Neonatal jaundice

<b>Indicator</b>	<b>Management of hyperbilirubinaemia: treatment thresholds (IND-51)</b>
<b>Working title</b>	Proportion of babies with hyperbilirubinaemia who are started on treatment in accordance with standardised threshold tables or charts.
<b>Indicator rationale</b>	Phototherapy is an effective treatment for significant hyperbilirubinaemia and can reduce the need for exchange transfusion (a procedure involving a complete changeover of blood), which is necessary only in the most severe cases. The consistent use of treatment thresholds, alongside NICE guidance, will help to ensure a balance between the thresholds being low enough to prevent complications (such as kernicterus) but not so low that phototherapy is used unnecessarily.
<b>Evidence base</b>	IND-51 is a key area for quality improvement as set out in statement 3 of the NICE quality standard on <a href="#">neonatal jaundice</a> .

## Obesity

<b>Indicator</b>	<b>Referral for specialist consultation (IND-55)</b>
<b>Working title</b>	Proportion of people with obesity who are offered multicomponent weight loss interventions.
<b>Indicator rationale</b>	Although surgery has been shown to be the most effective method for increasing percentage weight loss in people with obesity, it is important that non-surgical interventions are used to ensure long-term weight management. These can include the use of low calorie diet as well as exercise programmes.
<b>Evidence base</b>	IND-55 is supported by recommendation 1.4.1 from the NICE guideline on <a href="#">obesity: identification, assessment and management of overweight and obesity in children, young people and adults</a> .
<b>Indicator</b>	<b>Surgery to reduce weight (IND-56)</b>
<b>Working title</b>	Proportion of people offered surgical interventions to reduce their weight.
<b>Indicator rationale</b>	Surgical intervention is more clinically effective than non-surgical management for increasing percentage weight loss, reducing use of medication for diabetes and reducing weight as measured by BMI.
<b>Evidence base</b>	IND-56 is supported by recommendation 1.10.1 from the NICE guideline on <a href="#">obesity: identification, assessment and management of overweight and obesity in children, young people and adults</a> .
<b>Indicator</b>	<b>Follow-up care (IND-57)</b>
<b>Working title</b>	Proportion of people offered a programme of follow-up care after bariatric surgery.
<b>Indicator rationale</b>	A programme of follow-up care after bariatric surgery is ideally provided by a multidisciplinary team offering a multicomponent approach, with some variation in local models of care. Multidisciplinary evaluation is considered vital to providing best patient care and under current NHS arrangements, the follow-up team may include bariatric physicians, dieticians, practitioner psychologists or psychiatrists, specialised nursing staff, physiotherapists or exercise specialists, and surgeons. All practitioners should recognise that after all bariatric surgery a minimum level of life-long follow-up is needed to support good clinical care, with variation depending on the type of surgery and individual needs of the patient.
<b>Evidence base</b>	IND-57 is supported by recommendations 1.12.1 and 1.12.2 from the NICE guideline on <a href="#">obesity: identification, assessment and management of overweight and obesity in children, young people and adults</a> .
<b>Specific issue for consideration during consultation:</b> <ul style="list-style-type: none"> <li>Of the 3 possible indicators for obesity, which has the greatest potential to contribute to quality improvement and so should be prioritised for further development and inclusion in the CCG OIS?</li> </ul>	

## Peripheral arterial disease

<b>Indicator</b>	<b>Lower limb amputation (IND-43)</b>
<b>Working title</b>	Rate of lower limb amputations.
<b>Indicator rationale</b>	Peripheral arterial disease (PAD) is the largest single cause of lower limb amputations in the UK. Some lower limb amputations are avoidable and can indicate poor management. Measuring rates of lower limb amputation as an outcome of care for people with PAD can provide an indication of timely diagnosis and appropriate management.
<b>Evidence base</b>	IND-43 is an overarching outcome measure developed from the NICE quality standard on <a href="#">peripheral arterial disease</a> .
<b>Indicator</b>	<b>Ratio of above to below knee amputations (IND-44)</b>
<b>Working title</b>	Ratio of above knee amputations to below knee amputations.
<b>Indicator rationale</b>	A higher number of below the knee amputations can be an indication of better care because it indicates that better management of peripheral arterial disease has restricted the number of above the knee amputations. As for IND-43 measuring the ratio of above to below knee amputations as an outcome of care for people with PAD can provide an indication of timely diagnosis and appropriate management.
<b>Evidence base</b>	IND-44 is an overarching outcome measure developed from the NICE quality standard on <a href="#">peripheral arterial disease</a> .
<b>Indicator</b>	<b>Supervised exercise programmes (IND-45)</b>
<b>Working title</b>	Proportion of people who complete a supervised exercise programme and report an improvement in pain-free walking distance.
<b>Indicator rationale</b>	Supervised exercise programmes can improve walking distance and quality of life for people with intermittent claudication. However, the provision of services varies across the country. There is a need for both provision of new services and improvement in existing services to ensure that people with intermittent claudication can start and complete a programme.
<b>Evidence base</b>	IND-45 is a key area for quality improvement as set out in statement 3 of the NICE quality standard on <a href="#">peripheral arterial disease</a> .
<b>Specific issue for consideration during consultation:</b> <ul style="list-style-type: none"> <li>Of the 3 possible indicators for peripheral arterial disease, which has the greatest potential to contribute to quality improvement and so should be prioritised for further development and inclusion in the CCG OIS?</li> </ul>	

## ***Postnatal care***

<b>Indicator</b>	<b>Breastfeeding (IND-46)</b>
<b>Working title</b>	Rates of exclusive or partial breastfeeding at 16 weeks after the birth.
<b>Indicator rationale</b>	Measurement of breastfeeding rates may support an understanding of how far practice is in line with the NICE quality standard on <a href="#">postnatal care</a> . Breastfeeding contributes to the health of both the mother and child in the short and longer term. However, many women in the UK who start breastfeeding change to formula feeding, often within the first few weeks of giving birth. Rates of exclusive breastfeeding remain low, especially among younger women and women from low-income groups. There is already an indicator in CCG OIS that measures the prevalence of breastfeeding at 6–8 weeks. It is envisaged that IND-46 would complement the existing indicator.
<b>Evidence base</b>	IND-46 is a key area for quality improvement as set out in statement 5 of the NICE quality standard on <a href="#">postnatal care</a> .

## ***Smoking cessation***

<b>Indicator</b>	<b>Referral to smoking cessation services (IND-47)</b>
<b>Working title</b>	Proportion of people who smoke who are referred to an evidence-based smoking cessation service.
<b>Indicator rationale</b>	Smoking cessation services provide the most effective way of stopping smoking, but many people who smoke do not use these services when they try to stop. It is important that practitioners know about evidence-based smoking cessation services and make the most of opportunities to refer people who smoke to these services.
<b>Evidence base</b>	IND-47 is a key area for quality improvement as set out in statement 2 of the NICE quality standard for <a href="#">smoking cessation: supporting people to stop smoking</a> .

## ***Surgical site infection***

<b>Indicator</b>	<b>Readmission rates for surgical site infections (IND-48)</b>
<b>Working title</b>	Readmission rates for surgical site infections.
<b>Indicator rationale</b>	Surgical site infections are associated with considerable morbidity and, given that many of these infections occur after the patient has been discharged from hospital, may lead to readmission in some cases.
<b>Evidence base</b>	IND-48 is an overarching outcome measure developed from the NICE quality standard on <a href="#">surgical site infection</a> .
<b>Indicator</b>	<b>Any readmission after emergency or planned surgery (IND-49)</b>
<b>Working title</b>	Rates of any readmission after emergency or planned surgery.
<b>Indicator rationale</b>	Surgical site infections are associated with considerable morbidity and, given that many of these infections occur after the patient has been discharged from hospital, may lead to readmission in some cases.
<b>Evidence base</b>	IND-49 is an overarching outcome measure developed from the NICE quality standard on <a href="#">surgical site infection</a> .
<b>Indicator</b>	<b>Readmission alongside prescribing of antibiotics in primary/secondary care (IND-50)</b>
<b>Working title</b>	Readmission alongside prescribing of antibiotics in primary/secondary care.
<b>Indicator rationale</b>	Antibiotic prophylaxis is effective for preventing surgical site infections after certain procedures. However, the use of antibiotics for prophylaxis carries a risk of adverse effects (including <i>Clostridium difficile</i> infections) and increased prevalence of antibiotic-resistant bacteria. The antibiotic chosen for prophylaxis should cover the organisms most likely to cause infection. The choice should also be influenced by the likelihood of adverse effects. Using a local antibiotic formulary should ensure that the most appropriate antibiotic, dose, timing of administration and duration are used for effective prophylaxis.
<b>Evidence base</b>	IND-50 is an overarching outcome measure developed from the NICE quality standard on <a href="#">surgical site infection</a> .
<b>Specific issue for consideration during consultation:</b> <ul style="list-style-type: none"> <li>Of the 3 possible indicators for surgical site infection, which has the greatest potential to contribute to quality improvement and so should be prioritised for further development and inclusion in the CCG OIS?</li> </ul>	

## **Appendix A: Consultation comments**

***Consultation dates: 26 January 2015 – 23 February 2015***

### **General comments:**

Stakeholders are asked to submit comments on the form alongside this document for all indicators based on the following set of questions:

- Which indicators have the greatest potential to contribute against the domain objectives and improvement areas of the NHS Outcomes Framework?
- To what extent can the indicators be influenced by the actions of clinical commissioning groups?
- For topics that have a number of potential indicators proposed, what do you think are the priority indicators for further development and inclusion in the CCG OIS?
- To what extent do the indicators reflect aspects of care with unacceptable variations?
- What (if any) are the potential barriers to implementing the indicators?
- What (if any) are the potential unintended consequences that might result from implementing the indicators?
- Do you think there is potential for the indicators to impact differently on any particular groups in terms of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation? If yes, is the impact adverse or positive and in which group? If the impact is adverse, can you suggest how the indicator could be changed in order to reduce the impact?
- What should be the future priorities for the CCG OIS?

### **How to submit your comments:**

Please send your comments using the form available on the website to [indicators@nice.org.uk](mailto:indicators@nice.org.uk) by **5pm on 23 February 2015**

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, publication would be unlawful or otherwise inappropriate.