# National Institute for Health and Care Excellence

### Indicator Advisory Committee meeting minutes

**Date:** 3 December 2019

**Location:** NICE office, Level 1a City Tower, Piccadilly Plaza, Manchester, M1 4BT

**Attendees:**

**Indicator Advisory Committee members:**

Daniel Keenan (DK) [chair], Andrew Black (AB) [vice chair], Adrian Barker (ABa), Allison Streetly (AS), Chloe Evans (CE), Chris Gale (CG), Elena Garralda (EG), Kate Francis (KF), Linn Phipps (LP), Liz Cross (LC), Mary Weatherstone (MW), Michael Bainbridge (MB), Rachel Brown (RB), Ronny Cheung (RC), Tessa Lewis (TL), Tim Cooper (TC), Victoria Welsh (VW), Waqas Tahir (WT).

**NICE attendees:**

Charlotte Fairclough (CF), Craig Grime (CDG), Daniel Smithson (DS), Mark Minchin (MM), Stacy Wilkinson (SW), Theresa Jennison (TJ), Esther Clifford (EC)

**National Collaborating Centre for Indicators Development (NCCID):**

Andrea Brown (ABr), Jackie Gray (JG)

**NHS Digital:**

Gemma Ramsay (GR)

**Apologies:**

Nigel Beasley, Dominic Horne, Paula Whitty

**Quoracy:** the meeting was quorate.

**Item 1 - Outline of the meeting**

DK welcomed the attendees and the indicator advisory committee (IAC) members introduced themselves. The Chair welcome ABa to his first meeting and thanked Jo Jerrome who left the committee in April 2019. DK informed the committee of the apologies received and went through the planned business of the day.

**Item 2 - NICE advisory body declarations of interest**

DK asked committee members to declare all new interests and all interests related to items under discussion during the meeting. The following interests were declared:

**Andrew Black**

* Match day doctor for Worcester Warriors Rugby Club.

**Ronny Cheung**

* Role as Public Health England clinical adviser has ended.
* Visiting Fellow at Nuffield Trust. Previously not remunerated, now is a financial interest.

**Tim Cooper**

* Name of organisation in previously declared interest has changed from West Midlands Quality Review Service to Quality Review Service. No change to details of interest declared.

**Liz Cross**

* Paid for speaking about antibiotic stewardship in primary care at patient diagnostic meetings.
* Paid consultancy for a medicines access company.
* Director of Blue Sky Nursing. Locum work and external speaking work.

**Chris Gale**

* Consultancy fees received from AstraZeneca, Bayer, Daiichi-Sankyo, Novartis and Vifor Pharma
* Research grants from Abbott Diabetes, Bristol Myers Squibb
* Relating to agenda item 8: Member of the Myocardial Ischaemia National Audit Project (MINAP) Academic and Steering Groups
* Relating to agenda item 8: Co-author of two journal articles circulated to committee (European Heart Journal: Acute Cardiovascular Care and European Heart Journal: European Society of Cardiology)

**Tessa Lewis**

* GP partner
* Adviser to Public Health England Primary Care Intervention Unit
* Chair - All Wales Anticoagulation Group

**Item 3 - Review of minutes and actions of June 2019 meeting**

The minutes were approved as an accurate record. TJ informed the committee that the actions from the last indicator meeting in June 2019 had all been progressed and gave a summary of the new, updated and retired indicators from the August 2019 NICE indicator menu publication.

**Item 4a – Patient choice sub-group: update**

CDG provided an overview of recent progress of the committee sub-group on patient choice, detailing the distinction between indicators that include shared decision-making codes in the construction of the indicator and those that specifically count recorded shared decision-making. He explained that the current focus of the sub-group was exploration of personalised care adjustments; a future QOF quality improvement module on shared decision-making being developed by the RCGP, Health Foundation and NICE; and the NICE indicators currently in development.

The committee welcomed the work, agreeing that it was a positive step to consider the person-centred aspects of indicators as a result of the QOF review. The committee discussed that this area was reflected in the update to the indicators process guide and were supportive of further work by the sub-group to highlight it further in development processes.

**Item 4b – Patient choice sub-group: SNOMED codes**

GR gave an overview of SNOMED codes. The committee discussed whether it was possible to have a process for early identification of new codes that might be needed, given the time they take to develop.

**Action:** NICE team to explore options to identify the need for new codes earlier in the indicator development process.

**Item 5 – Development of indicators**

SW, CF and DS updated the committee on the development work on draft indicators for dementia, depression and anxiety, and cancer. The committee discussed the relevant risks and issues of each draft indicator.

**Dementia: named contact**

The committee agreed that whilst the area was important it was a wider societal issue that was potentially more suitable for a different quality improvement approach. The committee supported the proposal that at this time this indicator does not progress to piloting.

**Dementia: advance care planning**

The committee were supportive of this indicator area and agreed it was important to have care planning discussions early following diagnosis but acknowledged that there are no codes for early dementia review. The committee supported the proposal to progress this indicator to piloting.

**Action:** NICE team to progress indicator to 2019/20 pilot.

**Action:** NICE team to explore requesting codes for early dementia review with NHS Digital.

**Dementia: medication review**

The committee expressed uncertainty over whether the indicator encapsulated the numerous concepts originally intended and discussed whether it would be possible to expand to cover other holistic aspects of care, not just the dementia medication review, but supported the decision to progress this indicator to piloting.

**Action:** NICE team to progress indicator to 2019/20 pilot.

**Dementia: Non-pharmacological treatment**

The committee were supportive of social prescribing and non-pharmacological treatment being key issues for dementia indicator development but as they would be difficult to measure due to limited clinical codes for the range of activities and interventions. Furthermore, there are currently no clinical codes available related to the stage of dementia. The committee agreed to revisit in December 2020. The committee supported the proposal not to progress this indicator to 2019/20 piloting.

**Action:** NICE team to feedback to NICE Centre for Guidelines on the difficulties of using a severity scale (mild/moderate/severe) that isn’t currently coded in general practice.

**Action:** NICE team to explore development of additional codes and add this indicator to the agenda of the December 2020 IAC meeting.

**Dementia: functional assessment**

The committee supported the proposal to progress this indicator to piloting.

**Action:** NICE team to progress indicator to 2019/20 pilot.

**Depression and anxiety: 7‑day review**

The committee recognised the importance of an early review within 7 days for people under 30 prescribed antidepressants. The committee proposed that the indicator should be limited to people with a diagnosis of depression or anxiety given the focus is reducing risk of self-harm and suicide. However, the committee agreed not to progress the indicator to 2019/20 piloting because of concern over the numbers of eligible patients, feasibility of using a 7‑day timescale in a performance measure and the difficulties in ensuring that people return for review in that time.

**Action:** NICE team to feedback the committee discussion to NHS England.

**Depression and anxiety: 14 day review**

The committee recognised the importance of reviewing side effects from antidepressant medication within 14 days. The committee agreed that as this review focuses on side effects it should not be limited to people over 30 years. The committee noted that this would go beyond the existing indicator which specifies review within 10-56 days for all patients diagnosed with depression. The committee queried why the existing timeframe of 10 – 56 days had been selected for the existing indicator and suggested that the background for this should be checked. The committee acknowledged ongoing discussion between NICE and NHS Digital about the feasibility of data extraction in this area but supported the decision to progress this indicator to piloting.

**Action:** NICE team to progress an indicator on review for antidepressant medication side-effects within 14 days to 2019/20 piloting.

**Action**: NICE team to check the background for the choice of the 10 – 56 days’ timeframe.

**Depression and anxiety: long-term antidepressants**

The committee were very supportive of the importance of medication reviews for people on long term antidepressants. There were concerns around the appropriateness of self-selecting patients using a ‘long-term antidepressant use’ code and the risk of including patients in the indicator construction who had subsequently stopped using antidepressants. In light of this the committee agreed that NICE and NHS Digital should continue to explore constructing the indicator using prescription records within the previous 24 months.

**Action:** NICE team to progress an indicator on medication review for people on long-term antidepressant medication to 2019/20 piloting.

**Depression and anxiety: signposting to IAPT services**

The committee recognised the importance of integrated IAPT services for people with long-term conditions but expressed concern that this indicator was similar to a previous QOF indicator on enquiring about depression in people with long-term conditions – the committee was aware that this indicator faced significant challenges when implemented. The committee supported the proposal not to progress this indicator to piloting.

**Depression and anxiety: over 65s and psychological treatment**

The committee agreed that there is an existing indicator (NM123) which covers all patients, this indicator did not add anything new, beyond identifying a sub-group. The committee supported the proposal not to progress this indicator to piloting.

**Cancer: information within 3 months**

The committee discussed the draft indicator and its function in relation to QOF CAN003. The committee supported the proposal not to progress this indicator to piloting.

**Cancer: 12 month review**

The committee agreed that refreshing the guidance for QOF CAN003 could be beneficial and that progressing the indicators for the qualitative aspect of piloting only would help explore some of the issues with CAN003 and high exception rates. The committee supported the decision to progress this indicator to piloting,

**Action:** NICE team to progress indicator to 2019/20 pilot (qualitative aspect only).

Action: NICE to review the guidance for CAN003

**Item 6 – Indicator process guide update**

CDG provided an overview of an update to the indicators process guide and confirmed that the updated guide would publish on the NICE website in December 2019.

**Item 7 – Assessment of indicators on the NICE menu**

CDG presented the following NICE menu indicators which have been reviewed by the NICE team and asked the committee whether any changes were required:

**NM147 – Atrial fibrillation**

The committee agreed that whilst some elements of the care described in the indicator are not specified in NICE guidance, they are key components of safe prescribing, and this can be clarified in the indicator guidance.

**Action:** NICE team to retain indicator with no changes and update the guidance document to clarify why additional care components included.

**CCG46 – Stroke or ischaemic attack**

The committee agreed that as the indicator was no longer supported by guidance further information was required to understand why the guidance recommendation had been removed.

**Action:** NICE team to explore reason for the removal of the guideline recommendation and bring the indicator back to the next IAC meeting.

**NM04 – Learning disability (people with Down’s syndrome)**

The committee requested further information on the number of people covered by this indicator and what the increased risk of thyroid disease is in patients.

**Action:** NICE team to review the number of people affected by the indicator and the increased risk of thyroid disease in this population and bring indicator back to the next IAC meeting.

**NM65 – Dementia**

The committee agreed that as services are no longer structured in the way described in the indicator, it should be retired.

**Action:** NICE team to retire NM65 from NICE menu.

**NM84 – Chronic kidney disease**

The committee agreed that this indicator should be retained in its current form, but the indicator guidance should be updated to note the relatively small numbers of patients per practice, to caution potential users if using the indicator for incentivisation.

**Action:** NICE team to update indicator guidance to include warning about the possible small denominator size at practice level and the associated challenges with financial incentivisation.

**NM03 – Epilepsy <55y**

The committee noted the concerns from the MHRA about the three components of advice potentially being given separately but confirmed that in clinical practice this would not happen and all three pieces of information would be given at the same time. The committee expressed concern about the appropriateness of the “not suitable for provision of information” exception code and recommended that the NICE team advise NHS England about potentially removing this element from the indicators no longer in QOF (INLIQ) construction.

**Action:** NICE team to retain indicator with no changes.

**Action:** NICE team to discuss the exception code with NHS England.

**NM71 – Epilepsy**

The committee noted the concerns from the MHRA about the three components of advice potentially being given separately but confirmed that in clinical practice this would not happen and all three pieces of information would be given at the same time.

**Action:** NICE team to retain indicator with no changes.

**NM78 – Serious mental illness**

The committee noted the concerns from the MHRA about the three components of advice potentially being given separately but confirmed that in clinical practice this would not happen and all three pieces of information would be given at the same time.

**Action:** NICE team to retain indicator with no changes.

**NM114 – Long-acting reversible contraception**

The committee acknowledged that the numbers per practice were small but agreed that the indicator was still suitable for use in the QOF.

**Action:** NICE team to retain indicator with no changes.

**Item 8 – Assessment of European Society of Cardiology myocardial infarction indicators**

The Chair confirmed that for this agenda item, due to interests declared at the beginning of the meeting, Prof. Chris Gale would not be a formal member of the IAC for this item but would still partake in the discussion in his capacity as a topic expert.

CF gave an overview of the European Society of Cardiology’s (ESC) recently published quality indicators for myocardial infarction (MI) and the committee were asked to apply the validity assessment criteria described in the 2019 update to the indicators process guide to these indicators.

The committee agreed that those indicators assessed to be potentially suitable for inclusion on the NICE menu should be consulted on before a final decision to publish on the NICE menu being made in the summer of 2020.

**ESC IND 2.1 Reperfusion within 12h of symptom onset**

The committee agreed that this indicator should progress to consultation.

**Action:** NICE to consult on this indicator.

**ESC IND 2.2 Timely reperfusion**

The committee agreed that this indicator should progress to consultation for exploration of the fibrinolysis aspect of the indicator.

**Action:** NICE to consult on this indicator.

**ESC IND2.3 Coronary angioplasty received within 72 hours after admission (NSTEMI)**

The committee agreed that this indicator should progress to consultation.

**Action:** NICE to consult on this indicator.

**ESC IND 2.4 Time from FMC to wire passage**

The committee agreed that this indicator should progress to consultation.

**Action:** NICE to consult on this indicator.

**ESC IND 3.3 LV function recorded in notes**

The committee agreed that this indicator should progress to consultation.

**Action:** NICE to consult on this indicator.

**ESC IND 4.1 Adequate P2Y12 inhibition on discharge**

The committee agreed that this indicator should progress to consultation for exploration of the medication aspect of the indicator. The committee also discussed whether an indicator for continuation of P2Y12 inhibition in primary care was needed.

**Action:** NICE to consult on this indicator.

**Action:** NICE team to review the potential for general practice indicators in this area.

**ESC IND 4.2 Treatment with fondaparinux (NSTEMI)**

The committee agreed that this indicator should progress to consultation to include exploration of use of a specific medication.

**Action:** NICE to consult on this indicator.

**ESC IND 4.3 Dual antiplatelet therapy received on discharge**

The committee agreed that this indicator should progress to consultation. The committee discussed whether there was a similar indicator for continuation of dual antiplatelet therapy in primary care.

**Action:** NICE to consult on this indicator.

**Action:** NICE team to check if there is a general practice indicator in this area.

**ESC IND 5.2 ACEi / ARB on discharge (HF or LVEF <0.40)**

The committee agreed that this indicator should progress to consultation and recommended that the NICE team advise MINAP about the related definitions for measurement of left ventricular ejection fraction.

**Action:** NICE to consult on this indicator.

**Action:** NICE team to discuss definitions with MINAP Steering Group

**ESC IND 5.3 Beta blockers on discharge (HF or LVEF <0.40)**

The committee agreed that this indicator should progress to consultation.

**Action:** NICE to consult on this indicator*.*

**ESC IND 7.1 Composite QI (opportunity based)**

The committee agreed that this indicator was not suitable for inclusion on the NICE menu as it may prevent detection of poor performance and not all data is currently collected.

**ESC IND 7.2 Composite QI (all-or-none, 3 measures, 5 measures)**

The committee agreed that this indicator should progress to consultation.

**Action:** NICE to consult on this indicator.

**IND 7.3 Mortality rate adjusted for GRACE 2.0 risk score**

The committee agreed that this indicator should progress to consultation.

**Action:** NICE to consult on this indicator.

**Item 9 – Assuring external indicators – National library**

MM gave an update on ongoing discussions between NICE and NHS Digital about the transfer of responsibility for the publication and maintenance of the national library of assured indicators from NHS Digital to NICE. The committee were supportive of the potential change in statutory responsibility and MM stated that the NICE team would keep the committee informed of progress.

**Item 10 Review of decisions**

TJ gave a summary of the day’s business and all recorded decisions and actions.

**Item 11 – AOB**

AS suggested recording family history as a potential area for indicator development.

**Action:** NICE team to explore feasibility of a potential indicator in this area.

VW asked whether NICE had a commitment to environmentally sustainable guidance and CDG drew the committee’s attention to a statement on sustainability on the [NICE website](https://www.nice.org.uk/about/who-we-are/sustainability).

MM updated the committee on development of NICE principles which will replace NICE’s social value judgments and confirmed that these will be circulated to the committee when published.

**Action:** NICE team to circulate NICE principles to committee.

DK thanked the committee and staff from NICE, NCCID and NHS Digital for their input.

**Close of meeting**