# National Institute for Health and Care Excellence

## Indicator Advisory Committee meeting minutes

**Date:** 4 August 2020

**Location:** Virtual via Zoom

### Attendees:

#### Indicator Advisory Committee members:

Daniel Keenan (DK) [chair], Tessa Lewis (TL) [acting vice chair], Adrian Barker (AB), Allison Streetly (AS), Chloe Evans (CE), Dominic Horne (DH), Kate Francis (KF), Linn Phipps (LP), Liz Cross (LC), Michael Bainbridge (MB), Nigel Beasley (NB), Rachel Brown (RB), Ronny Cheung (RC), Tim Cooper (TC), Victoria Welsh (VW), Waqas Tahir (WT), Mary Weatherstone (MW)

#### NICE attendees:

Esther Clifford (EC), Charlotte Fairclough (CF), Craig Grime (CDG), Theresa Jennison (TJ), Rick Keen (RK), Mark Minchin (MM), Daniel Smithson (DS)

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

Andrea Brown (ABr), Paul Collingwood (PC), Richard Thomson (RT)

#### NHS Digital:

Gemma Ramsay (GR)

#### Public Health England (PHE):

Michael Edelstein (ME), Nerissa Santimano (NS)

#### NHS England:

Felicity Dormon (FD)

### Apologies:

Andrew Black, Christopher Gale, Elena Garralda, 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.

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

DK asked committee members to declare all new interests, that is those not already included in the register of declared interests NICE has on file and all interests related to items under discussion during the meeting. Interest forms have been received from the topic experts attending the committee. The following interests were declared:

* Allison Streetly - involved nationally in discussion of vaccination programmes and with PHE who lead on strategy for this.
* Kate Francis – Board member of One Care, a federation covering GP practices in Bristol, North Somerset and South Gloucestershire CCG
* Mark Minchin – member of NHS England’s vaccinations and immunisations review group and NICE signatory to the [interim report](https://www.england.nhs.uk/wp-content/uploads/2019/10/interim-findings-of-the-vaccinations-and-immunisations-review-2019.pdf) published in September 2019

### Item 3 - Review of minutes and actions of December 2019 meeting

The minutes were approved as an accurate record. TJ informed the committee that the actions from the last indicator meeting in December 2019 had all been progressed. TJ noted that the consultation for myocardial infarction (MI) indicators was expected to take place in Autumn 2020. CDG confirmed that the work of the patient choice sub-group would begin again now that NICE’s work programmes had been restarted.

### Item 4 – NICE and Indicator programme update

MM gave an update about the work of NICE since the previous meeting. NICE had supported the NHS and wider care system through development of ‘rapid guidelines’ relevant to Covid-19. Some aspects of the indicator development programme had been paused including the piloting of new indicators in general practice.

AB noted that it would be useful to have a covering report for each agenda item detailing what decisions are required and available to the committee, with a brief history provided.

**Action:** NICE team to review technical content of committee papers.

### Item 5 – Development of indicators 20/21

CF and DS updated the committee on the development work on draft indicators for vaccinations and immunisation, obesity, and cancer.

The committee was made aware of the validity assessments for the three topics and the key points from these were included in the slideset for discussion. The committee discussed the relevant risks and issues of each draft indicator. The committee were asked to consider each indicator and make one of the following recommendations:

* Recommend progress to NICE menu
* Recommend progress to NICE menu but with caveats
  + Potential (but straightforward) issues with data
  + Service capacity issues that need to be flagged
* Recommend that further work is required
  + Strong indicator but issues that need further work
* Recommend that development work is stopped

#### Vaccinations and immunisations

CF presented a summary of the stakeholder consultation feedback for the draft vaccinations and immunisations indicators, informing the committee that the draft indicators had generally been welcomed by stakeholders, but the following cross-cutting issues had been identified:

* Factors beyond the control of primary care practitioners:
  + Personalised care adjustments for those who opt out
  + Possibility for unintended consequences in those practices with ‘harder to reach’ populations
* Barriers to implementation:
  + Health inequality
  + Engaging with hard to reach groups
  + Education and information – social media, language barriers
* Complexity of the current system for vaccinations including funding, procurement and data reporting
* Feasibility testing noted lack of specific contraindication codes
* Age selected for measurement of achievement in proposed indicators, and misalignment with the routine immunisation schedule

**IND2020-84:** The percentage of babies who reached 6 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccination before the age of 6 months.

The committee was asked to consider the following issues:

* Stakeholder support for the indicator
* The hexavalent vaccine currently used also vaccinates against polio, hepatitis B and Haemophilus influenzae type b

The committee acknowledged that whilst this a time-limited vaccine, the committee was aware of stakeholder comments noting that the 6 month timeframe was ‘tight’ and that family and other operational barriers can make it challenging for parents to have their child vaccinated within this time. The short timeframe was also highlighted in the considerations for acceptability of the indicator in the indicator validity assessment. The committee recommended progressing the indicator for inclusion on the NICE menu with a suggested amended timeframe of 8 months.

**Action:** Progress indicator to NICE menu but consider amended timeframe of 8 months.

**IND2020-85:** The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR on or after their first birthday and before the age of 18 months.

The committee was asked to consider the following issues:

* Stakeholder support for the indicator
* Concern about accuracy of measurement if children have had single vaccines rather than combined MMR
* IND 2020-86 and IND 2020-87 also measure uptake of MMR1

There was broad support from the committee for this indicator. The committee recommended progressing the indicator for inclusion on the NICE menu.

**Action:** Progress indicator to NICE menu.

**IND 2020-86:** The percentage of children who reached 5 years old in the preceding 12 months who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR on or after their first birthday.

The committee was asked to consider the following issues:

* Stakeholder support for the indicator
* Suggestion it may benefit from splitting to separate vaccinations
* Concern about accuracy of measurement if children have had single vaccines rather than combined MMR
* IND 2020-85 and IND 2020-87 also measure uptake of MMR1

The committee discussed concerns raised by some stakeholders that the timeframe was too long. The committee heard that the 5 year timeframe was set to ensure children receive the vaccine before they start school and acknowledged that whilst some children start school before their 5th birthday the PHE Green Book specifies that the vaccine should be received at 3 years and 4 months or before school, so a broader timeframe was included to allow flexibility as not all practices vaccinate at this age. The committee was aware that this vaccination is about long-term boosting not primary dosing/vaccination.

There was broad support from the committee for this indicator. The committee recommended progressing the indicator for inclusion on the NICE menu.

**Action:** Progress indicator to NICE menu.

**IND 2020-87:** The percentage of children who reached 5 years of age in the preceding 12 months who have received 1 dose of MMR on or after their first birthday.

The committee was asked to consider the following issues:

* Stakeholder support for the indicator
* IND 2020-85 and IND-86 also measure uptake of MMR1

The committee agreed this indicator was an important area but asked whether having just one dose of the MMR vaccine was effective. The committee heard that MMR is a live vaccine and from a public health perspective it is important to have at least one dose in a high proportion of the population. The committee supported this indicator and recommended progressing the indicator for inclusion on the NICE menu.

**Action:** Progress indicator to NICE menu.

**IND 2020-88:** The percentage of women who reached 32 weeks of pregnancy in the preceding 12 months who have received a pertussis-containing vaccine after 16 weeks of pregnancy

The committee was asked to consider the following issues:

* Stakeholder support for the indicator
* Vaccination often offered by maternity service and may not be recorded accurately or timely on general practice IT systems
* Gestational age may not be accurately recorded on general practice IT systems or be unsuitable for data extraction
* Unintended consequence of this indicator may be that women are not vaccinated after 32 weeks

The committee noted the strong stakeholder support for the indicator but acknowledged there were some challenges around data extraction as the current information systems are often fragmented. The committee recommended that further work was required on the indicator by the NICE team.

**Action:** NICE to undertake further development work, consider as CCG level or system indicator, possible pilot and consider coding issues and timeframe up to delivery.

**IND 2020-89:** The percentage of patients who reached 75 years of age in the preceding 12 months with a record of a shingles vaccine.

The committee was asked to consider the following issues:

* Stakeholder support for the indicator
* Tailored interventions needed to increase uptake in eligible population

The committee supported this indicator, noting the wide variation in practice and high mortality. The committee was aware of stakeholder comments on the current age range for this indicator. The committee heard that the efficacy of the vaccine decreases as age increases, whilst the incidence of the disease increases as age increases, particularly by 80 years old, so the age range of 75 years old was agreed as a pragmatic mid-point. The committee agreed with this age range and recommended progressing the indicator for inclusion on the NICE menu.

**Action:** Progress indicator to NICE menu.

#### Additional indicators:

The committee was asked to consider the following areas suggested by stakeholders:

* Percentage of children fully immunised by 5 years
* Pneumococcal vaccine (PPV and PCV) in eligible groups
* Influenza vaccine in pregnancy
* 16-week immunisation visit
* Maternal pertussis after 32 weeks of pregnancy

The committee acknowledged the additional indicators suggested by stakeholders and suggested that an indicator for PPV in at risk groups including those aged 65 and over would be useful.

**Action:** NICE to discuss further development with PHE and NHS E/I.

#### Obesity

FD introduced the indicators on behalf of NHS E/I including the current national policy context and continued to provide input throughout the discussion.

DS presented a summary of the stakeholder consultation feedback for the draft obesity indicators, informing the committee that the draft indicators had generally been welcomed by stakeholders, but the following cross-cutting issues had been identified:

* Role of the GP in weight management
* Availability of weight management programmes
* Use of first relevant BMI recording in period
* Need for specialists at higher BMI
* Measuring waist circumference
* Measuring outputs/outcomes and avoiding unproductive referrals
* BMI threshold leading to large patient numbers

The committee discussed why also measuring waist circumference may not work in these indicators, if it would be possible to use codes for the quality of the discussion, and the differences between self‑referral and GP referral.

The committee noted the obesity policy paper published by DHSC on 27th July and noted emphasis on increasing the frequency of interventions for obesity in primary care. The committee was also aware that the policy paper set out to “ensure everyone living with obesity are offered support for weight loss”.

The committee noted the current NICE guidance and was aware that weight management programmes may particularly benefit adults with a BMI over 30 kg/m2, or lower for those from black and minority ethnic groups (NICE, PH53). The committee was conscious that the NICE clinical guideline for the identification, assessment and management of obesity (NICE, CG189) has a focus on person-centred support.

The committee was aware of the current QOF indicator (DM014) incentivising the referral of people newly diagnosed with diabetes to a structured education programme, the committee heard that despite incentivising the referral uptake of the education programme was poor.

The committee also heard a view that referral rather than an offer to refer was more tangible which might make measurement easier.

Reflecting on the validity assessment, current DHSC policy paper, NICE guidance and stakeholder comments received during consultation the committee concluded that the obesity indicators should focus on the offer of a referral to a weight management programme.

**IND 2020-90:** The percentage of patients with a BMI ≥27.5 kg/m2 (or ≥30 kg/m2 if ethnicity is recorded as White) in the preceding 24 months who have been referred to a weight management programme within 90 days of the BMI being recorded.

The committee was asked to consider the following issues:

* Stakeholder suggestion for longer or shorter timeframes than 24 months for the repetition of referral.
* Potential high levels of personalised care reporting
* Capacity and coverage of weight management programmes

The committee discussed risks that this would discourage GPs to record the BMI of patients or to turn the discussion in to a ‘tick box exercise’, and the need for exception reporting when a patient has already been losing weight from a previous BMI measurement.

A 24 month timeframe for repetition of the provision of weight management services was seen as an appropriate timeframe by some stakeholders, however the committee were supportive of NHS Digital advice on the construction of the ‘all patients’ indicator and greater opportunity to assess the impact of changes in practice year-on-year. The committee agreed that the indicator should focus on the preceding 12 months but exclude patients with a previous offer or referral to weight management services in the preceding 24 months.

**Action:** Progress indicator to NICE menu with a revision to wording, to reflect patients being offered a referral to a weight management programme, and to change the timescale to the preceding 12 months.

**IND 2020-91:** The percentage of patients with hypertension or diabetes and a BMI ≥27.5 kg/m2 (or ≥30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been referred to a weight management programme within 90 days of the BMI being recorded.

The committee was asked to consider the following issues:

* Which BMI recording to count if more than one in the timeframe
* Potential high levels of personalised care reporting
* Capacity and coverage of weight management programmes

The committee queried what benefits there would be to progressing this indicator to the NICE menu if IND 2020-90 could already capture these patients, and it was confirmed that it was sensible to do so as it would provide more choice on the NICE menu. The committee agreed that the wording around offer of referral should be consistent on both indicators.

**Action:** Progress indicator to NICE menu with a revision to wording, to reflect patients being offered a referral to a weight management programme.

#### Cancer

DS presented a summary of the stakeholder consultation feedback for the draft cancer indicators, informing the committee that the draft indicators had generally been welcomed by stakeholders, but the following cross-cutting issues had been identified:

* Adapting timing of indicators to match the diagnosis
* Avoiding ‘tick box’ approach
* Information from secondary care
* Avoiding clinical focus
* Conducting remotely and accessibility

**IND 2020-82:** The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had a discussion within 3 months of diagnosis about the support available from primary care.

The committee was asked to consider the following issues:

* No specific NICE guidance identified but supported by patient experience guideline CG138
* Defining the support
* Timing for patients and arranging appointments in 3 months

The committee were supportive of the indicator and discussed noting that it could drive improvements in communication and discussed what was meant by ‘support’ and ‘discussion’. Consideration was given to amending the wording to ‘structured discussion’ but the committee agreed this was not necessary. The committee recommended progressing the indicator for inclusion on the NICE menu with a minor editorial amendment.

**Action:** Progress indicator to NICE menu, with minor editorial amendment.

**IND 2020-83:** The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template within 12 months of diagnosis.

The committee was asked to consider the following issues:

* No specific NICE guidance identified but supported by patient experience guideline CG138
* No code available for use of a structured template
* Overlap with health needs assessment
* Flexibility and personalisation of timing and template
* May still not be a suitable timeframe for some patients
* End of treatment link may not be possible

There was broad support from the committee for this indicator. The committee recommended progressing the indicator for inclusion on the NICE menu.

**Action:** Progress indicator to NICE menu, with minor editorial amendment.

### Item 6 – 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:

#### NM08 – Angina

The committee agreed that as this indicator was no longer supported by NICE guidance it should be retired.

**Action:** NICE team to retire NM08 from the NICE menu.

#### NM35 / NM60 / NM118 – Cholesterol

The committee agreed that as these indicators were no longer supported by NICE guidance or NICE-accredited guidance they should be retired. The committee noted that the indicators were part of the indicators no longer in QOF (INLIQ) dataset and recommended that the NICE team flag this with NHS England and NHS Digital.

**Action:** NICE team to retire NM35, NM60 and NM118 from the NICE menu.

**Action:** NICE team to flag the retirement of NM35, NM60 and NM118 with NHS England and NHS Digital given their inclusion in INLIQ.

#### CCG23 – Hip fracture

The committee acknowledged that complete data collection for the current indicator parameters may now not be possible using the National Hip Fracture Database (NHFD) as data collected by the NHFD and the Best Practice Tariff (BPT) has been amended and agreed that the care processes contained within the indicator should be aligned with the 8 for which data is collected by the NHFD and BPT 2019/20.

**Action:** NICE team to amend CCG23 in line with the care processes described within the NHFD and BPT 2019/20.

#### NM04 – Learning disability

The committee agreed that the indicator should be reclassified as a general practice indicator for use outside the QOF given the small numbers at practice level.

**Action:** NICE team to amend the indicator category of NM04 on the NICE menu.

The committee agreed to editorial amendments for indicators outlined in Appendix A of the paper.

### Item 7 – Assuring external indicators – National Library of quality indicators

MM updated the committee about the partnership working with NHS Digital. From April 2020 NICE took on responsibility for publication and assurance of the national library of quality indicators. The review process for renewal of indicators was being supported through NEQOS.

RT presented the methodology which had been adopted for review of indicators due for renewal. The process was based on the NICE indicator process guide. The committee approved the methodology described.

PC presented the assessment of 2 indicators where the input of the committee was requested.

IAP00144 – the committee agreed that this indicator should be discontinued.

IAP00140 – the committee agreed that this indicator should remain in the library.

There was no change to the outcome of the reviews for a further 9 indicators for which assessments were shared with the committee.

### Item 8 - Review of decisions

TJ confirmed to the chair that details of the business and all recorded decisions and actions discussed had been noted.

### Item 9 – AOB

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

**Close of meeting**