# National Institute for Health and Care Excellence

## Indicator Advisory Committee meeting minutes

**Date:** 22 June 2021

**Location:** Virtual via Zoom

### Attendees

**Indicator Advisory Committee members:**

Daniel Keenan (DK) [chair], Andrew Black (AB) [vice-chair], Tessa Lewis (TL), Adrian Barker (ABa), 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), Elena Garralda (EG)

**NICE attendees:**

Charlotte Fairclough (CF), Craig Grime (CDG), Rick Keen (RK), Mark Minchin (MM), Stacy Wilkinson (SW)

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

Andrea Brown (ABr), Paula Whitty (PW), Paul Collingwood (PC), Richard Thomson (RT), Jackie Gray (JG), Elizabeth Blanchard (EB)

**NHS Digital:**

Gemma Ramsay (GR)

**Topic Experts invited to attend the committee:**

Tony Kendrick (TK) – Professor of Primary Care, University of Southampton with research expertise in antidepressant medication

**Apologies:**

Christopher Gale

**Quoracy:** the meeting was quorate.

### Item 1 - Outline of the meeting

DK welcomed the attendees and the indicator advisory committee (IAC) members introduced themselves. DK noted that Tony Kendrick would be joining the committee as a topic expert for the antidepressant medication agenda item.

### 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:

* Liz Cross – Consultancy work for Ipsen – Two paid sessions in 2021.

### Item 3 - Review of minutes and actions from August 2020 meeting

ABa requested an amendment to a query he raised in the previous meeting regarding a covering report for each agenda item detailing what decisions are required and available to the committee. In addition, ABa requested that future papers outline and describe the intent of each indicator. The NICE team noted that such information had been included in the day’s slide set for each agenda item and future papers would be clear around the intent of individual indicators.

The minutes were approved as an accurate record. MM informed the committee that the actions from the last indicator meeting in August 2020 had all been progressed.

### Item 4 and 5 – Development of indicators 20/21

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

**Antidepressant medication**

CDG updated the committee on the development work and testing on the draft indicators for antidepressant medication.

PW, ABr and JG informed the committee of the practice pilot feedback and pilot methodology for the proposed antidepressant medication indicators.

CF presented a summary of the stakeholder consultation feedback for the two draft antidepressant medications indicators, informing the committee that the draft indicators had generally been supported by stakeholders.

CDG presented a summary of the CPRD and NHS BSA data analysis, undertaken to explore potential limitations with the construction of each indicator.

**IND2019-78:** The percentage of patients with a new course of antidepressant in the preceding 12 months who have been reviewed not later than 14 days after their first prescription

The committee was asked to consider the following:

* Not progressing this indicator given feedback from the practice pilot on the feasibility and rationale of reviewing all patients within 14 days of a new prescription of an antidepressant.
* Potential high workload indicated by CPRD data and the practice pilot.
* Potential of unintended consequences of reducing review within 7 days for people at high risk.
* Data from the NHS Business Services Authority (BSA) reporting that 20% of antidepressants prescriptions are not dispensed within 7 days of the prescription.

TK noted that review of patients newly prescribed antidepressant medication is good practice, but implementation of this indicator would be difficult, highlighting it understated the complexity of the clinical work involved.

The committee noted the following concerns with the validity of the indicator:

* The intended purpose of the indicator and the patient outcomes that would be improved are unclear. Review within 14 days may not be the ideal time window for assessing treatment response.
* Excluding certain medications would present difficulties without combining with diagnosis codes.
* The 14-day timeframe has the potential to lead to unintended consequence by implying that earlier review is not needed for people considered at high risk.

**Action: Indicator does not progress to the NICE menu but the issue of early review should be revisited when the updated NICE guideline on depression is closer to publication and focus only on people with mental health conditions.**

**IND2019-79:** The percentage of patients prescribed a long-term antidepressant who have a record of a medication review in the preceding 12 months.

The committee was asked to consider the following:

* Progress the indicator with an amended construction that searches for any previous antidepressant, not the same antidepressant.
* Progress the indicator with an amended construction that searches for previous antidepressants every 90 days for the prior 24 months.
* Findings from the CPRD data analysis that the search for ‘‘12 prescriptions of any drug in 24 months’ returned most of the patients who were returned by searches for previous antidepressants every 90 days for the prior 24 months.

The committee heard from TK that taking antidepressants over the long-term exposes’ patients to the risks of side effects, particularly for people aged 65 years and older. Whilst supporting the indicator TK noted the potential workload implications for practices. The committee acknowledged that the medication review was not a ‘one off’ intervention, successfully changing a patient’s trajectory may take several appointments.

The committee heard from TK that the quality of the current reviews of long-term antidepressant medication vary considerably and can at time lack discussion into the potential risks of continuing. The committee supported the aims of the indicator and the need to consider changing or stopping medication and exploring alternative interventions.

The committee noted that, similar to IND2019-78, the construction does not include specific diagnosis codes but agreed that all patients on long-term antidepressants should be reviewed. The committee suggested that the indicator could specify that the review is broader than a medication review to support holistic care.GR confirmed that coding can be requested in support of this.

The committee noted the potential significant impact such reviews could have on public health and future social care funding with the increased links of medication to falls and frailty.

The committee noted the overlap in the patients identified by using a ’12 in 24 months’ or ‘every 90 day’ construction. While the ‘every 90 day’ construction may be conceptually strongest, it was agreed that ‘12 in 24 months’ may be the most pragmatic approach.

**Action: NICE team to explore a change to the wording of the indicator to emphasise that the review is broader than a medication review.**

**Action: NICE team to discuss construction with NHS Digital (’12 in 24 months’ or ‘every 90 days’)**

**Action: Following completion of above two actions, indicator to progress to the NICE menu as suitable for consideration for inclusion in the QOF subject to negotiations.**

**CCG level screening indicators**

SW presented a summary of the stakeholder consultation feedback for eight draft CCG-level screening indicators, informing the committee that the draft indicators had been generally supported by stakeholders. The committee was aware that CCGs will be abolished, with their functions moving to ICSs but for the purposes of the discussion the screening indicators were discussed under a CCG heading.

**IND 2020-93:** The proportion of babies who have a negative screening test on new-born physical examination but have identified risk factors and undergo assessment by specialist hip ultrasound within 6 weeks of age

The committee was asked to consider the following:

* Not progressing this indicator given the unknown but likely low numbers of patients in the denominator (estimated that between 5 and 10 babies per CCG with hip problems will require treatment).

The committee highlighted that this is a useful indicator, noting that the numbers receiving screening was the key issue.

The committee were concerned that the indicator would not progress giving the effect this has on children particularly as they grow into young adults. The committee questioned the data provided on the number of patients per CCG.

**Action: Further work is required. NICE team to re-examine data on the potential numbers of patients per CCG / ICS and bring the indicator back before the committee.**

**IND 2020-94:** The proportion of babies who have a not suspected result for all the conditions tested for by newborn blood spot testing and have a results letter sent to their parents directly from the child health information service (CHIS) ≤6 weeks of birth*.*

The committee was asked to consider the following:

* The burden of data collection to regional teams.

The committee noted the importance of this indicator and the potential to support joining up of data flows into primary care.

The committee discussed whether to change the indicator wording from ‘not suspected result’ to ‘positive result’. The NICE team highlighted that said wording was copied directly from the published Public Health England standards but that it would explore utilising more understandable language. It was also noted that the indicator should reflect all results, positive or negative.

**Action: NICE team to explore amendment to the indicator language so that it is more aligned with the NICE approach, before progressing it to the NICE menu.**

**IND 2020-95:** The proportion of babies who have a not suspected result for all the conditions tested for by newborn blood spot testing and have a results letter sent to their parents directly from the CHIS ≤ 6 weeks of notification of movement in.

The committee was asked to consider the following:

* Potential inclusion an age exclusion for this indicator.
* Potential inclusion of babies who have a positive result in this indicator.

The committee noted the importance of this indicator as a practical means to pick up ‘movers in’, or babies who have changed CCGs or moved from abroad, and as such did not get tested in the same place their mothers were. The committee again noted the need for clearer language within the indicator wording.

**Action: NICE team to explore amendment to the indicator language so that it is more understandable, before progressing it to the NICE menu.**

**IND 2020-96:** The proportion of parents receiving newborn blood spot screen positive results ≤ 28 days of age.

The committee noted feedback that the newborn bloodspot indicator for sickle cell disease could have a differential impact on people of African or African Caribbean family origins, which could be addressed by reducing the length of time allowed to report on screen positive and negative results.

The committee was asked to consider the following:

* Not progressing this indicator given the very low numbers of patients included in the denominator
* If progressed, amending the wording to specify that results are for sickle cell disease or thalassaemia.

The committee agreed that due to the wide variation in the numbers of cases of sickle cell disease and thalassaemia across the country, that such a CCG level indicator will not address this issue effectively.

**Action: Indicator not to progress to the NICE menu due to small numbers not allowing comparison at CCG level.**

**IND 2020-97:** The proportion of eligible people with diabetes who have not attended for diabetic eye screening in the previous 3 years.

The committee was asked to consider the following:

* The feasibility of the indicator given potential issues with data sharing between the screening provider and primary care that could make it difficult to implement.
* Concerns raised by stakeholders about the potential unintended consequence of GPs being penalised for non-attendance.
* How the results of this indicator should be used.

The committee highlighted the importance of this indicator particularly following the COVID-19 pandemic, noting that patients who have not attended screening are at a higher risk of vision loss.

The committee highlighted that the indicator would also help link the data flow into primary care.

The committee noted that the impact on GPs would be relatively small compared to the indicator’s implementation at CCG level. It was noted that current screening systems are in the process of being updated into a national, modern screening programme which would aid in data collection.

**Action: Indicator to progress to the NICE menu.**

The committee agreed to group the discussion of IND-2020-98 – 100 together due to their similarities.

**IND 2020-98:** The proportion of eligible people with diabetes who are offered an appointment for diabetic eye screening.

The committee was asked to consider the following:

* The acceptability of counting attendance at a walk-in clinic as an offer of an appointment.
* The indicator is currently valid, but the frequency of screening may need to be amended if there are changes to the recommended interval.
* The feasibility of the indicator given potential issues with data sharing between the screening provider and CCGs that could make it difficult to implement.

**IND 2020-99:** The proportion of eligible people with diabetes who are suspended from diabetic eye screening due to previous screening results.

The committee was asked to consider the following:

* The feasibility of indicator given potential data sharing issues between services that could cause issues with implementing this indicator.
* How the results of this indicator should be used.

**IND 2020-100:** The proportion of eligible people with diabetes who are excluded from diabetic eye screening as they have opted out or are classed as medically unfit.

The committee was asked to consider the following:

* If development of this indicator should continue.
* How the results of this indicator should be used.

The committee noted that during the COVID-19 pandemic, significant changes were made to the national eye screening programme meaning patients now get a referral letter automatically within a specific timeframe. It was therefore questioned whether these indicators were necessary.

The committee discussed whether the indicators should be clearer in the definition as to screening on an annual basis.

**Action: NICE team to continue work on IND 2020-98 – 100 in conjunction with NHS England and bring them back before the committee.**

### Item 6 – Assuring external indicators – National Library of quality indicators

CDG 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 NCCID.

PC presented the methodology which had been adopted for review of 28 indicators due for renewal. The process was based on the NICE indicator process guide. The committee approved the renewal of the 25 indicators for which no issues were identified by NCCID.

PC presented the assessment of 3 indicators where the input of the committee was requested.

IAP00143 – the committee agreed that this indicator should be discontinued at this point with a recommendation to NHS England and NHS Digital to reconsider the availability of supporting data given the public health importance of this indicator.

IAP00127 – the committee agreed that this indicator should be renewed.

IAP00325 – the committee agreed that this indicator should be renewed.

### Item 7 and 8 – Development of indicators 2021-22 continued

CF and SW updated the committee on the development work on draft indicators for dementia and acute myocardial infarction.

The committee was made aware of the validity assessments for the two 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

### Item 7 - Dementia and support for carers

PW, ABr and JG informed the committee of the practice pilot feedback and pilot methodology for the proposed indicators.

SW presented a summary of the stakeholder consultation feedback for two draft dementia indicators and explained that three indicators were subject to piloting only due to several previously identified issues. The committee were informed that the two draft consultation indicators had generally been welcomed by stakeholders.

**IND 2019-74:** The percentage of patients diagnosed with dementia, who have had a discussion about their advance care wishes in the preceding 12 months.

The committee was asked to consider the following:

* Progress the indicator for further exploration.
* Requirement for SNOMED codes.

The committee highlighted that care planning will change depending on the circumstances of the patient as their condition progresses. It was noted that this an important part of dementia care and that such conversations should be encouraged.

The committee discussed concerns surrounding annual discussions as this could be insensitive to the patient’s situation. However, it was noted that each patients’ circumstances and priorities can change over time which enhances the need for annual conversations. The committee highlighted that the necessary upscaling and training is achievable as advance care training is already taking place within some practices across the country.

The committee discussed the existing dementia review indicator on the NICE menu and it was questioned whether having this separate indicator would add value.

**Action: Indicator does not progress to the NICE menu as a separate indicator.**

**Action: NICE team to explore strengthening guidance, wording, and coding for existing dementia review indicator (NM107/DEM004).**

**IND 2019-75:** The percentage of patients diagnosed with dementia who have had a medication review focused on the management of their dementia in the preceding 12 months.

The committee was asked to consider the following:

* Progress the indicator for further exploration.
* Potential duplication with other medication reviews taking place.

The committee highlighted that the medication review is an important part of care for people with dementia, particularly given the complexities of de-prescribing.

The committee discussed the existing dementia review indicator on the NICE menu and a similar indicator currently included in the PCN DES. It was questioned whether having this separate indicator would add value.

**Action: Indicator does not progress to the NICE menu as a separate indicator.**

**Action: NICE team to explore strengthening guidance, wording, and coding for existing dementia review indicator (NM107/DEM004).**

**Indicator 3 (Functional assessments):** The percentage of patients diagnosed with dementia who have had a functional assessment in the preceding 12 months.

The committee was asked to consider the following:

* Progress the indicator for further exploration.
* Requirement for SNOMED codes.

The committee stressed the importance of this indicator particularly for carers but questioned as to how this would translate practically into general practice. It was noted that it seemed too vague, and that it was not obvious as to which primary care staff would be qualified enough to undertake the assessments.

**Action: Indicator not to progress to the menu at this point. More work required in ascertaining the specifics of the functional assessment and how it could be carried out practically, before bringing back before the committee for further consideration.**

**Indicator 4 (Non-pharmacological therapies):** The percentage of patients with mild to moderate dementia who have been offered non-pharmacological treatment in the preceding 12 months.

The committee was asked to consider the following:

* If development of this indicator should continue

The committee questioned the ability of practices to stratify mildness and severity of dementia. It was agreed that, while this indicator should not progress, there were potential quality improvement initiatives to be explored further.

**Action: Indicator not to progress to the menu. More work required in conjunction with NHS England to explore quality improvement aspects. NICE team to feedback to the Guidelines team on indicator recommendations surrounding how dementia is stratified.**

**Indicator 5 (Support for carers):** The percentage of carers who have been offered relevant training and education in the previous 12 months.

The committee was asked to consider the following:

* Further exploration of the indicator at PCN level to take place as part of the wider NHS England LTP work (long-term commitment to carers)

It was noted that this could be a strong indicator, particularly at CCG level.

The committee highlighted how many of the tasks surrounding these indicators would benefit from primary and secondary care integration.

The committee speculated that this indicator could progress with an established definition of a carer. The committee noted the differences between support and training, and that the former would be more appropriate for the indicator wording perhaps with a definition attached.

**Action: Indicator not to progress to the NICE menu. More work required with NHS England and carer organisations to determine definitions of a carer and support.**

### Item 8 - Acute myocardial infarction

CF presented a summary of the stakeholder consultation feedback for seven draft acute myocardial infarction indicators, informing the committee that the draft indicators had generally been welcomed by stakeholders.

**IND 2020-101:** The proportion of patients with STEMI who were reperfused among those eligible (onset of symptoms to diagnosis <12h).

The committee was asked to consider the following:

* Amend indicator to exclude ineligible patients from the numerator, including those who present ‘too late’ using data fields recorded in the MINAP dataset.
* The indicator should progress to the NICE menu.

The committee questioned how the timing aspects of these indicators will be extracted. It was noted that a definition could be included to tie down precisely when the timing starts.

**Action: Indicator to progress to the NICE menu in line with NICE team considerations.**

**IND 2020-102:** The proportion of patients with STEMI who had arterial access for primary PCI in 60 minutes or less from time of presentation at a centre with catheterisation facilities.

The committee was asked to consider the following:

* Update indicator to reflect published standards (less than 60 minutes door to balloon inflation)
* The indicator should progress to the NICE menu.

The committee noted the usefulness of door to balloon time given the universal recognition of it nationally. CF highlighted that if door to balloon time was used, then we can also measure this in patients that were transferred for the catheterisation facility.

**Action: Indicator to progress to the NICE menu in line with NICE team considerations.**

**IND 2020-103:** The time between first medical contact and arterial access for patients with STEMI undergoing primary PCI.

The committee was asked to consider the following:

* Amend indicator to measure time from call for help to balloon inflation.
* The indicator should progress to the NICE menu.

The committee agreed that the time from call for help to balloon inflation was a robust measure, but questions were raised as to when the timings are recorded. It was noted that timings should be recorded when there is first incidence of symptoms as part of that pathway or delays will not be measured.

The committee raised concerns on the potential vagueness of the indicator with the first contact measure being highly variable and that the diagnosis of a STEMI was the key factor.

**Action: Indicator to progress to the NICE menu with definition provided for call for help via PCI dataset.**

**IND 2020-104:** The proportion of patients admitted with AMI with assessment of left ventricular ejection fraction before discharge.

The committee was asked to consider the following:

* Remove the requirement for recording a numerical value for LVEF from the numerator.
* The indicator should progress to the NICE menu.

The committee highlighted the key importance of getting the assessment done, and deal with the stratification afterwards. CF noted that via the 2020 MINAP audit, current performance indicates that 75% of patients are recorded with variation across the country. The committee agreed that the indicator could help support improving performance.

**Action: Indicator to progress to the NICE menu. MINAP dataset to be consulted to included numerical values.**

The committee agreed to group IND 2020-105 – 106 together.

**IND 2020-105:** The proportion of patients with AMI prescribed a P2Y12 inhibitor at discharge.

The committee was asked to consider the following:

* It is not possible to measure ‘adequate’ P2Y12 inhibitor at discharge using routinely collected data.
* The indicator should not progress to the NICE menu.

**IND 2020-106:** The proportion of patients with AMI discharged on dual antiplatelet therapy.

The committee was asked to consider the following:

* There are separate recommendations in NG185 for antiplatelet treatment in people with an ongoing separate indication for anticoagulation. They should be excluded from the indicator.
* The indicator should progress to the NICE menu.

The committee agreed with the NICE team’s assessment of these indicators.

**Action: IND 2020-105 not to progress to the NICE menu. IND 2020-106 to progress to the NICE menu in line with NICE team recommendations.**

**IND 2020-107:** The proportion of patients with AMI discharged on high-intensity statin therapy.

The committee was asked to consider the following:

* It is not possible to measure high-intensity statin at discharge using routinely collected data.
* The indicator should not progress to the NICE menu.

The committee agreed with the NICE team’s assessment of this indicator.

**Action: Indicator not to progress to the NICE menu.**

### Item 9 - Review of decisions

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

### Item 10 – AOB

CDG outlined a proposed amendment to existing indicator NM84: The percentage of patients on the CKD register who have hypertension and proteinuria and who are currently being treated with renin-angiotensin system antagonists. The underpinning guidance has been updated and now the medication should now state ‘angiotensin-receptor blocker or an angiotensin-converting enzyme inhibitor’.

**Action: Indicator to be amended on the menu and NHS Digital and NHS England to be notified because of inclusion in INLIQ**.

LP raised a query about continuing the patient subgroup meetings with the NICE team. CDG confirmed this would be investigated.

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

The NICE team and the committee gave a farewell to DK who had finished his ten-year tenure for NICE.

**Close of meeting**