# National Institute for Health and Care Excellence

### Indicator Advisory Committee meeting minutes

**Date:** 14 June 2022

**Location:** NICE London office with virtual attendees via Zoom (hybrid)

**Attendees:**

**Indicator Advisory Committee members:**

Ronny Cheung (RC) [chair], Adrian Barker (ABa), Chloe Evans (CE), Linn Phipps (LP), Liz Cross (LC), Michael Bainbridge (MB), Victoria Welsh (VW), Waqas Tahir (WT), Mary Weatherstone (MW), Elena Garralda (EG), Rachel Brown (RB), Kate Francis (KF), Chris Wilkinson (CW), Mieke van Hemelrijck (MVH), Ben Anderson (BA), Raju Reddy (RR), Paula Parvulescu (PP), Martin Vernon (MV), Tessa Lewis (TL)

**NICE attendees:**

Craig Grime (CDG), Rick Keen (RK) [minutes], Mark Minchin (MM), Ania Wasielewska (AW), Charlotte Fairclough (CF), Nicola Greenway (NG), Daniel Smithson (DS), Melanie Carr (MC), Rachel Gick (RG)

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

Jackie Gray (JG), Elizabeth Blanchard (EB), Andrea Brown (ABr)

**NICE and NCCID observers:**

Victoria Fitton, Maria Pitan, Tony Roberts, Kate Thurland, Paul Collingwood, Nick Lowe, Ellie Mitchell

**Apologies:**

Andrew Black, Chris Gale, Dominic Horne

**Quoracy:** the meeting was quorate.

**Item 1 - Outline of the meeting**

RC welcomed the attendees and the indicator advisory committee (IAC) members introduced themselves.

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

RC 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.

No new interests were declared.

**Item 3 - Review of minutes and actions from March 2022 meeting**

MM informed the committee that all actions from the last indicator meeting in March 2022 had been progressed or were included in today’s agenda.

The March 2022 minutes were approved as an accurate record.

**Item 4 – Epilepsy**

MC presented three epilepsy indicators on annual reviews for discussion by the committee for potential publication. It was highlighted that regular reviews are important to support treatment monitoring and personalised care. It was noted that all three had been through consultation and piloting.

EB and ABr presented a general overview of the NEQOS (NCCID) piloting process for indicator development.

IND 2021-111:

*The percentage of adults receiving drug treatment for epilepsy who had a structured review in the preceding 12 months.*

MC gave an overview of the stakeholder consultation feedback for this indicator. It was noted that optimal management of epilepsy improves health and care outcomes and can also help to minimise impacts on social, educational and employment activity.

EB gave an overview of the piloting feedback for this indicator. Seventy-nine percent of survey respondents agreed during piloting that this indicator would improve the quality of care for patients. It was noted that there was some variation from practices as to what would constitute a structured review with concerns raised that it could devolve into a tick-box exercise. Practices were concerned about the potential for duplication of reviews as some people will also be reviewed in secondary care.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Is the proposed indicator a pragmatic and acceptable approach given the updated guideline recommendations?
* It is feasible given pressure on workload?
* Should it include children and young people?
* Should the indicator progress to publication on the NICE menu as suitable for use in Quality Outcomes Framework (QOF)?

The committee agreed that the annual review should not just be a medication review but should include a wider discussion including care planning, contraception, and mental health. CDG confirmed that NHS Digital only currently have codes for a medication review so a new code will be needed. It was suggested that some practices are already doing some of this work but that there needs to be guidance as to what the structured review should include. MC noted that the NICE guidance does not include a description of a structured review. It was suggested that statement 4 of NICE quality standard 26 (QS26) which is on an epilepsy care plan could be used to inform the definition of a structured review, however the quality standard is being updated as the guideline it is based on has been updated.

It was queried if there was any value to an indicator focused on an annual structured review for all people who are taking anti-seizure medication as some will not have epilepsy. CDG noted that this would have to be developed as a separate indicator.

The committee discussed stakeholder feedback about the need to include children and young people. It was agreed that epilepsy care for children is managed by secondary care whereas this annual review is centered on general practice.

The committee agreed to progress this indicator and to include additional supporting information on the content of a structured review if possible.

**ACTION:** NICE team to progress indicator to publication as suitable for use in the QOF. NICE team to explore development of a new indicator focused on an annual structured review for all patients taking anti-seizure medication.

IND 2021-112:

*The percentage of adults with epilepsy and a learning disability who had a structured review in the preceding 12 months.*

MC gave an overview of the stakeholder consultation feedback for this indicator. It was noted that adults with epilepsy and a learning disability are at higher risk of mortality and may be more vulnerable to serious consequences from loss of contact with services. It was noted that due to the small population size this indicator would be suitable for use outside the QOF.

EB gave an overview of the piloting feedback for this indicator. Seventy one percent of survey respondents agreed during piloting that this indicator would improve the quality of care of patients. Practices queried the relationship of this review to existing annual reviews for this people with a learning disability. Concerns were raised around the challenge of engaging patients to attend annual reviews and that incorporating the epilepsy review within the existing LD review could mitigate this issue.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Is the indicator needed in addition to existing requirements on general practice in relation to people with a learning disability?
* Should it include children and young people?
* Should the indicator progress to publication as suitable for use outside QOF?

The committee noted that there are already comprehensive structured reviews for people with learning disabilities taking place in general practice incentivized through an enhanced service and that they include criteria for epilepsy.

The committee agreed not to progress this indicator.

IND 2021-113:

*The percentage of adults with epilepsy and a mental health condition who had a structured review in the preceding 12 months.*

MC gave an overview of the stakeholder consultation feedback for this indicator. It was noted that adults with epilepsy and a mental health condition have complex needs and may be more vulnerable to serious consequences from loss of contact with services. It was noted that due to the small population size this indicator would be suitable for use outside the QOF.

EB gave an overview of the piloting feedback for this indicator. Sixty six percent of survey respondents agreed during piloting that this indicator would improve quality of care of patients. Practices queried which healthcare professional would conduct this review, and whether this would combine with existing mental health reviews or be separate. However, Practices also raised concerns about the role and expertise of healthcare professionals conducting the current review and their ability to implement an epilepsy review within it. Concerns were raised as to whether the QOF mental health register (the SMI register) is sufficient to identify patients with a complex mental health problem.

In reference to the consultation and piloting feedback, the committee was asked to consider the following:

* Is the indicator needed in addition to existing requirements on general practice in relation to people with a mental health condition?
* Should it include other mental health conditions?
* Should it include children and young people?
* Should the indicator progress to publication as suitable for use outside QOF?

The committee noted that there are already comprehensive structured reviews for mental health conditions taking place in general practice. The committee was also aware of small patient numbers at both practice and PCN level.

The committee agreed not to progress this indicator.

**Item 5 - cardiovascular disease (CVD)**

DS presented six CVD indicators for discussion by the committee for potential publication. It was noted that all six had been through consultation, however indicators IND2022-125 and IND2022-126 had not been through piloting.

IND 2022-125:

*The percentage of patients with a CVD risk assessment score of greater than or equal to 10 percent identified in the preceding 12 months who are offered advice and support for smoking cessation, safe alcohol consumption, healthy diet and exercise within 3 months of the score being recorded.*

IND 2021-114

*The percentage of patients with a CVD risk assessment score of greater than or equal to 20 percent identified in the preceding 12 months who are offered advice and support for smoking cessation, safe alcohol consumption, healthy diet and exercise within 3 months of the score being recorded.*

DS gave an overview of the stakeholder consultation feedback for this indicator grouping. It was noted that cardiovascular risk assessment aims to identify people who do not already have CVD but who may be at high risk of developing it.

ABr gave an overview of the piloting feedback for this indicator grouping. Seventy one percent of survey respondents agreed during piloting that an indicator on lifestyle modifications for people with high CVD risk would improve quality of care, with 73% supporting financial incentivization. Practices queried the appropriateness of using a CVD risk assessment score of 20 percent as a 10 percent score would increase the clinical relevance of the indicators albeit with an increase in workload. It was suggested that a 6-month cut-off for providing lifestyle advice would be more appropriate. Practices highlighted that the health checks for over 40s suspended during COVID-19 would need to resume to support this indicator. Concerns were raised that providing sufficient lifestyle advice and support will cause a significant workload increase, and that there was a lack of a clear definition of “advice and support”. During piloting practices noted that external referral programmes may lack the capacity to provide support for lifestyle modifications.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Workload impact of CVD risk assessment score of 10 percent vs 20 percent threshold.
* Would a significant portion of patients have already received lifestyle advice and support relevant to CVD?
* Remove or amend the 3-month timeframe in definition?
* Should either indicator progress to publication as suitable for use in QOF?

The committee supported the ten percent threshold as it aligned with NICE guidance and that early intervention was key for positive health outcomes. The workload increase from early intervention was considered and it was agreed that the long-term workload increase would be far greater without early intervention. It was noted that said workloads would need to be split between GPs and the wider general practice team. It was agreed that behaviour change, and improved health literacy were desired outcomes and ultimately a reduction in CVD. Concerns were raised that the indicators do not address health inequalities particularly surrounding deprived populations and people that do not speak English as a first language that may not fully understand lifestyle advice. It was noted this indicator (and others) would only pick up people that have a QRISK score on their electronic medical record (EMR), those people without a QRISK score would not be included in any denominators. MM noted that NICE guideline CG181 would be updated in 2023 which may give more scope on risk assessment models that can be used to pick-up populations that do not have a QRISK score.

The committee agreed to progress IND-2022-125, but not progress IND-2021-114.

**ACTION: NICE team to progress IND-2022-125 for publication as suitable for use in the QOF. NICE team to explore potential for adjusting indicator achievement by factors such as deprivation and hard to reach groups.**

IND 2022-126:

*The percentage of patients with a CVD risk assessment score of great than or equal to 10 percent who are currently treated with a lipid modifying therapy.*

IND 2021-115

*The percentage of patients with a CVD risk assessment score of greater than or equal to 20 percent who are currently treated with a lipid modifying therapy.*

DS gave an overview of the stakeholder consultation feedback for this indicator grouping. It was noted that lipid modifying therapies can help lower LDL cholesterol as part of primary prevention of CVD.

ABr gave an overview of the piloting feedback for indicator 2021-115. Sixty five percent of survey respondents during piloting agreed that this indicator would improve quality of care of patients. Practices queried the appropriateness of using a CVD risk assessment score of 20 percent as a 10 percent score would fall in line with NICE guidance. Concerns were raised on payment based on the uptake of lipid modifying therapy (rather than the discussion about therapy options taking place) in that a patient may decline or not take prescribed treatment, although the committee was aware of the ability of personalised care adjustments to reflect patient choice. Practices questioned the definition of “currently treated” and proposed that treatment within the last 12 months may be preferable if the focus is uptake of medication.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Workload impact of CVD risk assessment score of 10 percent and 20 percent threshold.
* Should the indicator be limited to statins only?
* Would a focus on a 20 percent threshold improve impact on workload?
* Would this IND2021-115 risk undertreatment in people with a risk between 10 and 20 percent?
* Should either indicator progress to publication as suitable for use in QOF?

The committee supported the 10 percent threshold as it aligned with NICE guidance and that early intervention was key for positive health outcomes. It was noted that there needs to be a patient-centred approach to care. It was highlighted that the focus should be on statins as that is where the evidence is based but that there needs to be consideration for other newer treatments, retaining the current wording of lipid modifying therapy. The committee was aware that NICE guidance recommends lifestyle modification advice before an offer of drug treatment and that there would be difficulty in constructing an indicator to reflect this. CDG noted that these indicators were developed focusing on the provision of the drug and that changing to an ‘offer’ of the medication would require further work.

The committee agreed to progress IND-2022-126 with no changes, but not progress IND-2021-115. Current treatment would remain defined as “within the last 6 months”.

**ACTION: NICE team to progress IND-2022-126 for publication as suitable for use in the QOF.**

IND 2021-116:

*The percentage of patients with existing CVD who are currently treated with a lipid modifying therapy.*

DS gave an overview of the stakeholder consultation feedback for this indicator. It was noted that lipid modifying therapies can help lower LDL cholesterol as part of secondary prevention of CVD.

ABr gave an overview of the piloting feedback for this indicator. Sixty-eight percent of survey respondents during piloting agreed that this indicator area would improve quality of care. Queries were raised about the indicator definition as heart failure is not always caused by CVD and treatment of heart failure with lipid modifying therapy may not be required.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Should the indicator be limited to statins only?
* Removal of heart failure from the indicator definition of CVD?
* Should the indicator progress to publication as suitable for use in QOF?

The committee mirrored the previous discussion about statins and agreed not to limit the indicator to statins only. The committee discussed whether heart failure codes should be included in the definition of CVD. It was noted that CVD is a leading cause of heart failure but that there can be other causes. It was agreed that the definition should not include heart failure.

The committee agreed to progress IND 2021-116 with no changes. Current treatment would remain defined as “within the last 6 months”.

**ACTION: NICE team to progress IND-2021-116 for publication as suitable for use in the QOF**.

IND 2021-117:

*The percentage of patients with CKD, on the register, who are currently treated with a lipid modifying therapy.*

DS gave an overview of the stakeholder consultation feedback for this indicator. It was noted that people with chronic kidney disease (CKD) are at increased risk of CVD and that lipid modifying therapies can help lower LDL cholesterol as part of primary and secondary prevention of CVD in people with CKD.

ABr gave an overview of the piloting feedback for this indicator. Sixty eight percent of survey respondents during piloting agreed that this indicator area would improve quality of care of patients. Practices felt that this indicator should focus on patients already identified in the current QOF CKD register CKD005. Practices also noted that coding of CKD in general is felt to be poor, including the group currently included in the QOF register.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Could the indicator be expanded to cover other conditions?
* Should the indicator be limited to statins only?
* Should the indicator progress to publication as suitable for use in QOF?

The committee mirrored previous discussions about statins and agreed not to limit the indicator to statins only, again noting newer treatments are available. Concerns were raised regarding the pressures on primary care in asking people with very early stage CKD3 to take lipid modifying therapy for mild symptoms. The committee heard that CKD management is likely to become an increasing national priority.

The committee agreed to progress IND 2021-117 with no changes. It was noted that given the need to prioritise CKD itself, the indicator should not be expanded to cover other conditions. Current treatment would remain defined as “within the last 6 months”.

**ACTION: NICE team to progress IND-2021-117 for publication as suitable for use in the QOF.**

**Item 6 - chronic kidney disease (CKD)**

CF presented four CKD indicators for discussion by the committee for potential publication. It was noted that all four had been through consultation and piloting.

IND 2021-118:

*The percentage of patients (excluding those on the CKD register) prescribed long-term (chronic) oral non-steroidal anti-inflammatory drugs (NSAIDs) who have had an eGFR measurement in the preceding 12 months.*

CF gave an overview of the stakeholder consultation feedback for this indicator. It was noted that NSAIDs are one of the most prescribed drug groups in the UK that can adversely affect kidney function, and that early detection of CKD in patients prescribed these medications long-term can help to prevent or delay progression and complications.

JG gave an overview of the piloting feedback for this indicator. 91 percent of survey respondents agreed that this indicator would improve quality of care of patients during piloting. Concerns were raised about workload in that the volume of patients that would require a blood test could be unmanageable, and that there is no clear support for targeting the indicator on older patients on nephrotoxic drugs. Practices highlighted the difficulty in defining the cohort based on ’12 in 24 months’ prescriptions if patients are prescribed more than two months’ worth of medication. Concerns were raised that patients taking over the counter NSAIDs would be omitted from the indicator as per the definition. Practices highlighted that for patients not on other QOF registers, new systems would need to be set up to identify patients and organise blood tests.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Do the workload implications suggest the indicator should focus on a sub-population, such as people over 65?
* Is the current definition of a long-term prescription of NSAID acceptable?
* Do we need to consider over the counter NSAIDs in the indicator?

The committee suggested that while the working definition of patients on a long term prescription of NSAIDs encompasses a large population (82 people per 10,000 practice size) it is doable within general practice. It was noted that this indicator would help initiate important conversations on the use and implications of NSAIDs. It was agreed that the definition of a long-term prescription is acceptable. The challenges around over the counter NSAIDs were acknowledged by the committee. It was highlighted that those over 65 may already have a long-term condition and therefore would already be managed. It was noted that for said older populations, eGFR does naturally decline which may increase referrals for inaccurate diagnosis. Concerns were raised that moving away from NSAID prescriptions may increase prescriptions of other drugs. It was agreed that there should be no age cut off for inclusion in the indicator but that over 65s need to be considered in terms of multimorbidity and frailty.

The committee agreed to progress IND 2021-118 with no changes.

**ACTION: NICE team to progress IND-2021-118 for publication.**

IND 2021-119:

*The percentage of patients with a new diagnosis of CKD stage G3a-G5 (on the register, within the preceding 12 months) who had 2 separate eGFR tests undertaken prior to diagnosis being confirmed, with at least 90 days between tests and the second test no later than 90 days before the diagnosis was recorded.*

CF gave an overview of the stakeholder consultation feedback for this indicator. It was noted that having two eGFR tests 90 days apart helps ensure appropriate advice, treatment and support can be provided and can help to preserve kidney function and reduce the risk of developing comorbidity.

JG gave an overview of the piloting feedback for this indicator. 67 percent of survey respondents agreed that this indicator would improve quality of care of patients during piloting. Practices noted that the indicator wording and requirements were complex potentially leading to poor understanding. Concerns were raised on the recall of patients for repeat blood tests with potential high DNA rate and risk of CKD not being diagnosed. Concerns were raised regarding the heavy workload involved for repeat blood tests. Practices highlighted that the need to recall patients for a repeat blood test could cause patient anxiety and lead to an increase in clinical workload due to patient queries/requests.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Should the indicator include people with CKD stages G1 and G2?
* Is the 90-day timeframe feasible?
* Will the overlap between primary and secondary care have a significant impact?
* Implementation issues including administrative burden and potential for extra blood tests.
* Is this indicator suitable for inclusion in QOF based on the estimated numbers in the denominator?

The committee noted that this is a strong indicator in that it does reflect NICE guidance and could help with recognition of CKD. It was agreed that CKD stages G1 and G2 populations should not be included at this stage as the quality of coding is uncertain, it was also noted that stages G1 and G2 may include a large proportion of the population. It was thought that this would be simple to record and should be being done already within a large number of practices. It was agreed that there would be no significant overlap with secondary care as eGFR taken during an acute episode should not be used to confirm CKD. It was agreed that the timescale should remain in the indicator wording.

The committee agreed to progress IND 2021-119.

**ACTION: NICE team to progress IND-2021-119 for publication as suitable for use in the QOF. NICE team to explore simplification of the indicator wording. Supporting guidance to state that results obtained in secondary care during an acute episode should not be used to confirm CKD.**

IND 2021-120:

*The percentage of patients with a new diagnosis of CKD stage G3a-G5 (on the register, within the preceding 12 months) who had eGFR and ACR (urine albumin to creatinine ratio) measurements recorded 90 days before or after diagnosis.*

CF gave an overview of the stakeholder consultation feedback for this indicator. A combination of estimated glomerular filtration rate (eGFR) and urine albumin to creatinine ratio (ACR) measurement can be used to estimate the risk of complications and can guide decisions for treatment.

JG gave an overview of the piloting feedback for this indicator. 73 percent of survey respondents agreed that this indicator would improve quality of care of patients during piloting. Practices noted the purpose of the indicator is unclear unless further action is required. Concerns were raised as to the extra workload in obtaining urine samples. Practices highlighted the difficulty in classifying CKD stage from eGFR and ACR results using the reference table within the NICE guidelines. Concerns were raised over the challenges in communicating about CKD with patients when their prognosis is not clear, and that an increase in the volume of blood and urine samples to be tested may exceed lab capacity to process.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Is the rationale for the indicator clear?
* Should the indicator include people with CKD stage G1 and G2?
* Is the 90-day timeframe appropriate and achievable?
* What would be the impact of the highlighted barriers to ACR testing?
* Is this indicator suitable for inclusion in QOF based on the estimated numbers in the denominator?

The committee highlighted that there may be unintended consequences for only focusing on new patients with CKD given the large care needs of patients currently diagnosed. It was noted that there are lots of barriers to measurement of ACRs in primary care. People with stage G1 and G2 CKD should not be included in the denominator as ACR measurement is only required in patients with stages G1 to G2 and presence of structural damage and these patients are likely to have a family history of the condition and are already being seen by a nephrologist in secondary care. It was highlighted that the awareness of CKD is much lower nationally compared to other conditions. It was suggested to amend the indicator wording to “within 90 days” (before or after diagnosis).

The committee agreed to progress IND 2021-120.

**ACTION: NICE team to progress IND-2021-120 for publication as suitable for use in the QOF. NICE team to amend indicator wording to “within 90 days”.**

IND 2021-121:

*The percentage of patients with CKD on the register and with an ACR of less than 70 mg/mmol, without moderate or severe frailty, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.*

CF gave an overview of the stakeholder consultation feedback for this indicator. Optimal blood pressure control can slow progression of CKD and reduce the risk of CVD.

JG gave an overview of the piloting feedback for this indicator. It was noted that 76 percent of survey respondents agreed that this indicator area would improve quality of care of patients during piloting. Practices suggested to remove the ACR requirement to avoid some patients who need treatment being missed. Practices noted that targeting those aged under 80 years would be more appropriate due to poor frailty coding and the challenge of managing blood pressure of those aged over 80 due to multimorbidity. Concerns were raised on the acceptability of re-instating the retired indicator CKD002. Practices highlighted that there may be duplication of payment for work some practices may already be doing for other QOF indicators, and a duplication of work with overlapping with other QOF indicators for diabetes and hypertension. Practices suggested that a Personalised Care Adjustment (PCA) code needs to be available relating to ‘unsuitability for the patient’ or for ‘tolerated therapy/not indicated’ due to other comorbidities not captured by frailty coding.

In response to consultation and piloting feedback, the committee was asked to consider the following:

* Would a focus on adults with CKD and an ACR of 70 mg/mmol or more offer better outcomes?
* Are there potential unintended consequences for people who would benefit from tighter control?
* Does poor coding of frailty impact on the indicator?
* Potential overlap with other QOF indicators.
* Is this indicator suitable for inclusion in QOF?

The committee suggested that frailty is now coded well but it may not reflect clinical status. It was noted that General Medical Service (GMS) contracts requires secondary validation of frailty status. It was highlighted that the electronic frailty index (eFI) can be converted into a code but that it may not be accurate. It was debated as to whether to remove moderate frailty from the indicator wording as it has poor diagnostic accuracy and some people with moderate frailty could also benefit from treatment to this target. It was agreed that this indicator does not overlap with other QOF indicators.

The committee agreed to progress IND 2021-121 for publication.

**ACTION: NICE team to progress IND-2021-121 for publication as suitable for use in the QOF.**

**ACTION: NICE team to re-examine the use of a frailty as a modifier in existing indicators to address overtreatment rather than age.**

New indicator proposals

CF informed the committee that stakeholders proposed a new set of indicators for consideration by the committee including risk factors for CKD, use of ACE inhibitors (and angiotensin receptor blockers) in CKD and SGLT2 inhibitors in CKD.

The committee agreed that an indicator on optimisation of treatment with ACE inhibitors (and angiotensin receptor blockers) and SGLT2 inhibitors in people with CKD would present a great opportunity to get ahead of the curve and encourage improvement in clinical outcomes. It was highlighted that many of the major stakeholders involved with CKD would welcome these indicators. It was suggested that the difficulties in implementation will be around education.

CF noted an existing indicator on ACE inhibitors and angiotensin receptor blockers that was limited to people with CKD and hypertension.

**ACTION: NICE team to begin development on indicators on ACE inhibitors / angiotensin receptor blockers at GP level and SGLT2 inhibitors at ICS level.**

**Item 7 - Blood pressure indicators**

CDG presented three indicators on blood pressure targets for people with diabetes for discussion by the committee for potential publication. It was noted that all three had been through consultation.

IND 2022-122:

*The percentage of patients with diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.*

IND 2022-123:

*The percentage of patients with type 1 diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 135/85 mmHg*

IND 2022-124:

*The percentage of patients with type 2 or other diabetes without moderate or severe frailty, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is less than 140/90 mmHg.*

CDG explained that IND 2022-122 updates existing NM159 to use a target in line with NICE guidance for people aged under 80 with type 2 diabetes. Currently NM159 (and a matching indicator in the QOF) uses a target that is not line with guidance for type 1 or type 2 guidance. IND 2022-123 and IND 2022-124 are new indicators split by type of diabetes with targets matching relevant guidance.

It was noted that all three indicators that the aim to reduce under-treatment and support better control of blood pressure in people with the greatest capacity to benefit.

In response to consultation feedback, the committee was asked to consider the following:

* Is there are a risk of undertreatment of people with diabetes and kidney disease (130/80 in ACR greater than or equal to 70)?
* Currently, NICE's guideline on type 1 diabetes does not use frailty to adjust targets.
* Risk of over treatment in some people 80 and over.

The committee noted people with ACR greater than or equal to 70 should be set tighter individual targets.

The committee agreed with stakeholder feedback that excluding people with moderate or severe frailty was a pragmatic solution to help reduce over treatment in people with type 1 diabetes even if not specifically outlined in NICE guidance.

The committee again discussed the use of frailty to minimise over treatment rather than age. As the indicator is in line with other existing indicators currently included in the QOF, it was agreed to proceed with publication but re-examine this approach (see previous action for IND 2021-121).

The committee noted draft guidance currently in development for people with type 1 diabetes proposes using a target of 140/90mmHg. The committee agreed to progress with the current target of 135/85mmHg but amend if final NICE guidance is updated.

**ACTION: NICE team to progress IND 2022-122 for publication subject to amended NICE guidance.**

**ACTION: NICE team to progress IND 2022-123 for publication.**

**ACTION: NICE team to progress IND 2022-124 for publication.**

Blood pressure indicators for removal

CDG presented two indicators currently on the NICE menu for consideration by the committee:

*NM01: The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.*

*NM02: The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less.*

The committee was asked whether both indicators should now be removed from the menu given the new and updated indicators that had been developed since their publication.

The committee agreed to remove NM01 and NM02 from the menu as their targets no longer align with NICE guidance.

**ACTION: NICE team to remove NM01 and NM02 from the NICE menu.**

Home and ambulatory blood pressure monitoring indicators

CDG informed the committee that stakeholders were consulted on using tighter blood pressure targets when using home and ambulatory blood pressure monitoring (HBPM and ABPM) as per NICE guidance. It was noted that stakeholders agreed, and that NHS Digital have confirmed, that new business rules can be constructed to support measurement for patients with HBPM and ABPM. It was highlighted that this affects nine blood pressure indicators on the NICE menu.

The committee was asked to consider either amending all nine blood pressure indicators in line with the new targets for HBPM/ABPM or create new indicators that apply the new targets to give the QOF the option to use HBPM/ABPM.

The committee agreed to amend all relevant blood pressure indicators.

**ACTION: NICE team to amend all blood pressure target indicators on the NICE menu to apply new targets for HBPM/ABPM.**

New indicator proposals

CDG informed the committee that stakeholders proposed a new indicator on annual review of females of childbearing age who are prescribed valproate. It was highlighted that the population size is too small for an indicator suitable for inclusion in the QOF. The committee noted that a small population size may be less of an issue for an indicator for use outside QOF.

Another indicator was proposed on regular monitoring in primary care for people with chronic fatigue syndrome / ME. It was highlighted that chronic fatigue syndrome may be a more prevalent problem now because of long COVID.

The committee agreed that there is merit for further exploration for these indicators.

**ACTION: NICE team to explore the utility of indicators for use outside QOF on annual review of females of childbearing age who are prescribed valproate**

**ACTION: NICE team to propose chronic fatigue syndrome as a topic to NHS England.**

**Item 8 - Obesity**

DS informed the committee of a partial update of NICE guidance CG189 which has strengthened recommendations to use lower BMI thresholds for people with a South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean family background:

• overweight: BMI 23 kg/m2 to 27.4 kg/m2

• obesity: BMI 27.5 kg/m2 or above

It was noted that the existing QOF obesity register, and NICE menu indicators do not adjust for ethnicity.

The committee was asked to give views on whether, subject to final guideline recommendations, indicators should be amended to use lower BMI thresholds for people unless ethnicity is recorded as white.

The committee agreed with this proposal.

**ACTION: NICE team to amend NICE BMI indicators to lower threshold targets in line with the partial update of NICE guidance CG189. NICE team to clarify if the lower threshold applies to all, or specific groups of people with black, Asian or minority ethnic background.**

**Item 9 – Diabetic foot**

CDG informed the committee of a NICE surveillance decision to update the NICE guideline on footcare for people with diabetes (NG19). The update will likely focus on risk stratification tools and the timing of foot examinations with people with diabetes. It was noted that there is currently one indicator (NM13) on the NICE menu and in the QOF which is underpinned by the current guideline. It was noted that the updated guidance may result in changes to the required frequency of foot examinations.

The committee concluded that any indicators in this area should be underpinned by the latest NICE guideline. It was noted that any changes in the NICE guideline need to be considered in both QOF and the National Diabetes Audit.

**ACTION: NICE team to amend indicator NM13 to focus on people with moderate to high risk in line with the upcoming update to NICE guidance NG19. NICE team to consult with NHS Digital to explore new coding for an indicator to incentivise low-risk populations having a two-yearly check.**

**Item 11 – Stakeholder feedback on immunisation indicators**

MM presented to the committee concerns that were raised by stakeholders on the operation of 3 childhood immunisation indicators that had been published on the NICE menu and subsequently negotiated into the QOF.

The committee heard feedback that the lack of personalised care adjustments and use of high payment thresholds can make the indicators difficult to achieve, particularly for those practices working in areas with a transient population and / or those practices that now provide care for recent international arrivals. The committee was aware that the setting of payment thresholds and the availability of personalised care adjustments are outside of NICE’s remit.

The committee agreed that the indicators themselves remain valid and that there needs to be a collective effort to maintain coverage on childhood immunisation, although it was recognised that their implementation of these 3 indicators may carry the risk of unintended consequences.

MM suggested that uptake data would allow some analysis.

**ACTION: NICE team to explore what data are available for both these 3 indicators and a set of counterfactual indicators.**

**Item 12 - Review of decisions**

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

**AOB**

None.

**Close of meeting**