**National Institute for Health and Care Excellence**

**Indicator Advisory Committee meeting minutes**

**Date:** 5 September 2023

**Location:** Virtual via Zoom

**Attendees:**

**Indicator Advisory Committee members:**

Ronny Cheung (RC) [chair], Adrian Barker (ABa), Chloe Evans (CE), Linn Phipps (LP), Victoria Welsh (VW), Waqas Tahir (WT), Mary Weatherstone (MW), Elena Garralda (EG), Rachel Brown (RB), Kate Francis (KF), Ben Anderson (BA), Paula Parvulescu (PP), Martin Vernon (MV), Tessa Lewis (TL), Chris Gale (CG), Chris Wilkinson (CW), Mieke Van Hemelrijck (MVH), Dominic Horne (DH)

## NICE attendees:

Craig Grime (CDG), Rachel Gick (RG), Daniel Smithson (DS), Rick Keen (RK) [minutes], Emma Gordon (EG) [host]

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

Andrea Brown (ABr), Kate Thurland (KT), Jackie Gray (JG), Ellie Mitchell (EM), Paul Collingwood (PC) Helen King (HK)

**NICE observers:**

Vanessa Kam

**Apologies:**

Andrew Black, Liz Cross, Mark Minchin (NICE), Victoria Fitton (NICE)

**Quoracy:** The meeting was quorate.

## Outline of the meeting

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

## 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 circulated in today’s papers) and all interests related to items under discussion during the meeting.

RC – Appointed Deputy Chief Medical Officer at Guy’s and St Thomas’ NHS Foundation Trust for Transformation and Improvement and will potentially see future indicator work that will affect the Trust. Had a paid advisory board role with Pfizer on respiratory syncytial virus (RSV) vaccines.

CG – Relating to CVD risk assessment: Funded by the British Heart Foundation to devise prediction models for heart conditions such as atrial fibrillation.

## Item 1 - Review of minutes and actions from June 2023 meeting and indicator programme update

CDG informed the committee that all actions from the last committee meeting in June 2023 had been completed or were included in today’s agenda.

The June 2023 minutes were approved by the committee as an accurate record.

The committee suggested that future closed sessions be recorded in the minutes and distributed internally only.

**ACTION:** **NICE team to minute future closed sessions for distribution to the committee.**

CDG updated the committee noting that piloting will be conducted via NEQOS depending on the number of indicators progressed at this meeting.

## Item 2 – Learning disability health action plans

CDG presented to the committee two indicators on learning disability action plans that were discussed at the previous committee meeting:

*IND2022-129: The percentage of patients on the learning disability register aged 14 or over, who received a learning disability health check and a completed health action plan in the preceding 12 months.*

*IND2023-152: The percentage of patients on the learning disability register aged 14 or over, who, received a learning disability health check and a completed health action plan in the preceding 12 months and, have a recording of ethnicity.*

CDG gave a recap that both indicators were supported at consultation but the committee required clarification as to whether they could include children under 14 due to strong stakeholder support, noting that the current Quality Outcomes Framework (QOF) register does not exclude this group. NICE’s analysis of data showed that inclusion of under 14s would add approximately 6 patients for an average practice of 10,000. It was noted that data from the Clinical Practice Research Datalink, showed that small numbers of children under 14 with a learning disability code had a record of a health check or action plan in the preceding 12 months; overall performance would therefore be brought down but it would not be substantial. It was heard that directions for the Primary Medical Services Directed Enhanced Services only require provision of an annual learning disability health check for people aged 14 years and over. It was noted that this may cause confusion by proceeding an indicator for under 14s as it is not currently a contractual requirement which may need to be changed to avoid having two indicators covering different populations.

It was noted that children under 14 with severe learning disabilities will already be picked up by child development services and will have regular follow ups, though these will be less than annual. It was highlighted that children with mild learning disabilities will not have this level of support.

It was suggested that NHS England be informed of need of a contract change to support provision of health checks for all ages for both indicators if either indicator is included in QOF. Concerns were raised that the health checks conducted currently are too generic and that those under 14 for example may need a more tailored approach.

ABr presented to the committee a report on the accuracy and completeness of the QOF learning disability register. It was heard that the primary care learning disability register is generally constructed from clinical diagnoses and information from learning disability teams and social services, but it is likely to be an under-representation of the population. It was noted that there has been the implementation of various tools and national initiatives to improve the early identification of patients, including the use of current indicators. It was highlighted that current literature suggests that improvements to the QOF register can be made through more evidence-based use of screening tools, improved case finding via comorbid conditions, and via utilisation of the reasonable adjustments flag in the NHS Spine. It was noted that there is limited detail relating to patient profiles and subgroups who may be under-represented on the register. It was highlighted that there is also personal stigma relating to people not wanting to be identified via the register.

The committee was asked to consider the following:

* Whether the findings relating to the completeness and accuracy of the LD register in primary care would impact on the general validity of the two draft indicators relating to ongoing management of learning disability, potentially suitable for use in the QOF, which were discussed in June IAC.
* If the initial focus for primary care should be on improving the accuracy of the register through approaches including proactive case finding, improved communication and data sharing between health, social care, education, and other relevant organisations and by utilising the Reasonable Adjustments flag in the NHS Spine.

Members noted that improving the accuracy of the register is important but raised concerns around incentivising improvements. It was highlighted that there is a danger that you end up with less people on the register rather than more because once you start comparing data, the emphasis often switches to reducing numbers. It was specified that was confidence that those using learning disability services were already on the GP register. It was noted that there is a complexity in identifying all children with learning disabilities, as for example children in school may have special need and mental health issues, but not a learning disability.

The committee highlighted that the discrepancy between recorded and expected prevalence is more likely to relate to under diagnosis of mild learning disabilities. It was heard that the screening tools used to diagnose people with learning disabilities may not be designed to be used in a primary care setting so it would be incorrect to assume that primary care would be picking up the diagnosis.

The committee agreed that the indicators should progress to the menu with a caveat explanation given to NHS England about the need for the register to improve. It was suggested that any improvements to the register would be more suitable at Primary Care Network (PCN) level due to the requirement for cross-organisational working. It was noted that by progressing the indicators it could incentivise the need for improvements to the register which may bolster improved health outcomes.

**ACTION: NICE team to progress IND2022-129 and IND2023-152 to the NICE menu for their inclusion in the QOF with the inclusion of children under 14.**

**ACTION: NHS England to be informed about the contractual need to include all ages and of the need for the learning disability register to be improved based on NEQOS research.**

## Item 2 – Depression

DS presented to the committee a new indicator on depression:

*IND2023-154: The percentage of patients with a new diagnosis of depression or anxiety disorder in the preceding 12 months, whose notes record an offer of a first line treatment option within 3 months of the date of diagnosis.*

DS gave the background to the indicator noting that since the publication of the NICE depression guideline update (NG222), the committee made the decision to retire existing indicator NM123 from the NICE menu at the June 2023 meeting. It was recommended by the committee to develop a new indicator that covers all the potential treatment options outlined in the guideline update. It was noted that this indicator is supported by NG222 recommendations 1.5.2 and 1.6.1.

The following validity concerns were highlighted:

* The indicator would not differentiate between severity of depression.
* Timescale of ‘within 3 months of diagnosis’ is pragmatic and does not have an evidence base.
* Includes those with a diagnosis of anxiety or with both conditions. Should all interventions be a ‘pass’, whether for depression or anxiety?

The committee was asked to consider whether the proposed indicator should progress to piloting and testing. Alternatively, the committee could halt development of the indicator or ask for further evidence of validity.

Members noted that the indicator should include anxiety and depression as a lot of people tend to have a mixture of both conditions, and there are commonalities in the treatment options. It was highlighted that if the indicator were to publish, there is a need for all relevant coding to be available, particular for the less invasive and preventative treatment options. The NICE team clarified that this can be done.

Concerns were raised that the indicator is too broad in that it may lead to inappropriate promotion of antidepressants rather than encouraging self-help treatment options, but it was noted that the latter would be difficult to measure.

The committee suggested that a new indicator should focus on de-prescribing antidepressants, or patient choice and satisfaction with treatment. The committee agreed that this indicator would not be a suitable replacement for the previously retired depression indicator. The NICE team highlighted that concerns on the tick box nature of the indicator were raised internally with implementation contacts. It was suggested that NHS England be consulted on the strategic direction in this area.

**ACTION: NICE team to halt development on IND2023-154.**

**ACTION: NHS England to be consulted on new depression indicator.**

## Item 3 – Existing NICE indicators

RG notified the committee that NICE carried out a review of 46 GP and CCG indicators on the NICE menu analysing minimum population numbers, alignments with NICE guidance, and to provide feedback on validity concerns. It was noted that 3 indicators had been identified for which there are proposed amendments, and 2 indicators for which retirement is proposed.

CCG01: Cancer - *The proportion of invasive cases of cancer diagnosed via an emergency route.*

* First published on NICE menu in 2013. Never in CCGOIS.
* Metric developed by [National Cancer Registration and Analysis Service (NCRAS)](http://ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics)
* Data source: [NHS England’s Emergency presentations of cancer, quarterly data](https://digital.nhs.uk/data-and-information/publications/statistical/emergency-presentations-of-cancer-quarterly-data).
* Purpose of the amendments: clarify the denominator and exclusion criteria.
* The committee is asked to approve the amendments.

**ACTION: The committee agreed with the proposed amendments to this indicator.**

CCG83: Cancer - *The proportion of eligible people aged 60-74 years whose record shows a bowel screening test has been performed within the last 2.5 years.*

* Published on NICE menu in 2017. Not published in CCGOIS.
* Indicators on coverage in the [Public Health Outcomes Framework (PHOF)](https://www.gov.uk/government/collections/public-health-outcomes-framework).
* Purpose of amendments: align with standards for data collection for the [bowel screening programme (coverage)](https://www.gov.uk/government/publications/bowel-cancer-screening-programme-standards/bowel-cancer-screening-programme-standards-valid-for-data-collected-from-1-april-2018), and to improve consistency of data collection and provide more accurate indication of achievement.
* The committee is asked to consider the proposed amendments to the indicator specification.

**ACTION: The committee agreed with the proposed amendments to this indicator.**

CCG84: Cancer - *The proportion of women aged 50-70 years whose record shows a breast screening test has been performed within the last 3 years.*

* Published on NICE menu in 2017. Not published in CCGOIS.
* 2 indicators on coverage in the [Public Health Outcomes Framework (PHOF)](https://www.gov.uk/government/collections/public-health-outcomes-framework).
* Purpose of amendments: align with standards for data collection for the [breast screening programme (coverage)](https://www.gov.uk/government/publications/breast-screening-consolidated-programme-standards/nhs-breast-screening-programme-screening-standards-valid-for-data-collected-from-1-april-2021), and to improve consistency of data collection and provide a more accurate indication of achievement.
* The committee is asked to consider the proposed amendments to the indicator specification.

Members queried as to whether trans women would be excluded from this indicator. It was noted that the indicator would have to follow the screening programme standards that does not invite trans women, but that guidance does provide instructions to all groups who are not invited.

**ACTION: The committee agreed with the proposed amendments to this indicator.**

CCG10: Angina and coronary heart disease - *The proportion of people admitted for coronary heart disease referred for cardiac rehabilitation within 5 days of admission.*

* Published on NICE menu in 2013. In [CCGOIs - indicator 1.24.](https://digital.nhs.uk/data-and-information/publications/statistical/ccg-outcomes-indicator-set/october-2022/domain-1-preventing-people-from-dying-prematurely-ccg/1-24-referrals-to-cardiac-rehabilitation-within-5-days-of-an-admission-for-coronary-heart-disease)
* Not included in [Cardiac Rehabilitation Audit](http://www.cardiacrehabilitation.org.uk/reports.htm) after 2014; no data collected since 2015/16 for CCGOIS.
* The committee was asked to consider retiring CCG10 from the NICE menu due to lack of a supporting data source.

Members noted that there are issues with cardiac rehabilitation referral and completion but if the data is lacking then it does not add any value to the system. It was queried if there were other data sources that could pick up the target population such as the myocardial ischaemia national audit project (MINAP) or more localised data sources. It was noted that it would be very problematic if there is no other indicator relating to referral into and receipt of cardiac rehabilitation given its benefit regarding patient outcomes. The NICE team clarified that there is still data on uptake of cardiac rehabilitation in general, but data needed to calculate ‘within 5 days of admission’ is no longer being collected. It was agreed that this indicator should be retired.

**ACTION: The committee agreed to retire this indicator from the NICE menu.**

CCG46: Stroke and ischaemic attack - *The proportion of people who receive psychological support for mood, behaviour or cognitive disturbance 6 months after an admission to hospital with a stroke.*

* Published on NICE menu in 2012. Not included in national performance frameworks.
* [Sentinel Stroke National Audit](https://www.strokeaudit.org/) does not report separately on receipt of psychological support at 6 months.
* The committee is asked to consider retiring CCG46 from the NICE menu due to lack of a supporting data source.

**ACTION: The committee agreed to retire this indicator from the NICE menu**.

## Item 4 – Cardiovascular disease (CVD) risk assessment

CDG presented to the committee proposals for new indicators on CVD risk assessment. It was noted that CVD risk assessment tools, such as QRISK3, estimate the risk of future cardiovascular events (heart attack or stroke) to help inform treatment strategies. It was highlighted that the NICE menu has existing indicators on CVD risk assessment in people with rheumatoid arthritis, serious mental illness, hypertension, and diabetes. It was noted that there are also indicators that use the results of CVD risk assessment to derive the population for provision of lifestyle advice and lipid lowering therapies, but that there is currentlyno indicator on the provision of CVD risk assessment in general.

The committee was presented with two options for an indicator:

Option 1: *The percentage of people aged 40 to 84 years with a modifiable risk factor included in QRISK3, who have a recorded CVD risk assessment in the preceding 5 years.*

Option 2: *The percentage of people aged 40 to 84 years with a modifiable risk factor or comorbidity included in QRISK3, who have a recorded CVD risk assessment in the preceding 5 years.*

The committee was asked to provide guidance on the different denominator inclusion and exclusion criteria and whether indicators should progress to consultation and testing. Alternatively, the committee could advise that no indicators are progressed for further development.

Members noted that this an important area as uptake of health checks is low, and not all patients are eligible. It was noted that using QRISK2 may lead to data inaccuracies as certain fields can be left blank when it is completed, and that QRISK3 is not currently integrated into any primary care systems. It was noted that there may be a potential resource impact particularly on the use of lab testing for lipid measurement. It was agreed that while the area is important, the indicator needs further discussion via a working group with committee members.

**ACTION: NICE team to form a working group with members of the committee to further develop an indicator on CVD risk assessment for submission to piloting.**

## Item 5 - Assuring external indicators – National Library of quality indicators

CDG updated the committee about the partnership working with NHS England (formerly 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 indicators due for renewal. The process was based on the NICE indicator process guide.

PC presented the assessment of 4 indicators where the input of the committee was requested.

IAP00425 – *The proportion of people who use services who say that those services have made them feel safe and secure.*

* Indicator is no longer part of the Adult Social Care Outcomes Framework; however, the indicator data will continue to be collected and published by the Adult Social Care Survey.

**The committee agreed that this indicator should be renewed**.

IAP00426 – *Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under*

* The NHS Outcomes Framework is currently paused, but when published this indicator may signpost to data from OHID. This is the same indicator methodology but at 0-5 and 6-10 age bands rather than 0-10.

**The committee agreed that this indicator should be renewed.**

IAP00610/611 – *Adherence to nebulised therapy in Cystic Fibrosis*

* The indicators as stands meet all criteria for renewal; however, to date there is no available data collected and published to support the indicators as initially approved in 2019.
* NEQOS recommended renewal at this time, however subsequent assessment should consider the changing evidence base on Cystic Fibrosis treatment.

**The committee agreed that these indicators should be renewed.**

## Item 6 – Health inequalities

CDG and KT presented to the committee a selection of new proposed indicators that could help mitigate the risks of perpetuating or exacerbating health inequality. It was noted that this was a follow on from an initial NEQOS report presented to the committee at the December 2022 meeting.

Cancer

*Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test (FIT) result, with the result recorded in the twenty-one days leading up to the referral.*

CDG highlighted that this indicator could progress to the NICE menu in its current form as it is already used in practice in the Investment and Impact Fund (IIF), and further testing will likely not produce any new information.

The committee was asked to consider whether this indicator should progress.

Members questioned the extent to which FIT would support reduction of health inequalities but did agree that it would help reduce unnecessary referral to secondary care. There was some uncertainty as to whether the indicator would add value given that FIT testing prior to referral had been rolled out across cancer pathways for lower gastrointestinal cancer. However, data from the Investment and Impact Fund 2022/23 shows that some variation still exists in practice.

The committee agreed that there may be minimal value gained from consulting on the indicators given the support for recently updated guideline DG56 and the indicator already being used in the IIF.

**ACTION: NICE team to progress this indicator to the NICE menu as suitable for use in the QOF.**

**Action: NICE to assign a shorter review date given concerns that it may quickly become obsolete.**

Maternity

*The percentage of women who have given birth between 2 and 14 months previously who had a 6-week postnatal check with a GP which included: physical health following the birth, mental health and wellbeing, inter-pregnancy planning or contraception, and a review of chronic conditions.*

The committee was asked to consider whether this indicator should progress to consultation and/or piloting.

Members suggested that proposed indicator could increase inequality as practices may focus on recall on patients more likely to attend. It was suggested that the indicator could focus on less privileged or higher risk groups. It was noted that it is difficult to identify such groups using coded information in general practice.

It was also noted that specifying that the review should be face to face could be a source of inequality as certain people may lack the ability to attend appointments. It was noted that some practices conduct the review over the phone which is well received. It was agreed that the indicator should not specify face-to-face and should be left up to the clinical judgement of the doctor.

It was suggested that two indicators could be devised; one to incorporate all mothers, and one to incorporate mothers at high risk. The NICE team queried as to whether the high-risk groups such as relating to complex social factors can be appropriately coded. It was highlighted that the maternity services dataset contains a ‘flag’ for complex social factors and that this may be more suitable as a network level indicator.

Members discussed the timescale for provision of a postnatal check: most agreed that within 6 weeks was too short a timeframe and that in practice it is more likely to be longer for some patients. It was highlighted that the reviews are often built around giving the first immunisation jabs to the baby, or providing advice in advance of the immunisation appointment, and so the timeframe should take this into consideration. It was agreed that a timeframe of 6 to 12 weeks be used as it would then align with the NICE postnatal care quality standard, with the validity of this as a pragmatic solution to be queried during testing.

**ACTION: One indicator on postnatal checks for all women at 6-12 weeks to progress for testing and consultation as suitable for use in the QOF.**

**ACTION: One system level indicator on postnatal checks for high-risk women at 6-12 weeks to progress for piloting to fully explore the detail of the timescales.**

Smoking

*The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses who have previously been recorded as current smokers (within the past 5 years) and whose latest smoking status taken in the preceding 12 months records them as a non-smoker or an ex-smoker.*

KT noted the following evidence and data for this proposed indicator:

Noting the existing NICE menu indicators relating to smoking in those with SMI (NM124 and NM125), the committee was asked to consider whether this indicator should progress to consultation and if further testing or piloting is required.

The committee queried the extent to which successful smoking cessation was directly attributable to GPs. It was noted that this is further exacerbated by stock shortages of pharmacological therapies and decommissioning of stop smoking services.

**ACTION: NICE team to progress this indicator for consultation at system level.**

Obesity

KT presented two potential general practice indicators on management of CVD risk in overweight or obese people to the committee:

1. *The percentage of patients aged 18 years and over whose latest BMI measurement taken within the previous 12 months was 30 kg/m2 or more (appropriately adjusted for ethnicity) with a record of physical health checks.*
2. *The percentage of patients aged 18-39 years with a BMI between 25 and 30 kg/m2 in the preceding 12 months who have been given appropriate weight management advice within 93 days of the BMI being calculated.*

It was noted that those aged 16 to 34 years who are overweight may have no reason to access health care, suggesting missed opportunities for early intervention to prevent future CVD. The committee was asked to consider whether these indicators should progress to consultation and if further testing or piloting is required.

It was queried as to whether the indicators should measure separately those from deprived areas or those in increased risk groups. KT noted that obesity is linked to deprivation so practices in more deprived areas will have more obese patients so they may find he indicators easier to achieve.

**ACTION: NICE team to progress both indicators for testing and consultation at general practice level.**

KT presented two potential system level indicators on management of patients with severe obesity to the committee:

1. *The percentage of patients whose latest BMI measurement taken within the previous 12 months is 40kg/m2 or more, with a record of an offer of referral to bariatric surgery assessment.*
2. *The percentage of patients discharged from bariatric surgery service follow-up within 1 and 2 years previously, with a record of nutritional status monitoring in the previous 12 months.*

The committee was asked to consider whether these indicators should progress to consultation and if further testing or piloting is required.

It was noted that indicator 4 could instead focus on annual review for anyone with a previous record of bariatric surgery. It was highlighted that there should be a push to help monitor patients who have undergone bariatric surgery privately. It was noted that the ongoing monitoring for the indicator 4 patients after the surgery will primarily be conducted via practices and so it was queried if it could instead be general practice level indicator. It was highlighted that even if the data is coming from primary care the numbers would be too small for it to be a primary care indicator. It was noted that a full list of nutrition monitoring codes would need to be established to support indicator 4. It was agreed that indicators 3 and 4 should progress for consultation.

**ACTION: Indicator 3 to progress for testing and consultation as a system level indicator.**

**ACTION: Indicator 4 to progress for testing and consultation as a system level indicator. NICE to explore whether an indicator focused on annual review for anyone with a previous record of bariatric surgery would be appropriate at general practice level.**

Scheduled reviews

KT presented four existing general practice indicators with the proposal to stratify them to focus delivering annual reviews to high risk patients to reduce health inequalities (proposed wording edits highlighted in bold):

Diabetes, based on NM13: *The percentage of patients with diabetes* ***classified as high-risk, or who are under 18 years*** *with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes or previous ulcer) or 4) ulcerated foot within the preceding 15 months.*

Asthma, based on NM167: *The percentage of patients with asthma on the register* ***classified as high-risk, or who are under 18 years****, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire (including assessment of short acting beta agonist use), a recording of the number of exacerbations and a written personalised action plan.*

Heart Failure, based on NM174: *The percentage of patients with heart failure on the register* ***classified as high-risk, or who are under 18 years****, who had a review in the preceding 12 months, including an assessment of functional capacity (using the New York Heart Association classification) and a review of medication.*

COPD, based on NM170: *The percentage of patients with COPD on the register* ***classified as high-risk*** *who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale.*

The committee was asked to consider whether any or all of these indicators should progress to consultation and/or testing and piloting.

Members noted that focusing on people at higher risk could help reduce unnecessary attendance in some patients. It was noted that under 18s may automatically be considered high risk, they should be excluded from the diabetes and heart failure indicators as they would already be under secondary or tertiary care. It was suggested that a logic model be created to identify the high-risk cohorts with further scoping taking place in a working group with members of the committee. It was suggested that the NICE guideline leads and suites for these individual topics be consulted as a starting point. It was agreed that scoping should be begin with one or two topics.

**ACTION: NICE team to select one or two indicators for scoping of a logic model to stratify high-risk patients working in conjunction with the guideline developers.**

## Item 7 - Review of decisions

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

## AOB

The committee gave a farewell to Kate Francis and Mary Weatherstone who completed their ten-year tenures with NICE.

**Close of meeting**