NICE Indicator Programme

Consultation on potential new indicators

Consultation dates: 8 February 2017 - 8 March 2017

This document outlines potential new indicators for inclusion in the NICE indicator menu.

Indicators are grouped according to topic area. The intended use for each indicator is also given. These are:

- **general practice indicators**[1]
- **clinical commissioning group indicators.**

We welcome general comments and ask stakeholders to respond to some key questions. Feedback from this consultation alongside other parts of the indicator development process will be presented to the NICE Indicator Advisory Committee in June 2017.

The proposed indicators may change following consultation.

Please read the introductory text included in this document before submitting your comments. If you have any questions about this consultation please contact the NICE Indicator Team (indicators@nice.org.uk).

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[1] These indicators go through a formal testing process, including piloting in 26 practices. Please see here for further information https://www.nice.org.uk/media/default/Get-involved/Meetings-In-Public/indicator-advisory-committee/ioc-process-guide.pdf

Contents

Introduction

The types of indicator and how they can be used

NICE currently has a remit to develop indicators for general practice and clinical commissioning group (CCG) indicator frameworks.

NICE indicators are currently used in a number of national indicator sets including NHS England's General Practice Outcome Standards (GPOS) and General Practice High Level Indicators (GPHLI) and the Quality and Outcomes Framework (QOF). CCG level indicators are used in NHS England's CCG Improvement and Assessment Framework (CCG IAF) and the CCG Outcome Indicator Set (CCG OIS).

The general practice indicators included within this consultation document have the potential to be used for a variety of purposes, this may involve being used in a national measurement framework or a local quality improvement initiative / audit.

How we develop indicators and the purpose of the consultation

All NICE indicators are developed in accordance with the [NICE indicator development process](). A key part of this process is giving stakeholders the opportunity to comment on the proposed indicators and their intended use.

Stakeholders are asked to respond to some key questions about all the indicators. We also ask for feedback on some specific points for individual indicators.

How to submit your comments

Please send your comments using the form available on the [NICE website]() to [indicators@nice.org.uk]() by 5pm on 8 March 2017.

General practice indicators by topic

Acute Kidney Injury

Acute kidney injury - register	
Indicator ID and draft wording	**GP1**: The practice establishes and maintains a register of all people aged 18 years and over with an episode of AKI in the preceding 12 months.
Intended purpose	General practice indicator
Indicator rationale	Acute kidney injury (AKI) refers to sudden damage to the kidneys with consequences ranging from minor loss of function to complete kidney failure. AKI is predictable and can be avoided, however data from the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD, 2009) indicates that people are dying and suffering severe harm due to a delay in detecting AKI. Acute kidney injury is increasingly being seen in primary care in people without any acute illness. People with previous episodes of AKI are at higher risk of experiencing it again. By having a register of people with previous episodes of AKI healthcare professionals working in can more easily monitor and treat people.
Evidence base / NICE QS[2]	This indicator is focussed on establishing a register of people therefore it is not underpinned by specific evidence based recommendations, instead it will aid measurement of aspects of care covered within the associated evidence base. Related aspects of care are contained in NICE guideline on acute kidney injury: prevention, detection and management and NICE QS76 – acute kidney injury.
Issues for consideration during consultation Is aged 18 years and over a suitable population group?	

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[2] Where possible the indicators have been mapped to NICE quality standards

Acute Kidney Injury

Return of renal function	
Indicator ID and draft wording	**GP2**: The percentage of people with an episode of AKI in the preceding 12 months who have had a serum creatinine, eGFR and either an ACR or PCR recorded within 3 months of the record of diagnosis.
Intended purpose	General practice indicator
Indicator rationale	The Kidney Disease Improving Global Outcomes (KDIGO) guidelines recommend that people are reviewed after 3 months to determine disease resolution, a new episode or worsening of pre-existing CKD. Review of return to renal function is assessed by serum creatinine, estimated glomerular filtration rate (eGFR) and either a urinary albumin:creatinine ratio (ACR) or protein:creatinine ratio (PCR) on people who have had an episode of AKI within 3 months of the record of diagnosis.
Evidence base / NICE QS	This indicator is supported by recommendations 1.3.1, 1.3.2, 1.4.1, 1.4.2 and 1.4.3 from NICE guideline on Acute kidney injury: prevention, detection and management. Measurement at 3 months is supported by recommendations in the Kidney disease: improving global outcomes (KDIGO) Clinical practice guideline for acute kidney injury: 2012 rec 2.3.4.
Issues for consideration during consultation Is the time frame of 3 months feasible for this population?	

Acute Kidney Injury

Medication review – people that have had an episode of AKI	
Indicator ID and draft wording	**GP3**: The percentage of people aged 18 years and over with an episode of AKI in the preceding 12 months who have had a medication review within 1 month of the record of diagnosis
Intended purpose	General practice indicator
Indicator rationale	During an episode of AKI people should have their medication reviewed and if necessary doses of drugs such as NSAIDs, ACE inhibitors, ARBs reduced or discontinued as they have nephrotoxic potential. A medication review should be also completed after each episode of AKI to determine the optimal management of any pre-existing conditions such as hypotension. This medication review in primary care is especially important if the people experienced the episode of AKI in secondary care. It can ensure that post discharge, any necessary medications have been restarted or discontinued as indicated and the patient advised about how to minimise the risks of a future episode. Where a patient is not being prescribed any regular long term medication they should be advised on the use of and potential risks associated with over the counter NSAIDs.
Evidence base / NICE QS	This indicator is supported by recommendation 1.6.4 from NICE guideline on [Acute kidney injury: prevention, detection and management.](#) NICE [QS76 – acute kidney injury – statement 1](#)
Issues for consideration during consultation	

Is the timeframe of 1 month feasible in this population?

Acute Kidney Injury

Information and subsequent prevention	
Indicator ID and draft wording	**GP4**: The percentage of people with an episode of AKI in the preceding 12 months who have been given written information about AKI within 1 month of the record of diagnosis.
Intended purpose	General practice indicator
Indicator rationale	Some episodes of AKI may be preventable through patient education, via written patient information about the causes of AKI, how people can self – manage their condition to reduce the risk of a future episode e.g. maintaining hydration, and when to seek help.
Evidence base / NICE QS	This indicator is supported by recommendations 1.6.1, 1.6.2, 1.6.3 and 1.6.4 from NICE guideline on Acute kidney injury: prevention, detection and management.
Issues for consideration during consultation	
Is the timeframe of 1 month feasible in this population?	

Autism

Autism - register	
Indicator ID and draft wording	**GP5**: The practice establishes and maintains a register of all people on the autistic spectrum.
Intended purpose	General practice indicator
Existing indicator	QOF LD003: The contractor establishes and maintains a register of people with learning disabilities.
Indicator rationale	Autistic spectrum disorder is a common condition affecting around 1.1% of the population. It is a developmental and lifelong condition affecting social interaction and communication skills combined with restricted interests and rigid and repetitive behaviours. It can impact greatly on a person and their family and people experience a range of cognitive, learning, language, medical, emotional and behavioural problems.

Autistic spectrum disorder is wide ranging and includes milder forms of the condition such as Asperger syndrome where people have average or above average intelligence and fewer problems with language and social communication. The clinical picture of the condition can therefore vary due to differing levels in the severity of autism, cognitive ability, and the presence of coexisting conditions such as learning disabilities in people with more severe autism.

Across the autistic spectrum people may experience social and economic exclusion. Their condition may also be overlooked by healthcare, education and social care professionals which may create a barrier to receiving appropriate services and support.

This indicator is to ensure that people with a diagnosis of being on the autistic spectrum are identified by and known to the practice.

NHS England, Building the NHS of the Five Year Forward View - NHS England Business Plan 2016-2017, |
| **Evidence base / NICE QS** | This indicator is focussed on establishing a register of people therefore it is not underpinned by specific evidence based recommendations.

It is anticipated that this register, if implemented could facilitate measurement of related aspects of care that are contained in CG142 Autism spectrum disorder in adults: diagnosis and management, CG128 Autism spectrum disorder in under 19s: recognition, referral and diagnosis and NICE QS 51 Autism. |

Cancer

Cervical cancer screening – under 50 years	
Indicator ID and draft wording	**GP6**: The proportion of women eligible[3] for screening and aged 25 – 49 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3.5 years
Intended purpose	General practice indicator
Existing indicator	QOF CS002: The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years.
Indicator rationale	Cervical cancer incidence has decreased by a tenth over the last decade, in 2014 there were approximately 3,200 new cases in the UK (Cancer Research UK, 2017). Cervical cancer often has no symptoms in its early stages and the exact cause of cervical cancer is not known. The NHS Cervical Screening Programme (NHSCSP) in England invites eligible women for a cervical screening test. The current NSC policy for cervical screening for England states: •All women aged 25-49 years should be screened every 3 years •All women aged 50-64 years should be screened every 5 years
Evidence base / NICE QS	This indicator is support by guidance from the National Screening Committee - Cervical screening programme: https://www.gov.uk/guidance/cervical-screening-programme-overview

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[3] Eligible women are those not ceased from recall due to clinical reasons i.e. absence of cervix

Cancer

Cervical cancer screening – women aged 50 years and above	
Indicator ID and draft wording	**GP7**: The proportion of women eligible[4] for screening and aged 50 – 64 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the last 5.5 years
Intended purpose	General practice indicator
Existing indicator	QOF CS002: The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years.
Indicator rationale	Cervical cancer incidence has decreased by a tenth over the last decade, in 2014 there were approximately 3,200 new cases in the UK (Cancer Research UK, 2017). Cervical cancer often has no symptoms in its early stages and the exact cause of cervical cancer is not known. The NHS Cervical Screening Programme (NHSCSP) in England invites eligible women for a cervical screening test. The current NSC policy for cervical screening for England states: • All women aged 25-49 years should be screened every 3 years • All women aged 50-64 years should be screened every 5 years
Evidence base / NICE QS	This indicator is supported by guidance from the National Screening Committee - Cervical screening programme: https://www.gov.uk/guidance/cervical-screening-programme-overview

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[4] Eligible women are those **not** ceased from recall due to clinical reasons i.e. absence of cervix

The Healthier You: NHS Diabetes Prevention Programme

Diabetes prevention - register	
Indicator ID and draft wording	**GP8**: The practice establishes and maintains a register of all people with a diagnosis of non-diabetic hyperglycaemia.
Intended purpose	General practice indicator
Indicator rationale	The cost of managing type 2 diabetes and its complications is estimated to be around £8.8 billion annually in England. Due to increased levels of obesity and sedentary lifestyles, the incidence of type 2 diabetes is expected to increase. NICE guideline PH38 recommends that an HbA1c of 48 mmol/mol (6.5%) or above indicates that someone has type 2 diabetes. People with HbA1c values between 42 and 47 mmol/mol (6.0 – 6.4%) or fasting plasma glucose of 5.5- 6.9 mmol/l are described as having non-diabetic hyperglycaemia (NDH) and are at increased risk of developing type 2 diabetes. People with NDH may be identified through routine care or the NHS Health Check programme. This indicator aims to ensure that people with a diagnosis of NDH are identified by practices. https://www.england.nhs.uk/ourwork/qual-clin-lead/diabetes-prevention/
Evidence base / NICE QS	This indicator is supported by recommendations 5 and 6 from NICE guideline PH38: Type 2 diabetes: prevention in people at high risk[5].

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[5] Please note guideline PH38 is currently being updated. Publication due in August 2017

The Healthier You: NHS Diabetes Prevention Programme

Diabetes prevention - Intensive lifestyle advice	
Indicator ID and draft wording	**GP9**: The percentage of people newly diagnosed with non-diabetic hyperglycaemia in the preceding 12 months who have been referred to a Healthier You: NHS Diabetes Prevention Programme for intensive lifestyle advice
Intended purpose	General practice indicator
Indicator rationale	This indicator applies to all people aged over 18 years with a new diagnosis of NDH in the preceding 12 months. People with HbA1c values between 42 and 47 mmol/mol (6.0 – 6.4%) or fasting plasma glucose of 5.5- 6.9 mmol/l are described as having non-diabetic hyperglycaemia (NDH). An approved lifestyle intervention programme is one commissioned through the Healthier You: NHS Diabetes Prevention Programme. Please note that not all practices currently have access to this programme as full roll-out will not be achieved until 2020. NICE guidance and the Healthier You: NHS Diabetes Prevention Programme recommends that those with NDH should be offered a referral to an evidence based, intensive lifestyle change programme to prevent the onset of type 2 diabetes. This indicator is to ensure that people newly identified with NDH are referred to an approved intensive lifestyle advice programme.
Evidence base / NICE QS	This indicator is supported by recommendations 5 from NICE guideline PH38: Type 2 diabetes: prevention in people at high risk. NICE QS6 – Diabetes in adults – statement 1

The Healthier You: NHS Diabetes Prevention Programme

Diabetes prevention - HbA1c measurement	
Indicator ID and draft wording	**GP10**: The percentage of people with non-diabetic hyperglycaemia who have had an HbA1c or FPG test in the preceding 12 months.
Intended purpose	General practice indicator
Indicator rationale	People with NDH are at increased risk of developing type 2 diabetes. Annual monitoring of their HbA1c or fasting plasma glucose (FPG) should ensure that any transition to type 2 diabetes is diagnosed promptly so that they can be offered appropriate treatment. As the focus of this indicator is on annual monitoring, then people newly diagnosed with NDH in the preceding 12 months will be excluded. It will apply to all other people aged over 18 years on the NDH register. In people with existing NDH there should be a record of an HbA1c or FPG having been performed in the preceding 12 months. For the purposes of this indicator it is the record of the test which is being assessed not its associated value.
Evidence base / NICE QS	This indicator is supported by recommendations 6 from NICE guideline PH38: Type 2 diabetes: prevention in people at high risk.

Postnatal mental health

Postnatal enquiry	
Indicator ID and draft wording	**GP11**: The percentage of women who have given birth in the preceding 12 months who have had an enquiry about their mental health using the Whooley 2 depression questions and the GAD-2 between 4-10 weeks postpartum.
Intended purpose	General practice indicator
Existing indicator	QOF DEP003: The percentage of people aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis.
Indicator rationale	Women are at increased risk of anxiety and depression in the post-natal period. The 6 week postnatal check provides a routine appointment during which a woman's mental health should be considered. These conditions affect 15-20% of women in the first year after childbirth. Anxiety disorders such as panic disorder, generalised anxiety disorder (GAD), obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and tokophobia (an extreme fear of childbirth), can occur on their own or coexist with depression. NICE guidance recommends that during the postnatal period women should be assessed for mental health conditions and referred for specialist care where necessary.
Evidence base / NICE QS	This indicator is supported by recommendation 1.5.4 from NICE guideline CG192: Antenatal and postnatal mental health: clinical management and service guideline. NICE QS115 - Antenatal and postnatal mental health - statement 4

CCG indicators by topic

Acute heart failure

<table>
<tr>
<td colspan="2">New suspected acute heart failure - measurement of natriuretic peptide</td>
</tr>
<tr>
<td>Indicator ID and draft wording</td>
<td>CCG1: The proportion of people presenting to hospital with new suspected acute heart failure who have a single measurement of natriuretic peptide</td>
</tr>
<tr>
<td>Intended purpose</td>
<td>Clinical commissioning group indicator.</td>
</tr>
<tr>
<td>Indicator rationale</td>
<td>Acute heart failure is a common cause of admission to hospital (over 67,000 admissions in England and Wales per year) and is the leading cause of hospital admission in people 65 years or older in the UK.

Acute heart failure is a condition in which the heart does not pump enough blood to meet all the needs of the body. It is caused by dysfunction of the heart due to muscle damage (systolic or diastolic dysfunction), valvular dysfunction, arrhythmias or other rare causes. Acute heart failure can present as new‑onset heart failure in people without known cardiac dysfunction, or as acute decompensation of chronic heart failure.

Measurement of a single natriuretic peptide can be used to rule out heart failure or determine if further investigations are needed.</td>
</tr>
<tr>
<td>Evidence base / NICE QS</td>
<td>This indicator is supported by recommendation 1.2.2 from NICE guideline on Acute heart failure: diagnosis and management

NICE QS103 – acute heart failure – statement 1</td>
</tr>
</table>

Acute heart failure

New suspected acute heart failure – 2D echocardiogram	
Indicator ID and draft wording	**CCG2**: The proportion of adults admitted to hospital with new suspected acute heart failure and raised natriuretic peptide levels who have a transthoracic doppler 2D echocardiogram
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	In people presenting with new suspected acute heart failure with raised natriuretic peptide levels a transthoracic Doppler 2D echocardiography can be used to establish the presence or absence of cardiac abnormalities. It will enable earlier diagnosis and appropriate management.
Evidence base / NICE QS	This indicator is supported by recommendations 1.2.3 and 1.2.4 from NICE guideline on Acute heart failure: diagnosis and management NICE QS103 – acute heart failure – statement 2

Acute heart failure

Specialist input within 24 hours of admission to hospital – for people with acute heart failure	
Indicator ID and draft wording	**CCG3**: The proportion of adults admitted to hospital with acute heart failure who have input within 24 hours of admission from a dedicated specialist heart failure team
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	People being admitted to hospital with suspected acute heart failure should have early and continuing input from a dedicated specialist heart failure team. Early involvement, within 24 hours, is important for cost‑effective care, it can positively contribute to rapid diagnosis, reduced readmissions and better quality of life. Ongoing input will also help to ensure appropriate care and make subsequent readmission less likely.
Evidence base / NICE QS	This indicator is supported by recommendation 1.1.2 from NICE guideline on Acute heart failure: diagnosis and management NICE QS103 – acute heart failure – statement 3

Acute heart failure

Follow up within 2 weeks of discharge from hospital - for people with acute heart failure	
Indicator ID and draft wording	**CCG4**: The proportion of adults with acute heart failure who have a follow up clinical assessment by a member of the community or hospital based specialist heart failure team within 2 weeks of hospital discharge.
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	Follow-up appointments for people with acute heart failure within 2 weeks of hospital discharge can reduce early readmission, improve a person's long term outcomes and quality of life.
Evidence base / NICE QS	This indicator is supported by recommendation 1.1.4 from NICE guideline on Acute heart failure: diagnosis and management NICE QS103 – acute heart failure – statement 6

Acute Kidney Injury

Diagnosis rate	
Indicator ID and draft wording	**CCG5**: Diagnosis rate of AKI within a CCG population
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	Acute kidney injury (AKI) refers to sudden damage to the kidneys with consequences ranging from minor loss of function to complete kidney failure. AKI is predictable and can be avoided, however data from the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD, 2009) indicates that people are dying and suffering severe harm due to a delay in detecting AKI. The establishment and monitoring of diagnostic rates of AKI within a CCG can help to benchmark against similar populations and identify issues with high numbers of people experiencing AKI.
Evidence base / NICE QS	This outcome measure is focussed on establishing/monitoring the diagnostic rates within a population therefore it is not underpinned by specific evidence based recommendations. NICE QS76 – acute kidney injury

Acute Kidney Injury

Admission rate	
Indicator ID and draft wording	**CCG6**: Admission rates due to AKI
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	Benchmarking admission rates due to AKI between CCG's could help identify issues with management of AKI within primary and community care services.
Evidence base / NICE QS	This outcome measure is focussed on monitoring the admission rates within a population therefore it is not underpinned by specific evidence based recommendations. NICE QS76 – acute kidney injury

Acute Kidney Injury

Specialist care	
Indicator ID and draft wording	**CCG7**: The proportion of people diagnosed with AKI who require specialist care: • Renal replacement therapy • Critical care
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	This indicator will provide CCGs information about the impact of AKI on specialist services and the extent to which AKI is being identified and managed before people experience more serious complications.
Evidence base / NICE QS	Outcome measure is focussed on specialist care for people with AKI therefore it is not underpinned by specific evidence based recommendations. NICE QS76 – acute kidney injury

Acute Kidney Injury

Length of stay	
Indicator ID and draft wording	**CCG8**: Length of stay for people diagnosed with AKI
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	People who experience AKI in secondary care are more likely to experience complications that may impact on their length of stay in hospital. This indicator would give CCGs the ability to assess the impact of AKI on the use of inpatient beds.
Evidence base / NICE QS	Outcome measure is focused on monitoring the impact of AKI on people's length of stay in hospital therefore it is not underpinned by specific evidence based recommendations.

Acute Kidney Injury

Hospital readmissions within 30 days	
Indicator ID and draft wording	**CCG9**: Hospital re-admission rates where AKI is coded within 30 days of discharge from hospital
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	Hospital re-admissions rates linked to AKI can be a measure of post discharge planning and treatment by secondary and primary care. This indicator could provide CCGs with benchmarking information about how people who have had AKI and been discharged are being managed and treated following discharge.
Evidence base / NICE QS	Outcome measure focused on re-admission rates therefore it is not underpinned by specific evidence based recommendations. NICE QS76 – acute kidney injury

Acute Kidney Injury

Re-events of AKI within 12 months	
Indicator ID and draft wording	**CCG10**: The proportion of people who experience a repeat admission due to AKI within 12 months of a previous episode of AKI.
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	People who have had AKI are at risk of experiencing another episode in the future. With good care and monitoring in primary care, the risk of a repeat episode of AKI can be reduced. This indicator could provide CCGs with a benchmarking indicator to help identify whether people at risk of experiencing another episode of AKI are being effectively managed within their locality.
Evidence base / NICE QS	Outcome measure focused on reducing risk of future episodes of AKI therefore it is not underpinned by specific evidence based recommendations NICE QS76 – acute kidney injury

Acute Kidney Injury

AKI progression to CKD	
Indicator ID and draft wording	**CCG11**: The proportion of people with AKI who go onto develop CKD
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	People who have had AKI maybe at risk of developing longer term kidney disease. With good care and monitoring in primary and secondary care, the risk of developing CKD may be reduced. This indicator could provide CCGs with a benchmarking indicator to help identify any local issues with the number of people who have had AKI who are then developing chronic kidney disease.
Evidence base / NICE QS	Outcome measure focused on reducing risk of developing CKD therefore it is not underpinned by specific evidence based recommendations NICE QS76 – acute kidney injury

Antenatal and postnatal mental health

First booking appointment	
Indicator ID and draft wording	**CCG12**: The proportion of pregnant women who were asked about their mental health at their first booking appointment
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	The management of mental health problems during pregnancy and the postnatal period differs from at other times because of the nature of this life stage and the potential impact of any difficulties and treatments on the woman and the baby. Depression and anxiety are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety at some point; many women will experience both. During pregnancy and the postnatal period, anxiety disorders, including panic disorder, generalised anxiety disorder (GAD), obsessive‑compulsive disorder (OCD), post‑traumatic stress disorder (PTSD) and tokophobia (an extreme fear of childbirth), can occur on their own or can coexist with depression. Psychosis can re‑emerge or be exacerbated during pregnancy and the postnatal period. The first booking appointment allows healthcare professionals to discuss emotional wellbeing with women and identify potential mental health problems. This will help health professionals provide appropriate support
Evidence base / NICE QS	This indicator is supported by recommendations 1.5.4 and 1.5.8 from NICE guideline on Antenatal and postnatal mental health. NICE QS115 – antenatal and postnatal mental health – statement 4

Antenatal and postnatal mental health

Access to psychological services	
Indicator ID and draft wording	**CCG13**: The proportion of women referred for psychological interventions in pregnancy or the postnatal period who start treatment within 6 weeks of referral
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	It is important that women with a mental health problem in pregnancy or the postnatal period receive prompt treatment to manage their condition and prevent their symptoms worsening. More urgent intervention may be needed at these times (and women with acute mental health problems will need to be seen as quickly as possible) because of the potential effect of the untreated mental health problem on the baby and on the woman's physical health and care, and her ability to function and care for her family.
Evidence base / NICE QS	This indicator is supported by recommendation 1.7.3 from NICE guideline on Antenatal and postnatal mental health. NICE QS115 – antenatal and postnatal mental health – statement 6

Cancer

Bowel cancer screening	
Indicator ID and draft wording	**CCG14**: The proportion of eligible people aged 60-74 years whose records shows a bowel screening test has been performed within the last 2 years
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	Colorectal cancer (also known as bowel cancer) is a major public health concern. It is the third most common cancer in the UK, with approximately 41,000 new cases diagnosed per year (Cancer Research UK, 2017). It is the second most common cause of cancer deaths in the UK, with approximately 16,100 deaths each year. This makes prevention and early detection a healthcare priority; people who present 'symptomatically' often have more advanced disease which is less amenable to treatment, however if bowel cancer is found early, it is easier to treat. Ensuring earlier diagnosis presents great potential for transformational improvements in patient outcomes The NHS bowel cancer screening programme (NHSBCSP) offers screening every 2 years to all men and women aged 60 – 74. A national audit of bowel cancer conducted by the NHS Digital, found that of people diagnosed with bowel cancer in the eligible age range (60-74), 24% had a referral from screening services (NHS Digital, 2016). Moreover, people referred from screening services were more likely to be younger and have curative intent of treatment compared to people diagnosed following GP referrals and emergency admissions. Poor uptake in some geographical areas and population groups is leading to late cancer diagnosis and increases in preventable deaths which could be addressed by improving uptake of bowel cancer screening.
Evidence base / NICE QS	The NHS BCSP offers screening every 2 years to all men and women aged 60 to 74. https://www.gov.uk/guidance/bowel-cancer-screening-programme-overview

Cancer

Breast cancer screening	
Indicator ID and draft wording	**CCG15**: The proportion of women aged 50-70 years whose record shows a breast screening test has been performed within the last 3 years.
Intended purpose	Clinical commissioning group indicator.
Indicator rationale	In the UK, breast cancer incidence has increased by approximately 50% since the late 1970s and in 2014 there were approximately 55,200 new cases of breast cancer (Cancer Research UK, 2017). The NHS Breast Screening Programme (NHSBSP) is a population screening programme which is currently offered to women aged 50-70 in England and is estimated to save 1,300 lives each year (Cancer Research UK, 2015). The aim of breast screening is to reduce mortality by finding breast cancer at an early stage often when any changes in the breast are too small to feel. Of all women with cancers detected in 2013-14, 39.9 % (7,175 women) had invasive but small cancers (less than 15mm in diameter), that are usually too small to detect by hand. If breast cancer is diagnosed at the earliest stage, the majority of women will survive for 5 years or more, compared to 3 in 10 women if diagnosed at a later stage (Cancer Research UK, 2015).
Evidence base / NICE QS	The NHS BSP offers screening every 3 years to all women aged 50 to 70. https://www.gov.uk/guidance/breast-screening-programme-overview

COPD

Post discharge pulmonary rehabilitation	
Indicator ID and draft wording	**CCG16**: The proportion of people with COPD that start post discharge pulmonary rehabilitation within 4 weeks of discharge
Intended purpose	Clinical commissioning group indicator.
Existing indicator	2015/2016 CCG OIS: Indicator C2.3: The proportion of people with COPD and MRC Dyspnoea Scale 3 and above referred to a pulmonary rehabilitation programme.
Indicator rationale	COPD is characterised by airflow obstruction that is not fully reversible. The airflow obstruction does not change markedly over several months and is usually progressive in the long term. COPD is predominantly caused by smoking. Exacerbations often occur, where there is a rapid and sustained worsening of symptoms beyond normal day-to-day variations. A 2015 Cochrane review (McCarthy et al, 2015) found that pulmonary rehabilitation is a highly effective and safe intervention that reduces hospital admissions and mortality, and which can improve health related quality of life in people with COPD who have recently experienced an exacerbation.
Evidence base / NICE QS	This indicator is supported by recommendation 1.2.8.1 from NICE guideline on Chronic obstructive pulmonary disease in over 16s: diagnosis and management. NICE QS10 – COPD – statement 5

End of life care

Quality of care in the last 3 months of life	
Indicator ID and draft wording	**CCG17**: Reported experience of care across services in the last 3 months of life
Intended purpose	Clinical commissioning group indicator
Indicator rationale	Patient satisfaction is used as measure of quality of care. Measuring patient experience is important for identifying whether people approaching the end of life have been treated with respect, dignity and felt involved in decisions. End of life care can take place over a variety of settings but the care received should be of equal quality regardless of the setting in which it takes place. Improving end of life care and reducing variation in services providing end of life care across the health system by 2020 is a high priority for the Department of Health (Department of Health, 2016).
Evidence base / NICE QS	Outcome measure focused quality of care for people in the last 3 months of life therefore it is not underpinned by specific evidence based recommendations. NICE QS13 – End of life care for adults

Mental health – children and young people

BMI rates	
Indicator ID and draft wording	**CCG18**: The proportion of children and young people with severe mental illness (SMI)[6] recorded as being overweight or obese
Intended purpose	Clinical commissioning group indicator
Indicator rationale	Poor diet and nutrition, weight gain, lack of physical activity and the impact of medication contribute to high rates of cardiovascular disease and reduced life expectancy in people with psychosis, schizophrenia and bipolar disorder. Ensuring that the physical health of children and young people with SMI is being monitored is an important part of the care package. Improvements in mental health services have been highlighted as a priority in NHS England's Five Year Forward View and NHS England's Business Plan 2016/17 commitment to focus on prevention and public health. These national priorities were recently outlined in the Five Year Forward View for Mental Health.
Evidence base / NICE QS	Outcome measure focused on management of physical health risks in this population therefore it is not underpinned by specific evidence based recommendations. NICE QS102 – Bipolar disorder, psychosis and schizophrenia in children and young people – statement 5

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[6] Severe mental illness is defined as people with schizophrenia, psychosis or bipolar disorder

Mental health – children and young people

First episode of psychosis	
Indicator ID and draft wording	**CCG19**: The proportion of children and young people who are referred to a specialist mental health service with a first episode of psychosis who start assessment within 2 weeks.
Intended purpose	Clinical commissioning group indicator
Indicator rationale	Specialist mental health services can improve symptoms and outcomes such as admission and relapse rates for children and young people with SMI. Assessment by specialist services can lead to a confirmed diagnosis and then provide a full range of evidence-based treatments including pharmacological, psychological, social, occupational and educational interventions.
Evidence base / NICE QS	NICE CG155 Psychosis and schizophrenia in children and young people: recognition and management rec 1.3.1 NICE QS102 – Bipolar disorder, psychosis and schizophrenia in children and young people – statement 1

Mental health – children and young people

Duration of untreated psychosis	
Indicator ID and draft wording	**CCG20**: The duration of untreated psychosis in children and young people.
Intended purpose	Clinical commissioning group indicator
Indicator rationale	It is important that once someone is diagnosed with psychosis, they are able to access appropriate treatment as quickly as possible. Specialist mental health services can improve symptoms and outcomes such as admission and relapse rates for children and young people with SMI. Measuring the duration of untreated psychosis in children and young people will reflect the rates of referral and treatment within specialised mental health services. Specialist services diagnose the condition and provide a full range of evidence-based treatments including pharmacological, psychological, social, occupational and educational interventions.
Evidence base / NICE QS	Outcome measure focused on duration of untreated psychosis, therefore it is not underpinned by specific evidence based recommendations. NICE QS102 – Bipolar disorder, psychosis and schizophrenia in children and young people – statement 1

Mental health – children and young people

Supported employment and education	
Indicator ID and draft wording	**CCG21**: The proportion of children and young people with SMI who have arrangements for accessing education or employment‑related training included in their care plan.
Intended purpose	Clinical commissioning group indicator
Indicator rationale	Children and young people with bipolar disorder, psychosis or schizophrenia are more likely to leave school without any qualifications (Mental health taskforce strategy, 2015) and may need additional support to continue or return to education or employment‑related training. Arranging for children and young people to access suitable education or employment‑related training is an important component of transition care planning, and will improve academic and social development and overall life chances.
Evidence base / NICE QS	NICE CG155 Psychosis and schizophrenia in children and young people: recognition and management, rec 1.1.5, 1.3.9, 1.8.13 and 1.8.14

NICE CG185 Bipolar disorder: assessment and management rec 1.9.6

NICE QS102 – Bipolar disorder, psychosis and schizophrenia in children and young people – statement 8 |

Mental health – children and young people

Access to family interventions	
Indicator ID and draft wording	**CCG22**: The proportion of children and young people with psychosis and schizophrenia referred for family interventions
Intended purpose	Clinical commissioning group indicator
Indicator rationale	Families play an important part in providing care and support to children and young people with a SMI. When family intervention forms part of a broad based approach that combines different treatment options tailored to the needs of the individual and their family, it can improve coping skills and relapse rates for children and young people with SMI.
Evidence base / NICE QS	NICE CG155 Psychosis and schizophrenia in children and young people: recognition and management, rec 1.3.11, 1.3.12 NICE QS102 – Bipolar disorder, psychosis and schizophrenia in children and young people – statement 4 and statement 2

References

Cancer Research UK (2017) Cancer statistics by type (accessed February 2017)

Cancer Research UK (2015) Benefits of breast screening

Department of Health (2016) Our Commitment to you for end of life care: The Government Response to the Review of Choice in End of Life Care

Kidney Disease: Improving Global Outcomes (2012) KDIGO clinical practice guideline for acute kidney injury

McCarthy, B et al (2015). Pulmonary rehabilitation for chronic obstructive pulmonary disease. Cochrane,

Mental Health Taskforce to the NHS in England (2016). The Five Year Forward View for Mental Health

NCEPOD (2009) Adding insult to injury.

NHS England (2014) Action for diabetes.

NHS England (2014) Five Year Forward View

NHS England (2015). The NHS England business plan 2015-16

NHS Digital (2016) National Bowel Cancer Audit Annual Report 2016

Appendix A: Consultation comments

Consultation dates: 8th February 2017 – 8th March 2017

General comments:

Stakeholders are asked to consider the following questions when commenting on the proposed indicators:

1. Do you think there are any barriers to implementing the care described by these indicators?

2. Do you think there are potential unintended consequences to implementing / using any of these indicators?

3. Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.

If you think any of these indicators may have an adverse impact in different groups in the community, can you suggest how the indicator might be delivered differently to different groups to reduce health inequalities?

In addition, stakeholders are invited to comment on a number of indicator specific questions.

How to submit your comments:

Please send your comments using the form available on the NICE website to indicators@nice.org.uk by **5pm on 8th March 2017**