**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**NICE indicator validity assessment**

Assurance date: September 2021

Review date: September 2024

# Indicator IAP00126

# Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes

# Validity assessment

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| **Domain** | **Notes**  | **Assessment** |
| Importance | Indicator is part of the CCG Outcomes Indicator Set domain 1 – Preventing people from dying prematurely.Indicator is presented as an indirectly standardised ratio therefore national trends cannot be assessed. In the most recent period of data (2018/19) values range from 63.4 to 222.6. | Indicator is based on a recognised dataset. |
| Evidence base | From indicator quality statement[[1]](#footnote-1):“This indicator forms part of Domain 1: Preventing people from dying prematurely. This indicator is considered useful in measuring the quality of commissioning for people with diabetes. The intent of the indicator is to measure the proportion of people with diabetes who develop long-term conditions or complications. The indicator can support the measurement of the outcome statement in the NICE Quality Standard for diabetes in adults (QS6), Statement 8, which focuses on a reduction in the incidence of complications associated with diabetes.**How actionable is the indicator?**Some but not all complications may be potentially avoidable with high-quality management of diabetes in primary care. It is expected that CCGs will use this indicator as a proxy to measure outcomes of care.”.  | Evidence base exists. This indicator measures potentially preventable conditions and complications in people with diabetes and reflects NICE guidance (QS6[[2]](#footnote-2), NG17[[3]](#footnote-3), NG28[[4]](#footnote-4)). |
| Specification  | Numerator: The number of people in the denominator who have a HES primary or secondary diagnosis (ICD-10) codes, or primary and secondary OPCS codes during the follow-up period of myocardial infarction, stroke or end stage kidney disease (specified in Appendix 2 of the indicator specification[[5]](#footnote-5)).Denominator: The number of people with diabetes identified by the NDA who were alive at the start of the follow-up period.Exclusions: NoneMethodology: Indirectly standardised ratio.Geography: England, CCG.Data Source: National Diabetes Audit (NDA) and Hospital Episode Statistics (HES).Disclosure control: Suppression is applied to any numerators from 1 to 5. If only one value is suppressed in this way secondary suppression is applied to the next lowest numerator. | The indicator has defined components necessary to construct the indicator. |
| Feasibility  | All data from long running data sources. | Data has been flowing for some time and data sources will continue. |
| Acceptability | Indicator source data is robust.  | The indicator assesses performance that is attributable to or within the control of the audience.The results of the indicator can be used to improve practice.Indicator must be interpreted with caution. |
| Risk | Indicator requires careful interpretation and should not be viewed in isolation. | Indicator requires careful interpretation. |

**Summary:** Indicator to be renewed.

**NHS Digital Indicator reference:**

CCG Outcomes Indicator Set - 1.4 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes

1. NHS Digital. CCG outcomes indicator set, Indicator Quality Statement, Domain 1. 1.4 Myocardial infarction, stroke and stage 5 chronic kidney disease in people with diabetes. Version 2.2, October 2020 [↑](#footnote-ref-1)
2. Diabetes in adults, last updated 18 August 2016, <https://www.nice.org.uk/guidance/qs6> [↑](#footnote-ref-2)
3. Type 1 diabetes in adults: diagnosis and management, last updated 16 December 2020. <https://www.nice.org.uk/guidance/ng17> [↑](#footnote-ref-3)
4. Type 2 diabetes in adults: management, last updated 16 December 2020, <https://www.nice.org.uk/guidance/ng28> [↑](#footnote-ref-4)
5. NHS Digital. CCG outcomes indicator set, Indicator Specification, Domain 1. 1.4 Myocardial infarction, stroke, and stage 5 chronic kidney disease in people with diabetes. Version 2.3, October 2020 [↑](#footnote-ref-5)