

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Indicators for the NICE menu for the QOF

Indicator area: Angina

Indicator: NM08

Date: August 2016

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For patients with newly diagnosed angina (diagnosed after 1 April 2011), the percentage who are referred for specialist assessment

Introduction

Conditions causing chest pain or discomfort, such as an acute coronary syndrome or angina, have a potentially poor prognosis, emphasising the importance of prompt and accurate diagnosis. Treatments are available to improve symptoms and prolong life.

Rationale

Angina due to coronary artery disease (CAD) is, in general, a clinical diagnosis. Clinical assessment alone may be sufficient to confirm or exclude a diagnosis of stable angina, but when there is uncertainty about the diagnosis, additional functional or anatomical testing guided by estimated likelihood of CAD is required. Functional testing includes myocardial perfusion scanning; anatomical testing includes coronary angiography.

It has been common clinical practice to use exercise testing (also termed exercise electrocardiogram (ECG), stress ECG or exercise tolerance test) to help establish a diagnosis of suspected angina, particularly when the clinical history and resting 12-lead ECG does not allow a definitive diagnosis, and to assess prognosis in those with a definitive diagnosis of angina).

Source guidance and recommendations

[Chest pain of recent onset: assessment and diagnosis](#) NICE guideline 95 (2010)

- Recommendation 1.3.1.1: Diagnose stable angina based on one of the following:
 - clinical assessment alone or
 - clinical assessment plus diagnostic testing (that is, anatomical testing for obstructive CAD and/or functional testing for myocardial ischaemia).

Reporting and verification

The practice should report those patients who have been referred for specialist assessment, unless diagnosed on clinical assessment alone, within 12 months of being added to the register in whom a new diagnosis of coronary heart disease has been made since 1 April 2011. The practice should also report patients who have been referred up to three months before being added to the register.

Further information

This is NICE indicator guidance for QOF, which is part of the NICE menu of indicators. This document does not represent formal NICE guidance. The NICE menu of indicators for QOF is available online at:

<https://www.nice.org.uk/Standards-and-Indicators/index>