

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INDICATOR DEVELOPMENT PROGRAMME (QOF)

Resource impact statement: Depression and anxiety disorder

Date: July 2015

Indicator

NM123: The percentage of patients with a new diagnosis of depression and/or anxiety disorder in the preceding QOF year, whose notes record an offer of referral for psychological treatment within three months of the diagnosis.

Introduction

This report covers a new indicator that is part of the NICE menu of potential Quality and Outcomes Framework (QOF) indicators for 2016/17, following the recommendations of the NICE indicators advisory committee in June 2015. The indicator has been piloted as part of the NICE QOF indicator development process.

This report considers the likely resource impact of incentivising the interventions associated with the proposed indicator in terms of the number of additional interventions provided and the cost of each intervention. Costs to NHS commissioners are outlined where relevant.

The [NICE clinical guideline CG90 on depression in adults](#) makes recommendations for the treatment of depression with a range of psychological and psychosocial interventions.

Several NICE clinical guidelines on anxiety disorders (see references) recommend psychological therapies, although the treatments offered can vary by condition and they do not all necessarily have to be offered within three months.

Number of people affected

Based on 2013/14 QOF data (Health and Social Care Information Centre 2014a) the number of cases of depression newly diagnosed in England is around 443,000 per year. Pilot data (University of Birmingham and York Health Economics Consortium), suggests the number of cases of anxiety disorder newly diagnosed in England is around 405,000 per year. The total number of people in England newly diagnosed with depression and/or anxiety disorder is therefore estimated at around 848,000.

Current care

It is estimated that of the eligible population in England (848,000), around 47% (400,000) of people are currently offered a referral for psychological treatment within three months of the diagnosis, of whom around 67% (268,000) take up the offer of referral (Health and Social Care Information Centre 2014b, supported by expert clinical opinion of QOF committee members). Offering a referral for psychological treatment is assumed to take an additional 5 minutes of GP time which costs £14.50 ([Personal Social Services Research Unit](#)). Expert clinical opinion of QOF committee members also suggested that of those people taking up the offer of referral, around 60% would receive a low-intensity psychological intervention, while the remaining 40% would receive a high-intensity psychological intervention.

Proposed care

This potential QOF indicator would incentivise referrals for psychological treatment within 3 months of depression or anxiety being diagnosed. Unit costs for low and high-intensity psychological interventions are taken from the [costing statement for NICE clinical guideline CG113 on generalised anxiety disorder and panic disorder \(with or without agoraphobia\) in adults](#) but will vary according to diagnosis and individual patient.

Resource impact

Table 1 shows estimated cost at achievement levels of 50%, 65% and 80%.

Table 1 Estimated cost of implementing indicator NM123

	Proportions	Population	Unit cost (£)	Totals (£)
England population 18+		41,766,418		
Incidence of depression	1.06%	442,724		
Incidence of anxiety	0.97%	405,134		
Eligible population	2.03%	847,858		
Current practice				
Offer of referral for psychological treatment within three months of the diagnosis	47.2%	400,210	14.5	5,803,051
Accepting a referral for psychological treatment within three months of the diagnosis	67%	268,141		
Low-intensity psychological interventions	60%	160,885	45	7,239,807
High-intensity psychological interventions	40%	107,256	1,125	120,663,450
Estimated cost of current practice				133,706,308
Future practice @ 50%				
Offer of referral for psychological treatment within three months of the diagnosis	50%	423,929	14.5	6,146,973
Accepting a referral for psychological treatment within three months of the diagnosis	67%	284,033		
Low-intensity psychological interventions	60%	170,420	45	7,668,878
High-intensity psychological interventions	40%	113,613	1,125	127,814,637
Estimated cost of future practice @ 50%				141,630,487
Cost impact @50%				7,924,179

	Proportions	Population	Unit cost (£)	Totals (£)
Future practice @ 65%				
Offer of referral for psychological treatment within three months of the diagnosis	65%	551,108	14.5	7,991,064
Accepting a referral for psychological treatment within three months of the diagnosis	67%	369,242		
Low-intensity psychological interventions	60%	221,545	45	9,969,542
High-intensity psychological interventions	40%	147,697	1,125	166,159,027
Estimated cost of future practice @ 65%				184,119,633
Cost impact @65 %				50,413,325
Future practice @ 80%				
Offer of referral for psychological treatment within three months of the diagnosis	80%	678,287	14.5	9,835,156
Accepting a referral for psychological treatment within three months of the diagnosis	67%	454,452		
Low-intensity psychological interventions	60%	272,671	45	12,270,205
High-intensity psychological interventions	40%	181,781	1,125	204,503,418
Estimated cost of future practice @ 80%				226,608,780
Cost impact @80 %				92,902,471

The resource impact per annum of the implementation of NICE menu QOF indicator NM123 is estimated to be £8m at 50% achievement, £50m at 65% achievement and £93m at 80% achievement. There are two main drivers for these costs. The model assumes an additional 5 minutes of GP time is required to explain psychological therapy to all the eligible population, including people who do not accept the referral. The costs of more people receiving psychological therapy are also significant, particularly high-intensity interventions. It should also be noted that this could be an underestimate of cost if people with anxiety disorder are offered individual cognitive therapy

which is recommended for people with social anxiety disorder - this costs around £2000 per person per annum.

Early treatment of depression and anxiety may avoid future costs to NHS for treatment of more serious mental health conditions.

References

Health and Social Care Information Centre, 2014a, Data table for Quality and Outcomes Framework (QOF) 2013-14, Available from:

<http://www.hscic.gov.uk/catalogue/PUB15751>

Health & Social Care Information Centre 2014b, [Psychological Therapies, Annual Report on the use of IAPT services - England, 2013-14](#)

[NICE clinical guideline CG26 on post-traumatic stress disorder](#)

[NICE clinical guideline CG31 on obsessive-compulsive disorder](#)

[NICE clinical guideline CG113 on generalised anxiety disorder and panic disorder \(with or without agoraphobia\) in adults](#)

[NICE clinical guideline CG123 on common mental health disorders](#)

[NICE clinical guideline CG159 on social anxiety disorder](#)

University of Birmingham and York Health Economics Consortium (NICE External Contractor), Development feedback report on piloted indicators, 2015.