

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Indicators for the NICE menu for the QOF

**Indicator area:** Chronic obstructive pulmonary disease

**Indicator:** NM103

### **Indicator: NM103**

The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post-bronchodilator spirometry between 3 months before and 12 months after entering on to the register.

**Please note: NICE inherited this indicator when it became responsible for managing the process of developing and maintaining QOF indicators in 2009.**

### **Introduction**

Chronic obstructive pulmonary disease (COPD) describes a number of conditions, including chronic bronchitis and emphysema.<sup>1</sup> COPD is a chronic disorder characterised by airflow obstruction that is not fully reversible. COPD is predominantly caused by smoking, although other factors may also contribute, particularly occupational exposures.

An estimated 3 million people have COPD in the UK, of whom 2 million have undiagnosed COPD. Prevalence increases with age, with most people diagnosed in their fifties. In the UK, COPD is the fifth leading cause of death in England and Wales, accounting for more than 28,000 deaths in 2005.<sup>1</sup>

There is no single diagnostic test for COPD. Making a diagnosis relies on clinical judgement, based on a combination of history, physical examination and confirmation of airflow obstruction using spirometry. Spirometry measurements include FEV<sub>1</sub> (forced expired volume in 1 second) and FVC (forced vital capacity). A definition of COPD is: a reduced FEV<sub>1</sub>/FVC ratio of

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<sup>1</sup> National Institute for Health and Clinical Excellence (2011) [Chronic obstructive pulmonary disease](#) NICE quality standard 10

less than 0.7, or a FEV<sub>1</sub> ≥80% predicted normal in the presence of respiratory symptoms.

### ***Rationale***

This indicator measures the proportion of people who have had their diagnosis confirmed by post-bronchodilator spirometry within 1 year of diagnosis. The aim is to support the correct diagnosis in people with COPD.

The NICE guideline for [chronic obstructive pulmonary disease](#) recommends post-bronchodilator spirometry for diagnosis of COPD. NICE also recommends that health professionals involved in the care of people with COPD have access to spirometry and are competent in interpreting the results. This indicator aligns with NICE guidance and provides an incentive for practices to ensure that all people diagnosed with COPD have their diagnosis confirmed within 1 year using spirometry. Spirometry performed 3 months before diagnosis can also be included for achievement.

### ***Source guidance and recommendations***

- [Chronic obstructive pulmonary disease](#) (2010) NICE guideline CG101
  - Recommendation 1.1.2.1: Spirometry should be performed:
    - ◇ at the time of diagnosis
    - ◇ to reconsider the diagnosis, if patients show an exceptionally good response to treatment.

### ***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:

<http://www.nice.org.uk/standards-and-indicators/qofindicators>