Indicators for the NICE menu for the QOF

Indicator area: Chronic obstructive pulmonary disease
Indicator: NM105

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The percentage of patients with COPD with a record of FEV₁ in the preceding 12 months.

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. 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.

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 FEV₁ (forced expired volume in 1 second) and FVC (forced vital capacity). A definition of COPD is: a reduced FEV₁/FVC ratio of less than 0.7, or a FEV₁ ≥80% predicted normal in the presence of respiratory symptoms.
Rationale
The NICE guideline for chronic obstructive pulmonary disease recommends follow-up reviews for people with COPD comprising the various clinical assessments described in table 6, which includes measurement of FEV₁. Reviews should be performed at least annually for people with mild/moderate/severe COPD (stages 1–3), but at least twice per year for people with very severe COPD (stage 4).

This indicator aligns with NICE guidance to provide an incentive for an annual review for all people with COPD that includes a FEV₁ measurement. An annual review is considered appropriate, since the COPD register includes all people with COPD, of whom a significant proportion are likely to have stage 1–3 COPD.

Source guidance and recommendations
- Chronic obstructive pulmonary disease NICE guideline NG115 (2018)
  - Recommendation 1.2.135: Review people with COPD at least once per year and more frequently if indicated, and cover the issues listed in table 6 (provided below).

Summary of follow-up of patients with COPD in primary care

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Mild/moderate/severe (stages 1 to 3)</th>
<th>Very severe (stage 4)</th>
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</table>
| Clinical assessment | • Smoking status and motivation to quit  
|                     | • Adequacy of symptom control:  
|                     | – breathlessness  
|                     | – exercise tolerance  
|                     | – estimated exacerbation frequency  
|                     | • Need for pulmonary rehabilitation  
|                     | • Presence of complications  
|                     | • Effects of each drug treatment  
|                     | • Smoking status and motivation to quit  
|                     | • Adequacy of symptom control:  
|                     | – breathlessness  
|                     | – exercise tolerance  
|                     | – estimated exacerbation frequency  
|                     | • Presence of cor pulmonale  
|                     | • Need for long-term oxygen |
### Inhaler technique
- Need for referral to specialist and therapy services

### Therapy
- Person with COPD’s nutritional state
- Presence of depression
- Effects of each drug treatment
- Inhaler technique
- Need for social services and occupational therapy input
- Need for referral to specialist and therapy services
- Need for pulmonary rehabilitation

### Measurements to make
- FEV₁ and FVC
- Calculate BMI
- MRC dyspnoea score

### 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: