NATIONAL INSTITUTE FOR HEALTH AND CARE **EXCELLENCE**

INDICATOR DEVELOPMENT PROGRAMME (QOF)

Resource impact statement: Mental Health

Date: July 2015

Indicators

NM129: The percentage of patients aged 18 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a

record of total cholesterol: hdl ratio in the preceding 12 months.

NM130: The percentage of patients aged 18 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months.

Introduction

This report covers 2 new indicators that are 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.

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

Number of people affected

The eligible population already have tests as part of MH003: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months, NICE 2010 menu ID: NM17.

The population for MH003 for 2013/14 was 389,710.

QOF resource impact statement: Mental health expanded age range (July 2015)

Until the end of 2013/14 the QOF included two indicators that were similar to the proposed new indicators but which covered a narrower age range:

MH004 (NM18): The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol: hdl ratio in the preceding 12 months.

MH005 (NM42): The percentage of patients aged 40 or and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months.

While no longer in the QOF, NM18 and NM42 have remained on the NICE menu of indicators. The new indicators NM129 and NM130 will supersede NM18 and NM42 respectively on the NICE menu. They may also be considered by NHS England and QOF negotiators for potential inclusion in the QOF from 2016/17.

The eligible population is therefore 389,710 less those already tested as part of MH004 and MH005. This is set out in table 1 below:

Table 1 Increase in population due change in age range of indicators

Indicator	NM130	NM129
Estimated total population MH003: The		
percentage of patients with schizophrenia,		
bipolar affective disorder and other		
psychoses who have a record of blood		
pressure in the preceding 12 months, NICE		
2010 menu ID: NM17 (2013/14 QOF) (Health		
and Social Care Information Centre, 2014)	389,710	389,710
Less patients already tested as part of		
MH005: The percentage of patients aged 40		
or over with schizophrenia, bipolar affective		
disorder and other psychoses who have a		
record of blood glucose or HbA1c in the		
preceding 12 months, NICE 2011 menu ID:		
NM42 (2013/14 QOF) (Health and Social		
Care Information Centre, 2014)	196,659	
Less patients already tested as part of		
MH004: The percentage of patients aged 40		
or over with schizophrenia, bipolar affective		
disorder and other psychoses who have a		
record of total cholesterol: hdl ratio in the		
preceding 12 months, NICE 2010 menu ID:		
NM18 (2013/14 QOF) (Health and Social		
Care Information Centre, 2014)		125,431
Potential increase in population	193,051	264,279
Achievement of indicators MH005 and		
MH004 in 2013/14 QOF (Health and Social		
Care Information Centre, 2014)	85.16%	79.47%
Estimated population having additional		
tests as a result of new indicators	164,402	210,023

Current care

Current care is assumed to be consistent with indicators MH004 and MH005. This because there high achievement of both indictors

Proposed care

As the eligible population already have tests as part of MH003, the following assumptions have been made:

- no additional consultations are necessary and tests under the new indicators can be performed opportunistically.
- MH003 from 2013/14 is a reasonable estimate of the eligible population for the new indicator.
- Achievement for the new indicator is consistent with MH004 and MH005 in 2013/14.

Resource impact

The increase in the population covered by the indictor is estimated at just under 400,000 as set out in the table 1.

The additional tests of HbA1c and total cholesterol: hdl ratio are estimated at around £2 (<u>NICE clinical guideline CG181on lipid modification</u>, appendices p589), and the cost of a test for blood glucose is estimated at £0.14 (<u>NHS</u> electronic drug tariff).

This would give a national cost of less than £1million at a national level.Following the additional tests, additional treatment costs will be incurred where treatment is required. However it is anticipated this may be offset by savings from a reduction in adverse events following treatment..

References

Health and Social Care Information Centre, 2014, Data table for Quality and Outcomes Framework (QOF) 2013-14, Available from: http://www.hscic.gov.uk/catalogue/PUB15751