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**NATIONAL INSTITUTE FOR HEALTH AND CARE
EXCELLENCE**

INDICATOR DEVELOPMENT PROGRAMME

Briefing paper

Indicator area: Severe mental illness – indicator review

Potential output: Recommendation for amendment to current NICE indicators

Action required by the Committee

The Committee is asked to review the lower age limit for a number of NICE indicators relating to physical health checks for people with severe mental illness (SMI).

The current lower age limit is 40 years and older. The Committee is asked to consider whether these should be:

- 1** – Retained as they are.
- 2** – Changed so the age range aligns with a newly proposed indicator concerning CVD risk assessment in this population (25 – 84 years).
- 3** - Changed to include all adults with SMI (18 years and over), in line with updated NICE guidance.

Contents

| | |
|---|---|
| Introduction | 2 |
| Current NICE menu indicators for the QOF..... | 2 |
| Updated NICE guidance recommendations | 3 |
| Recently piloted indicator | 4 |
| Key considerations | 5 |

Introduction

There are a number of indicators currently on the NICE indicator menu for QOF concerning physical health checks for people with SMI. To date some of these indicators have had a lower age limit of 40 years and over.

NICE has published updated guidance for the treatment and management of people with psychosis and schizophrenia ([CG178](#)) and the assessment and management of people with bipolar disorder ([CG185](#)). These guidelines do not include a lower age limit for physical health checks and state that they should be offered to all people with a diagnosis.

In addition to this, NICE has recently consulted on, and piloted an indicator concerning the performance of an annual CVD risk assessment for people aged between 25 and 84 years with schizophrenia, bipolar affective disorder and other psychoses. The rationale for using this age range is based on the tool recommended by NICE for carrying out the CVD risk assessment ([QRISK2](#)). This tool is validated for use in people aged 25 to 84 years.

Current NICE menu indicators for the QOF

The table below shows the current indicators focused on physical health checks for people with SMI:

| | |
|------|--|
| NM15 | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 15 months. |
| NM16 | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 15 months. |
| NM17 | The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 15 months. |
| NM18 | The percentage of patients aged 40 and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol: hdl ratio in the preceding 15 months. |
| NM19 | The percentage of patients aged 40 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose in the preceding 15 months |
| NM42 | The percentage of patients aged 40 years and over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 15 months. |

Updated NICE guidance recommendations

The following recommendations have been identified from updated guidance that impact on the above indicators where they have a lower age limit. Previous recommendations included a lower age range of 40 years and over. The below recommendations no longer include reference to a lower age range.

NICE clinical guideline 178: “[Psychosis and schizophrenia in adults: treatment and management](#)”

Recommendation 1.1.3.6

Routinely monitor weight, and cardiovascular and metabolic indicators of morbidity in people with psychosis and schizophrenia. These should be audited in the annual team report.

Recommendation 1.5.3.2

GPs and other primary healthcare professionals should monitor the physical health of people with psychosis or schizophrenia when responsibility for monitoring is transferred from secondary care, and then at least annually. The health check should be comprehensive, focusing on physical health problems that are common in people with psychosis and schizophrenia. Include all the checks recommended in [1.3.6.1](#) and refer to relevant NICE guidance on monitoring for cardiovascular disease, diabetes, obesity and respiratory disease. A copy of the results should be sent to the care coordinator and psychiatrist, and put in the secondary care notes.

Recommendation 1.5.3.3

Identify people with psychosis or schizophrenia who have high blood pressure, have abnormal lipid levels, are obese or at risk of obesity, have diabetes or are at risk of diabetes (as indicated by abnormal blood glucose levels), or are physically inactive, at the earliest opportunity following relevant NICE guidance.

NICE clinical guideline 185: “[Bipolar disorder: the assessment and management of bipolar disorder in adults, children and young people in primary care and secondary care](#)”.

Recommendation 1.2.12

Ensure that the physical health check for people with bipolar disorder, performed at least annually, includes:

- weight or BMI, diet, nutritional status and level of physical activity
- cardiovascular status, including pulse and blood pressure
- metabolic status, including fasting blood glucose, glycosylated haemoglobin (HbA1c) and blood lipid profile
- liver function
- renal and thyroid function, and calcium levels, for people taking long-term lithium.

Recently piloted indicator

NICE has recently piloted and consulted on an indicator focused on carrying out CVD risk assessment in people with a severe mental illness:

| | |
|-------|---|
| IND-1 | The percentage of patients aged between 25 and 84 years with schizophrenia, bipolar affective disorder and other psychoses who have had a CVD risk assessment performed in the preceding 12 months. |
|-------|---|

This indicator includes an age range of 25 – 84 years. The reason for this is that NICE guidance recommends the use of QRISK2 to carry out CVD risk assessment. QRISK2 is validated for use in most¹ people aged 25 – 84 years.

¹ You can use QRISK[®]2 if you are aged between 25 and 84 years unless you have had a heart attack, angina, stroke or transient ischaemic attack- <http://www.qrisk.org/index.php>

Indicator Advisory Committee
1st – 2nd June 2015

Key considerations

The Committee is asked to consider the following options for the current NICE indicators referred to in this document:

Option 1 - Retain the current lower age limit of 40 years and above where referenced

Option 2 - Change the age range to align it with that referenced in the CVD risk assessment indicator recently piloted - ages 25 – 84 years.

Option 3 - Change the age range to include all adults with an SMI (18 years and over).