NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Indicator guidance

QOF indicator area: Coronary heart disease

Output: Indicator guidance for QOF

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Indicator for NICE menu (indicator ID: NM79)

The percentage of patients who experience a myocardial infarction in the preceding 1 April to 31 March and who are currently being treated with ACE-I (or ARB if ACE-I intolerant), dual anti-platelet therapy, beta-blocker and a statin.

Indicator to be replaced

CHD006

Rationale

This indicator aims to reduce associated morbidity and mortality in people who have had a myocardial infarction (MI) in the previous 12 months.

The NICE guideline on myocardial infarction (NICE clinical guideline 172) recommends that all people who have had an acute MI should be offered the following drug therapy:

- Angiotensin-converting enzyme (ACE) inhibitor
- Dual antiplatelet therapy
- Beta-blocker
- Statin.

Angiotensin-converting enzyme inhibitors

ACE-I should be offered to all people who have had an MI as soon as they are haemodynamically stable. If the person is intolerant to ACE inhibitors then they should be offered an angiotensin II receptor blocker. This intolerance should be recorded.

Dual anti-platelet therapy

All people who have had an MI should be offered aspirin, which should be continued indefinitely, unless they are aspirin intolerant or have an indication for anticoagulation. Clopidogrel monotherapy should be considered for people with aspirin hypersensitivity.

People who have had a non-ST-segment-elevation myocardial infarction (NSTEMI) or who have received a bare-metal or drug-eluting stent after a STEMI should also be offered clopidogrel for up to 12 months.

Clopidogrel should be offered for at least 1 month to people who have had a STEMI and medical management with or without reperfusion treatment, or to people who have had a STEMI and received coronary artery bypass grafting surgery. Consideration should be given to continuing treatment with clopidogrel for 12 months.

If a person needs anticoagulation drug therapy, this should be used in combination with aspirin for those who have had their condition medically managed, have had balloon angioplasty or have had coronary artery bypass grafting surgery.

Warfarin and clopidogrel should be offered to people who have had percutaneous coronary intervention (PCI) with bare-metal or drug-eluting stents and who need anticoagulation.

People with aspirin hypersensitivity should be offered warfarin and clopidogrel. Warfarin should not be routinely offered with prasugrel or ticagrelor.

Beta-blockers

These should be initiated as soon as possible after an MI and continued for at least 12 months after an acute MI in people without left ventricular systolic dysfunction or heart failure. People with left ventricular systolic dysfunction should continue with beta-blockers indefinitely.

Statins

Statin therapy should be offered to all people who have had an MI. The NICE guideline on lipid modification (NICE clinical guideline 181) recommends that people with cardiovascular disease should be offered atorvastatin 80 mg and that this treatment should not be delayed to address modifiable risk factors.

Reporting and verification

See indicator wording for requirement criteria.

Indicator for NICE menu (indicator ID: NM80)

The percentage of patients with a history of myocardial infarction (more than 12 months ago) who are currently being treated with an ACE-I (or ARB if ACE-I intolerant), aspirin (or clopidogrel) (or anticoagulant drug therapy) and a statin, and a beta-blocker for those patients with left ventricular systolic dysfunction.

Indicator to be replaced

CHD006

Rationale

This indicator aims to support the optimum management for people who have had an MI more than 12 months ago.

See above.

Reporting and verification

See indicator wording for requirement criteria.

References

- MI – secondary prevention: secondary prevention in primary and secondary care for patients following a myocardial infarction. NICE clinical guideline 172 (2013).
- Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease. NICE clinical guideline 181 (2014).

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 www.nice.org.uk/standards-and-indicators#/#qof