

**New indicators added to the NICE indicator
menu for general practice**

October 2018

New indicators for the NICE menu

This paper provides the latest set of indicators NICE has published for inclusion in the NICE indicator menu for general practice. Unless stated, indicators in this menu are suitable for inclusion in the Quality and Outcomes Framework (QOF), these indicators are also suitable for non-incentivised quality improvement schemes

NHS England and the devolved administrations of Northern Ireland and Wales can use the NICE menu to help decide which indicators are included in the QOF.

The full NICE indicator menu and the associated supporting documentation are available via the [NICE website](#).

Table 1: New indicators added to the NICE indicator menu

NICE ID	Indicator wording	Evidence base	Rationale
Diabetes			
NM157	The percentage of patients with diabetes <u>without moderate or severe frailty</u> , on the register, in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months.	NICE NG17 recommendations 1.6.6 and 1.6.7 NICE NG28 recommendations 1.6.8 and 1.6.9	The indicator allows for an individualised management approach that adjusts care according to an individual's frailty status. It aims to enable patients with little comorbidity to benefit from tighter glycaemic control whilst aiming to encourage the personalisation of care for people with moderate or severe frailty.
NM158	The percentage of patients with diabetes <u>with moderate or severe frailty</u> , on the register, in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months.	NICE NG17 recommendation 1.6.7 NICE NG28 recommendation 1.6.9	The indicator allows for an individualised management approach that adjusts care according to an individual's frailty status. It aims to reduce complications and improve quality of life for people with moderate or severe frailty.
NM159	The percentage of patients with diabetes <u>without moderate or severe frailty</u> , on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less.	NICE NG17 recommendation 1.3.18 NICE NG28 recommendations 1.4.3, 1.4.5 and 1.4.6	This indicator allows for an individualised management approach that adjusts care according to an individual's frailty status. A focus on people without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets in people with the greatest capacity to benefit.
NM142	The percentage of patients with type 1 diabetes who are aged over 40 years currently treated with a statin.	NICE CG181 recommendation 1.3.24	This indicator aims to reduce cardiovascular risk and prevent future cardiovascular events.
NM160	The percentage of patients aged 25–84 years, with a diagnosis of type 2 diabetes, <u>without moderate or severe frailty</u> , not currently treated with a statin, who have had a consultation for a cardiovascular risk assessment using a risk assessment tool	NICE CG181 recommendation 1.1.8. NICE QS100 statement 1.	A focus on CVD risk assessment in people with diabetes without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets through individualised, patient-centred care.

NICE ID	Indicator wording	Evidence base	Rationale
	agreed with the NHS Commissioning Board in the last 3 years.		
NM161	The percentage of patients with a diagnosis of type 2 diabetes and a recorded CVD risk assessment score of $\geq 10\%$ (without moderate or severe frailty), who are currently treated with a statin (unless there is a contraindication or statin therapy is declined).	NICE CG181 recommendation 1.3.26. NICE QS100 statement 5.	A focus on primary prevention of CVD in people with diabetes without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets through individualised, patient-centred care.
NM162	The percentage of patients with diabetes aged 40 years and over, with no history of CVD and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a CVD risk score of $< 10\%$ recorded in the preceding 3 years).	NICE CG181 recommendations 1.3.24 and 1.3.26. NICE QS100 statement 5.	A focus on primary prevention of CVD in people with diabetes without moderate or severe frailty aims to reduce under-treatment and support better control of biomedical targets through individualised, patient-centred care.
NM163	The percentage of patients with diabetes and a history of CVD (excluding haemorrhagic stroke) who are currently treated with a statin.	NICE CG181 recommendation 1.3.20. NICE QS100 statement 6.	This indicator aims to reduce cardiovascular risk and prevent future cardiovascular events.
NM164	The contractor establishes and maintains a register of patients with atrial fibrillation, including patients with 'AF resolved'.	Not applicable	People with resolved AF remain at higher risk of stroke or transient ischaemic attack (TIA) than people without AF and continue to benefit from anticoagulation therapy.

© NICE [2018]. All rights reserved. Subject to [Notice of rights](#).