**National Institute for Health and Care Excellence**

**NICE indicator menu: new and retired indicators**

**September 2020**

**New and retired indicators for the NICE menu**

This paper provides the latest set of new indicators NICE has published on the NICE indicator menu (table 1) and indicators that NICE has retired from the indicator menu (table 2).

NICE general practice indicators may be assessed as suitable for inclusion in the Quality and Outcomes Framework (QOF). In England, the content of QOF is determined by negotiations between NHS England and the BMA’s General Practitioners Committee. NICE and the NICE advisory committee have no role in these negotiations.

The full NICE indicator menu and the associated supporting documentation are available via the [NICE website](https://www.nice.org.uk/Standards-and-Indicators/index).

## Table 1: New indicators added to the NICE indicator menu

| **ID** | **Indicator type** | **Indicator wording** | **Evidence base, rationale and any *specific committee considerations*** |
| --- | --- | --- | --- |
| NM197  Vaccinations and immunisations | General practice indicator suitable for use in the QOF | The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months. | [Immunisations: reducing differences in uptake in under 19s](https://www.nice.org.uk/guidance/ph21) (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3.  [Immunisations – childhood](https://cks.nice.org.uk/immunizations-childhood) (2020) NICE clinical knowledge summary  Diphtheria, tetanus and pertussis (whooping cough) are acute infectious diseases that can have severe complications. The routine immunisation schedule states that the hexavalent (6-in-1) vaccine is due at 8, 12 and 16 weeks old ([Public Health England](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule) 2020). The indicator supports early vaccination with the hexavalent vaccine according to the routine immunisation schedule. The measurement at 8 months of age allows for vaccination deferral due to febrile illness but aims to achieve immunisation against the named acute infectious diseases as early as possible.  *The NICE advisory committee concluded that the timeframe for this indicator should be extended from 6 months which NICE initially consulted on to 8 months.* |
| NM198  Vaccinations and immunisations | General practice indicator suitable for use in the QOF | The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months. | [Immunisations: reducing differences in uptake in under 19s](https://www.nice.org.uk/guidance/ph21) (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3.  [Immunizations – childhood](https://cks.nice.org.uk/immunizations-childhood) (2020) NICE clinical knowledge summary  MMR is the combined vaccine that protects against measles, mumps and rubella. These are highly infectious conditions that can have serious complications such as meningitis and encephalitis. The first MMR vaccine (MMR1) is due as part of the routine vaccination schedule for England within a month of the child’s first birthday ([Public Health England](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule) 2020). The indicator supports early vaccination with the first dose of the MMR vaccine according to the routine immunisation schedule. The measurement at 18 months of age allows for vaccination deferral due to febrile illness but aims to achieve vaccination against the named acute infectious diseases as early as possible. |
| NM199  Vaccinations and immunisations | General practice indicator suitable for use in the QOF | The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years. | [Immunisations: reducing differences in uptake in under 19s](https://www.nice.org.uk/guidance/ph21) (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3.  [Immunizations – childhood](https://cks.nice.org.uk/immunizations-childhood) (2020) NICE clinical knowledge summary  DTaP/IPV is the vaccine that protects against diphtheria, tetanus, pertussis (whooping cough) and poliomyelitis. MMR is the combined vaccine that protects against measles, mumps and rubella. These are highly infectious conditions that can have serious complications. The first MMR vaccine (MMR1) for children is due within a month of their first birthday as part of the routine vaccination schedule for England, and a second dose (MMR2) is due at around 3 years and 4 months of age. A reinforcing vaccination for protection against diphtheria, tetanus, pertussis and poliomyelitis is also due at around 3 years and 4 months of age ([Public Health England](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule) 2020). The indicator supports immunisation according to the routine immunisation schedule. The measurement at 5 years of age aims to achieve full immunisation against these infectious diseases before children start school. |
| NM200  Vaccinations and immunisations | General practice indicator suitable for use in the QOF | The percentage of children who reached 5 years old in the preceding 12 months, who have received 1 dose of MMR between the ages of 1 and 5 years. | [Immunisations: reducing differences in uptake in under 19s](https://www.nice.org.uk/guidance/ph21) (2009, updated 2017) NICE public health guideline PH21, recommendations 1, 2 and 3.  [Immunizations – childhood](https://cks.nice.org.uk/immunizations-childhood) (2020) NICE clinical knowledge summary  MMR is the combined vaccine that protects against measles, mumps and rubella. These are highly infectious conditions that can have serious complications. The first MMR vaccine (MMR1) for children is due within a month of their first birthday as part of the routine vaccination schedule for England ([Public Health England](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule) 2020). The indicator supports vaccination against measles, mumps and rubella. The measurement at 5 years of age aims to encourage vaccination in those children who may have missed the first dose of MMR due around their first birthday, to give protection against these infectious diseases before they start school. |
| NM201  Vaccinations and immunisations | General practice indicator suitable for use in the QOF | The percentage of patients who reached 75 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 75 years. | [Shingles](https://cks.nice.org.uk/shingles) (2019) NICE clinical knowledge summary  Shingles is caused by the reactivation of a latent varicella zoster virus infection. Incidence and severity of disease are associated with increasing age. The routine immunisation schedule states that the shingles vaccine is due at 70 years old ([Public Health England](https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule) 2020). Patients remain eligible for the vaccination until their 80th birthday. The indicator supports vaccination against shingles for patients aged 70 years and over. The measurement between 70 and 75 years of age aims to encourage vaccination to prevent against the disease and its complications from an earlier age. The effectiveness of the shingles vaccine decreases with increasing age so earlier vaccination ensures optimal protection against shingles. |
| NM202  Obesity | General practice indicator suitable for use in the QOF | The percentage of patients with a BMI ≥27.5 kg/m2 (or ≥30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been offered referral to a weight management programme within 90 days of the BMI being recorded.  (The indicator excludes patients with a previous offer or referral to weight management services in the preceding 24 months) | [BMI: preventing ill health and premature death in black, Asian and other minority ethnic groups](https://www.nice.org.uk/guidance/ph46) (2013) NICE guideline PH46, recommendations 1 and 2  [Weight management: lifestyle services for overweight or obese adults](https://www.nice.org.uk/guidance/ph46) (2014) NICE guideline PH53, recommendations 6 and 7.  [Obesity: identification, assessment and management](https://www.nice.org.uk/guidance/cg189) (2014) NICE guideline CG189, recommendations 1.1.2, 1.2.1, 1.2.8, 1.2.10, 1.3.1, 1.3.4, 1.3.6 and 1.4.4.  This indicator aims to increase the proportion of people referred to digital and non-digital weight management programmes by general practice when they have been identified as having a high BMI. Some population groups, such as people from BAME backgrounds, have higher risks for certain conditions, such as Type 2 diabetes at lower BMIs.  *The NICE advisory committee was aware of stakeholder comments that currently funded weight management services may not be readily available in all localities.* |
| NM203  Obesity | General practice indicator suitable for use in the QOF | The percentage of patients with hypertension or diabetes and a BMI ≥27.5 kg/m2 (or ≥30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been referred to a weight management programme within 90 days of the BMI being recorded.  (The indicator excludes patients with a previous referral to weight management services in the preceding 24 months) | [Weight management: lifestyle services for overweight or obese adults](https://www.nice.org.uk/guidance/ph46) (2014) NICE guideline PH53, recommendations 6 and 7.  [Obesity: identification, assessment and management](https://www.nice.org.uk/guidance/cg189) (2014) NICE guideline CG189, recommendations 1.1.2, 1.2.1, 1.2.8, 1.2.10, 1.2.11, 1.3.1, 1.3.4, 1.3.6 and 1.4.4.  [Obesity in adults](https://www.nice.org.uk/guidance/qs111) (2016) NICE quality standard 111, statement 7.  This indicator aims to increase the proportion of patients with hypertension or diabetes referred to digital and non-digital weight management programmes by general practice when they have been identified as obese based on their BMI measurement. Patients with hypertension or diabetes may experience additional benefits from attaining and maintaining a healthy weight, and patients should be given a targeted offer of support.  *The NICE advisory committee was aware that the current long-term plan (*[*para 2.14*](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf)*) notes that weight loss services will be made available for people with type 2 diabetes and hypertension. The committee was conscious that current NICE guidance on weight management (*[*PH53*](https://www.nice.org.uk/guidance/ph53/chapter/1-Recommendations#recommendation-6-refer-overweight-and-obese-adults-to-a-lifestyle-weight-management-programme)*) highlights that referrals may particularly benefit people with risk factors including comorbidities such as type 2 diabetes.* |
| NM204  Cancer | General practice indicator suitable for use in the QOF | The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had a discussion within 3 months of diagnosis about the support available from primary care. | [Patient experience in adult NHS services](https://www.nice.org.uk/guidance/cg138) CG138 recommendations 1.1.1, 1.3.4 and 1.3.5  This indicator aims to ensure patients are aware of the support available from their GP and wider practice team soon after their diagnosis and how this can complement the care they are receiving in secondary care. The intention is to facilitate early and supportive conversations and ensure patients are aware of what help is available. |
| NM205  Cancer | General practice indicator suitable for use in the QOF | The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template within 12 months of diagnosis. | [Patient experience in adult NHS services](https://www.nice.org.uk/guidance/cg138) CG138 recommendations 1.1.1, 1.3.4 and 1.3.5  This indicator aims to encourage GP practices to conduct a cancer care review which represents an initial opportunity to address patients’ needs for individual assessment, care planning and ongoing support and information requirements at a time which is appropriate for the individual patient. |

## Table 2: Indicators retired from the NICE indicator menu

| **NICE ID** | **Indicator wording** | **Rationale** | **Associated indicators** |
| --- | --- | --- | --- |
| NM23 | The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions | Published evidence suggests that both people with asthma and clinicians tend to underestimate asthma severity and overestimate asthma control when simply asking a patient ‘How is your asthma?’. Asthma control questionnaires assess asthma related quality of life, with evidence (NICE NG80) that validated questionnaire can lead to reduced exacerbations.  Assessing use of short acting beta agonists and recording exacerbations can help identify people with asthma who are at increased risk of poor outcomes. A new indicator was developed, NM167, which includes assessment of asthma control using a validated asthma control questionnaire including assessment of short acting eta agonist use. | Replaced by [NM167](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-asthma-on-the-register-who-have-had-an-asthma-review-in-the-preceding-12-months-that-includes-an-assessment-of-asthma-control-using-a-validated-asthma-control-questionnaire-including-assessment-of-short-acting-beta-agonist-) which is now in QOF. |
| NM101 | The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis. | Misdiagnosis of asthma can have lifelong implications and result in inappropriate treatment with the risk of adverse effects. It can also mean alternative underlying conditions are not diagnosed. Using objective tests to confirm diagnosis can improve the accuracy of a diagnosis and reduce incidences of patients receiving inappropriate care. Results of testing should inform subsequent treatment for people with asthma and lead to improved health and wellbeing.  A new indicator was developed, NM166, which requires a record of an objective test: FeNO or spirometry or reversibility or variability. | Replaced by [NM166](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-asthma-on-the-register-from-start-date-with-a-record-of-spirometry-and-one-other-objective-test-feno-or-reversibility-or-variability-between-3-months-before-or-3-months-after-diagnosis) which is now in QOF. |
| NM102 | The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months. | A new indicator, NM168, was developed which aims to encourage general practice to ask children and young people aged 5 to 19 years with asthma about their exposure to tobacco and encourage smoking cessation advice. | Replaced by [NM168](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-asthma-on-the-register-aged-19-or-under-in-whom-there-is-a-record-of-smoking-status-active-or-passive-in-the-preceding-12-months) which is now in QOF. |
| NM103 | The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register | A new indicator, NM169 was developed to encourage more timely confirmation of diagnosis using quality assured post bronchodilator spirometry measuring an FEV1/FVC ratio below 0.7. | Replaced by [NM169](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-contractor-establishes-and-maintains-a-register-of-1-patients-with-a-clinical-diagnosis-of-copd-before-start-date-and-2-patients-with-a-clinical-diagnosis-of-copd-on-or-after-start-date-whose-diagnosis-has-been-confirmed-by-a-quality-assured-post-bron) which is now in QOF. |
| NM104 | The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months | Understanding the frequency of exacerbations can help when creating personalised management plans, identifying triggers and avoiding future exacerbations.  A new indicator was developed, NM170, which encourages recording of the number of exacerbations in addition to the assessment of breathlessness. | Replaced by [NM170](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-copd-on-the-register-who-have-had-a-review-in-the-preceding-12-months-including-a-record-of-the-number-of-exacerbations-and-an-assessment-of-breathlessness-using-the-medical-research-council-dyspnoea-scale) which is now in QOF. |
| NM116 | The percentage of patients with a diagnosis of heart failure (diagnosed on or after 1 April 2006) which has been confirmed by an echocardiogram or by specialist assessment 3 months before or 12 months after entering on to the register | Earlier diagnosis allows treatment initiation, potentially avoids emergency admission to hospital, and improves patient outcomes ([Taylor et al. 2019](https://www.bmj.com/content/364/bmj.l223)). [The NHS Long term Plan (NHS England 2019](https://www.longtermplan.nhs.uk/) promises greater access to echocardiography to improve the early detection of heart failure.  A new indicator, NM171, was developed which reduces the timeframe for confirming diagnosis after entry on the register to help ensure that people with heart failure receive the right diagnosis and receive timely treatment that can control symptoms, improve quality of life and help reduce premature mortality. | Replaced by [NM171](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-diagnosis-of-heart-failure-after-start-date-which-has-been-confirmed-by-an-echocardiogram-or-by-specialist-assessment-between-3-months-before-or-3-months-after-entering-on-to-the-register) which is now in QOF. |
| NM89 | In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB | There is good evidence ([NICE NG106](https://www.nice.org.uk/guidance/ng106)) that prescribing ACE-I/ARB as well as beta-blockers for heart failure with reduced ejection fraction below 40%, can improve symptoms, reduce hospitalisation rate and improve survival.  The latest NICE guideline ([NG106](https://www.nice.org.uk/guidance/ng106)) defines heart failure with reduced ejection fraction (HFREF) as heart failure characterised by a left ventricular ejection fraction (LVEF) of less than 40%.  A new indicator, NM172, was developed which supports the recording of LVEF through including the LVEF recording in the indicator denominator code clusters. | Replaced by [NM172](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-current-diagnosis-of-heart-failure-due-to-left-ventricular-systolic-dysfunction-who-are-currently-treated-with-an-ace-i-or-arb) which is now in QOF. |
| NM90 | In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction who are currently treated with an ACE-I or ARB, the percentage of patients who are additionally currently treated with a beta-blocker licensed for heart failure | There is good evidence ([NICE NG106](https://www.nice.org.uk/guidance/ng106)) that prescribing ACE-I/ARB as well as beta-blockers for heart failure with reduced ejection fraction below 40%, can improve symptoms, reduce hospitalisation rate and improve survival.  The latest NICE guideline ([NG106](https://www.nice.org.uk/guidance/ng106)) defines heart failure with reduced ejection fraction (HFREF) as heart failure characterised by a left ventricular ejection fraction (LVEF) of less than 40%.  A new indicator, NM173, has been developed which will support the recording of LVEF through including the LVEF recording in the indicator denominator code clusters. The new indicator focusses on beta-blockers only to help ensure the denominator size is large enough at practice level to not be subject to random variation in achievement. | Replaced by [NM173](https://www.nice.org.uk/standards-and-indicators/qofindicators/the-percentage-of-patients-with-a-current-diagnosis-of-heart-failure-due-to-left-ventricular-systolic-dysfunction-who-are-currently-treated-with-a-beta-blocker-licensed-for-heart-failure) which is now in QOF. |
| NM65 | The percentage of patients with dementia (diagnosed on or after 1 April 2014) who have a record of attendance at a memory assessment service up to 12 months before entering on to the register. | The indicator was originally supported by dementia: supporting people with dementia and their carers in health and social care (2006) NICE clinical guideline 42. NICE CG42 has been updated and replaced by dementia: assessment, management and support for people living with dementia and their carers (2018) NICE guideline NG97 and recommendation 1.2.6 states:  Refer the person to a specialist dementia diagnostic service (such as a memory clinic or community old age psychiatry service) if:   * reversible causes of cognitive decline (including delirium, depression, sensory impairment [such as sight or hearing loss] or cognitive impairment from medicines associated with increased anticholinergic burden) have been investigated and * dementia is still suspected.   The previous recommendations in CG42 stated that memory assessment services should be the single point of referral for all people with a possible diagnosis of dementia. The recommendation in NG97 focusses on referral to a specialist dementia diagnostic service which could be a memory clinic but could be another service. |  |
| NM08 | For patients with newly diagnosed angina (diagnosed after 1 April 2011), the percentage who are referred for specialist assessment. | NM08 was originally based on [Chest pain of recent onset: assessment and diagnosis](https://www.nice.org.uk/guidance/cg95) (2010) NICE guideline CG95, recommendation 1.3.1.1. This was updated in 2016 and the potential to diagnose angina based on clinical assessment alone was removed:  1.3.1.1. Exclude a diagnosis of stable angina if clinical assessment indicates non-anginal chest pain (see recommendation 1.3.3.1) and there are no other aspects of the history or risk factors raising clinical suspicion.  1.3.1.2. If clinical assessment indicates typical or atypical angina (see recommendation 1.3.3.1), offer diagnostic testing. |  |
| NM35 | The percentage of patients with peripheral arterial disease in whom the last measured total cholesterol (measured in preceding 15 months) is 5.0 mmol/l or less. | This indicator was originally developed based SIGN guideline 97 (2007) Risk estimation and the prevention of cardiovascular disease. This guideline (SIGN 97) has been [superseded](https://www.sign.ac.uk/archived-guidelines.html) by SIGN clinical guideline 149 (2017) [Risk estimation and the prevention of cardiovascular disease](https://www.sign.ac.uk/sign-149-risk-estimation-and-the-prevention-of-cardiovascular-disease.html) which does not contain recommendations to support the total cholesterol target.  The NICE guideline for lipid modification ([CG181](https://www.nice.org.uk/guidance/cg181/chapter/1-recommendations)) recommends that total cholesterol, HDL cholesterol and non‑HDL cholesterol are measured in people started on high-intensity statin treatment with an aim for a greater than 40% reduction. |  |
| NM60 | The percentage of patients with a stroke shown to be nonhaemorrhagic, or a history of TIA whose last measured total cholesterol (measured in the preceding 15 months) is 5 mmol/l or less. | This indicator was originally developed based SIGN guideline 97 (2007) Risk estimation and the prevention of cardiovascular disease. This guideline (SIGN 97) has been [superseded](https://www.sign.ac.uk/archived-guidelines.html) by SIGN clinical guideline 149 (2017) [Risk estimation and the prevention of cardiovascular disease](https://www.sign.ac.uk/sign-149-risk-estimation-and-the-prevention-of-cardiovascular-disease.html) which does not contain recommendations to support the total cholesterol target.  The NICE guideline for lipid modification ([CG181](https://www.nice.org.uk/guidance/cg181/chapter/1-recommendations)) recommends that total cholesterol, HDL cholesterol and non‑HDL cholesterol are measured in people started on high-intensity statin treatment with an aim for a greater than 40% reduction. |  |
| NM118 | The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less. | This indicator was originally developed based SIGN guideline 97 (2007) Risk estimation and the prevention of cardiovascular disease. This guideline (SIGN 97) has been [superseded](https://www.sign.ac.uk/archived-guidelines.html) by SIGN clinical guideline 149 (2017) [Risk estimation and the prevention of cardiovascular disease](https://www.sign.ac.uk/sign-149-risk-estimation-and-the-prevention-of-cardiovascular-disease.html) which does not contain recommendations to support the total cholesterol target.  The NICE guideline for lipid modification ([CG181](https://www.nice.org.uk/guidance/cg181/chapter/1-recommendations)) recommends that total cholesterol, HDL cholesterol and non‑HDL cholesterol are measured in people started on high-intensity statin treatment with an aim for a greater than 40% reduction. |  |
| CCG30 | Proportion of women who receive antenatal assessments by 13 weeks of pregnancy\*  \*this is a CCG level indicator. | NICE guidance (CG62 and CG110) recommends that systems are in place to support pregnant women to access antenatal care, ideally by 10 weeks 0 days. NICE have developed and published an indicator that measures access at 10 weeks (CCG81). | NICE CCG indicator [CCG81](https://www.nice.org.uk/Standards-and-Indicators/CCGOISIndicators/proportion-of-pregnant-women-accessing-antenatal-care-who-are-seen-for-booking-by-10-weeks-and-0-days) |