

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Indicator area: Rheumatoid Arthritis

Recommended Indicator:

The percentage of patients with rheumatoid arthritis who have had a face to face annual review in the preceding 15 months.

Background

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2012 to consider information on the prioritisation of potential indicators for inclusion in the NICE menu for 2013/14. This included results of the NICE led public consultation, results from indicator development and pilot feedback, cost effectiveness evidence and equality impact assessment. This report is taken from the full unconfirmed minutes of this two day meeting.

QOF Indicator Advisory Committee recommendations

Wording of the piloted indicator presented to the June 2012 AC:

The percentage of patients with rheumatoid arthritis who have had a face to face annual review in the preceding 15 months

The Committee agreed that RA was very worthy of inclusion as a new domain in the QOF, noting that people with RA are not universally seen in secondary care and that GPs can play an important role in their provision of holistic clinical care to this group of people. The Committee agreed that a register

should be based on a new diagnosis of RA, specified as recommended by the NEC, and clear guidance on creating a register should be provided. The Committee agreed that new codes for a diagnosis made by a specialist would not be required.

The Committee agreed that DMARD monitoring is already in place nationally and that any indicator around CRP or ESR testing would result in duplication of work and payment. The Committee was also concerned about incentivising blood tests in all people with RA annually. The Committee agreed that measures of disease activity should be included as part of the annual review indicator.

The Committee considered the indicators around CVD and fracture risk assessment and agreed that despite some concerns over potential overlap with secondary care, care is not currently very well coordinated in these areas. The Committee agreed that specific tools should not be specified in the indicators but that indicator guidance should be written to provide information on appropriate methods for doing this and appropriate exclusions. The Committee agreed that 27 months was an appropriate timeframe for the indicator based on the NICE guideline in development on Osteoporosis fragility fracture risk. The Committee noted that the NICE team would need to further review the age for this indicator.

The Committee noted that smoking is an important consideration for people with RA and agreed that consideration should be given to its inclusion in the smoking indicator set.

QOF Indicator Advisory Committee final recommendation

The Committee recommended that indicators 1, 3, 4 and 5 be progressed for inclusion on the NICE menu for consideration in the QOF.