NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Indicator area: Dementia

Recommended Indicator:

The percentage of patients with a new diagnosis of dementia from 1 April 2011 to have FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded 6 months before or after entering on to the register

Background

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2010 to consider information on the prioritisation of potential indicators for inclusion in the NICE menu for 2012/13. 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 2010 AC:

> *The percentage of patients with a new diagnosis of dementia to have FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded 6 months before or after entering on to the register*

The Committee was presented with the following summary of the findings of the NICE consultation on the piloted indicator:

There were a number of general comments made by stakeholders agreeing with inclusion of the indicator including that the proposed indicator is evidence-based, reflects good practice and that there should be no barriers to implementation.

People who refuse a blood test or are unable to provide a sample would need to be excluded. Exclusions for people who are diagnosed at another practice or in secondary care may need to be made.

Some stakeholders questioned the appropriateness of the 6-month timeframe and whether this was adequate as diagnosis often takes place over longer periods of time. Conversely, one stakeholder suggested that investigations to exclude reversible causes should be done pre-diagnosis or within a very short period after diagnosis is made.

Sharing of diagnosis information between primary and secondary care was identified as a potential barrier to implementation. Some stakeholders asked whether laboratories would process B12/Folate in presence of normal FBC, and noted that the risk of malnutrition and nutrition status following diagnosis may not be adequately addressed.

The Committee was presented with the results of the indicator development and pilot feedback for this indicator.

The overall recommendation of the NICE External Contractors (NEC) was that there are uncertainties identified from the pilot that in themselves may not be sufficient to prevent an indicator being recommended by the Committee, but require the particular attention of the Committee.

Feedback from the pilot was that there was a high level of acceptability for this indicator, and around 50% of the pilot practices already carry out screening before referral.

Some practices perceived that this indicator could standardise local variation in practice relating to local referral pathways.

The NEC stated that this indicator is not amenable to cost effectiveness analysis modelling. However, this did not mean that it is necessarily cost ineffective.

The Chair noted that minor amendments to the wording of the indicator were required; in relation to the point at which the patient is entered on to the register and suggested this could be developed by the NHS IC with support from the External Technical Advisor (ETA).

The ETA discussed whether it was necessary to consider the issue of episode management highlighted in the pilot feedback. The ETA advised there were challenges in handling conditions that were episodic in nature. However, dementia is not episodic so these difficulties do not apply.

The Committee considered the implications of the diagnosis of dementia being made by a third party, for example in hospital and this might be outside the control of general practice. The Committee agreed that this could be managed by exclusions or exception reporting.

A part two section in accordance with the Public Order Act of 1960 was declared. The minutes of the part two session are presented below.

The Committee considered whether longer timescales would be required due to potential low numbers, as some GPs would be unfairly disadvantaged by the 6 month timescale currently recommended.

NEC said the intent of the indicator was to highlight people with a treatable cause of dementia. The Chair said there was evidence to suggest that it is not happening at the moment and indicated that the denominator for some practices might be small.

The Committee noted that a start date would be needed for this indicator in common with other indicators in the QOF.

QOF Indicator Advisory Committee final recommendation

The Committee agreed that a start date is required and suggested inserting “new diagnosis since the1st of April 2011” into the final indicator wording.

The Committee recommended the indicator is published on the NICE menu of indicators for consideration for the QOF.