NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Indicator area: Diabetes mellitus

Recommended Indicator:

The percentage of patients with diabetes in whom the last IFCC-HbA1c is 59 mmol/mol[1] or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months

Background

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2010 to consider the results of a review of a number QOF indicators. This report is taken from the full unconfirmed minutes of this two day meeting and presents the AC's considerations and recommendations following a review of the 2009/10 QOF indicator DM23.

QOF Indicator Advisory Committee recommendations

Wording of the reviewed indicator presented to the June 2010 AC:

> *DM23: The percentage of patients with diabetes in whom the last HbA1c is 7 or less (or equivalent test/reference range depending on local laboratory) in the previous 15 months*

The Committee was presented with the conclusions of the expert review for this indicator.

[1] Equivalent to HbA1c of 7.5% in DCCT values

The Committee noted that uncertainty had been expressed about the safety of the HbA1c target of 7% with regards to the indicator.

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 expert review of the indicator suggested that younger people with little co-morbidity were more likely to benefit from tighter control of HbA1c, whereas less stringent goals may be more appropriate for people with established cardiovascular disease, those with a history of hypoglycaemia, or those requiring multiple medications or insulin to achieve a target HbA1c of 6.5%.

The expert review noted that the NICE guideline on type 2 diabetes recommends an HbA1c target of 6.5% for people with type 2 diabetes in general. However, the targets mentioned in the NICE clinical guideline are qualified by advice that they should be tailored to individual circumstances. The accompanying detailed algorithms in the NICE guideline make clear that a less stringent target (7.5%) is appropriate for individuals with a longer duration of diabetes and those who require third-line therapy.

The expert review noted that the recent SIGN guideline on type 2 diabetes, recommends that an HbA1c target of 7.0% (53 mmol/mol) among people with type 2 diabetes is reasonable to reduce risk of microvascular disease and macrovascular disease.

The SIGN guideline also recommends that a target of 6.5% (48 mmol/mol) may be appropriate at diagnosis and that targets should be set for individuals in order to balance benefits with harms, in particular hypoglycaemia and weight gain.

The Committee was in agreement with the summary and interpretation of the evidence set out in the expert review. The Committee considered reducing the threshold for the indicator as suggested by the expert review, however, it was noted that reducing the threshold would mean that the threshold would be below current achievement levels for this indicator.

The Committee considered the recommendations contained in the recent SIGN guideline were appropriate for clinical practice, but it had concerns that they were not sufficiently strong to form the basis for an indicator incentivising a target for HbA1c of 7.0%. The Committee further noted that there was a difference between an audit target which may be appropriate for the QOF, and a target that an individual practitioner may use with an individual patient in clinical practice. The Committee noted that in order to achieve an average practice target of HbA1c of 7.0%, a clinician may need to aim for a HbA1c below this in individual patients.

The Committee agreed that there was a potential risk of unintended consequences for this indicator in relation to a subset of people with diabetes.

The Committee agreed that reducing thresholds would not be the most appropriate method to mitigate this risk.

The Committee also noted that since June 2009 HbA1c results have been reported in both DCCT units (%) and IFCC units (mmol/mol) and that from 1st June 2011, results will be reported only as HbA1c-IFCC mmol/mol.

QOF Indicator Advisory Committee final recommendation

The Committee recommended that the threshold for this indicator should remain unchanged but that the HbA1c target should be increased to 7.5% (IFCC-HbA1c equivalent of 59 mmol/mol)

The Committee recommended that diabetes indicators relating to HbA1c are amended to reflect the IFCC units.