

## **Quality and Outcomes Framework Programme**

### **NICE cost impact statement**

**July 2011**

#### **Indicator area: Diabetes mellitus**

##### ***Indicator***

**NM28:** The percentage of patients with diabetes who have a record of a dietary review by a suitably competent professional in the preceding 15 months

#### **Introduction**

This report provides a high-level cost impact assessment for one indicator relating to diabetes piloted for the 2012/13 NICE menu of indicators for QOF.

Dietary control is an important aspect of care for people with diabetes and is reinforced by quality statement 2: nutrition and physical activity advice of the NICE quality standard on diabetes in adults which states:

‘People with diabetes receive personalised advice on nutrition and physical activity from an appropriately trained healthcare professional or as part of a structured educational programme.’

This indicator makes the above quality statement explicit and ensures the dietary review is recorded. Pilot data demonstrated that a representative sample of GP practices in England, Scotland, Wales and Northern Ireland did not routinely record dietary reviews for people with diabetes.

## **Cost implication**

It has been assumed that when a person is diagnosed with diabetes there will be some discussion around diet. This is supported by pilot data which indicated dietary advice was part of standard care for people with diabetes.

GP practices in the pilot study almost all described practice nurses who had been on a diabetes training course as 'suitably competent professionals'. However, there may be instances where this is not the case. Because people with diabetes are in frequent contact with their GP practice for regular checks and tests, the new indicator could be carried out opportunistically as part of the delivery of standard care for people with diabetes. There is also some potential overlap with the NICE menu indicator NM27 on diabetes structured education, where education programmes include dietary advice.

## **Conclusions**

The cost of implementing the proposed diabetes dietary review indicator is not expected to be significant. It would be reasonable to assume that discussions around dietary control are already part of standard care for people with diabetes and the intent of this indicator is to reinforce established care and to document dietary advice given.