

# **NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

## **Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations**

**Indicator area: Osteoporosis – fragility fracture**

### ***Recommended Indicator:***

**The practice can produce a register of patients:**

- 1. Aged 50-74 years with a record of a fragility fracture after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan, and**
- 2. Aged 75 years and over with a record of a fragility fracture after 1 April 2012**

### **Background**

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2011 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 2011 AC:

*The practice can produce a register of patients (men and women) aged ≥50-74 years with a fragility fracture, with a diagnosis of osteoporosis confirmed on DXA scan (after 1 October 2010)*

The Committee Chair asked for clarification on why calcium and vitamin D are included in indicator 4 and the NEC explained that many patients require co-prescribing of bone sparing agents and calcium and vitamin D supplementation and this is supported by relevant guidance. The Committee noted that if a patient declines or is intolerant to calcium and vitamin D then practices will have to exception report against the entire indicator as practices cannot exception report against individual components of an indicator. This would lead to a very large proportion of the target population being exception reported. The committee also noted that indicator 4 was likely to be cost ineffective given the high baseline prescribing of calcium and vitamin D. The Committee discussed these two issues and concluded that the issue of the need to co-prescribe calcium and vitamin D should be written into the QOF guidance. The Committee also requested that any relevant evidence around the benefits of exercise should also be included in the supporting QOF guidance. The Committee discussed what a fragility fracture was and agreed that the possibility of this being incorrectly coded as osteoporosis was a risk. The Committee agreed that the presence of a fragility fracture should flag up the need for a DXA scan to determine the diagnosis of osteoporosis but expressed concerns that this process would exclude people who have osteoporosis but have not had a fragility fracture. This point was highlighted as significant as the purpose of the indicator set is for the secondary prevention of fragility fractures in those with osteoporosis rather than the treatment of all patients with a diagnosis of osteoporosis.

The External Technical Adviser stated that it was important to code the fracture as accurately as possible and the Committee discussed whether 'fragility fracture' could be added as an extra code for indicator 1. The committee agreed the most appropriate way of Read coding would be to accurately Read code the fracture, and then subsequently record this as being a fragility fracture as a separate code.

### **QOF Indicator Advisory Committee final recommendation**

The Committee recommended that indicators 1, 2 and 3 be progressed for inclusion on the NICE menu for consideration for QOF, subject to changes to

the business rules by the NHS IC in relation to the recording of fragility fracture

The Committee recommended that the issue of calcium and vitamin D from proposed indicator 4 be included in the indicator guidance.