

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Indicator area: Peripheral Arterial Disease

Recommended Indicator:

The percentage of patients with peripheral arterial disease with a record in the preceding 15 months that aspirin or an alternative anti-platelet is being taken (unless a contraindication or side-effects are recorded)

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 percentage of patients with peripheral artery disease with a record of aspirin or an alternative anti-platelet therapy or an anti-coagulant in the last 15 months (unless a contraindication or side-effects are recorded)

The Committee discussed the register, stating that it needed to be clear who was to be included on it and that the necessary codes needed to be in place to identify patients. The Committee discussed whether the ABPI measure was appropriate and some Committee members noted that ABPI measurement does not pick up all diagnoses of PAD.

The Committee noted that ABPI is a good practice point in the SIGN clinical guideline and was considered as part of indicator development at the request of the NEC. The committee noted that the QOF guidance would need to state how a diagnosis of PAD should be made and refer to the role of ABPI measurement.

The Committee discussed whether the indicator set was referring to symptomatic or asymptomatic PAD. The Committee noted that there is evidence to suggest a significant overlap of people recorded as having PAD also have CHD, stroke and/or diabetes and therefore there will be some duplication of care processes for people who are on registers in other QOF domains.

The Committee commented that these are important care process for people with PAD and agreed that the potential overlap with other QOF domains should be raised with the QOF negotiators.

The Committee noted that indicator 4 (blood pressure measurement) is a purely process measure and therefore now out of step with the current approach to QOF process indicators when a linked intermediate outcome indicator exists. The Committee also noted that the blood pressure target for indicator 5 is inconsistent with the other relevant QOF BP indicators (CHD6, STROKE6, BP5, DM30), and should therefore be changed to be brought in line with these. .

QOF Indicator Advisory Committee final recommendation

The Committee recommended that indicators 1, 3, 5 and 6 be progressed for inclusion on the NICE menu for consideration for QOF.

The Committee recommended that the feasibility of including symptomatic PAD only should be considered by the NICE QOF Programme team and NEC before the indicators are published on the NICE menu. The Committee recommended that the ABPI indicator (indicator 2) should not be recommended for the NICE menu because ABPI measurement does not pick up all diagnoses and the Committee noted the importance of clinical judgement in the diagnosis of PAD. The issue of use of ABPI was recommended to be addressed in the QOF guidance.