

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Primary Care Quality and Outcomes Framework Indicator Advisory Committee recommendations

Indicator area: Chronic obstructive pulmonary disease

Recommended Indicator:

The percentage of patients with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 at any time in the preceding 15 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme.

Background

The Primary Care Quality and Outcomes Framework (QOF) Indicator Advisory Committee (AC) met in June 2012 to consider information on the prioritisation of potential indicators for inclusion in the NICE menu for 2013/14. 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 2012 AC:

The percentage of patients with COPD and Medical Research Council (MRC) Dyspnoea Scale ≥ 3 at any time in the preceding 15 months, with a record of a referral to a pulmonary rehabilitation programme (excluding patients on the palliative care register)

Overall, there was support for an indicator on oxygen saturation measurement as baseline information is useful and results can guide treatment.

The Committee discussed whether referral for rehabilitation should be made annually. Although referral can be made when symptoms worsen and at an initial referral, the primary aim should be that QOF measures the initial referral for pulmonary rehabilitation.

QOF Indicator Advisory Committee final recommendation

The Committee recommended that indicator 1 should be progressed for inclusion on the NICE menu for negotiation into QOF, based on the importance of this in COPD care as noted above.

The Committee recommended that indicator 2 should be progressed for inclusion on the NICE menu for negotiation into QOF, and should measure the initial referral. It was noted repeated referral is not warranted so the indicator should be cumulative, and not reward the same referral repeatedly.