

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

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

### **Indicator area: Depression**

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

**The percentage of patients with a new diagnosis of depression in the preceding 1 April to 31 March who have had a bio-psychosocial assessment by the point of diagnosis.**

### **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 depression who have had a bio-psychosocial assessment by the point of diagnosis*

The Committee acknowledged the importance of having depression indicators in the QOF. The committee discussed the questions practices needed to ask patients and agreed that it is necessary to ask specific questions to ascertain

a diagnosis of depression, therefore having a range of questions available incentivises good care for people with depression. The Committee noted that answers to some of the questions could be long and the External Technical Adviser stated that there was scope for free text answers to be included. The Committee agreed that there were some questions that needed to be asked of patients frequently such as suicidal ideation and suggested that the 16 questions could be categorised into several conceptual groups, to make measurement or use of the indicator easier. The NICE external contractor (NEC) agreed that this could be explored. The Committee also discussed whether this work was already being carried out by practices. In general it was felt that not all practices are doing this so it would be worthwhile to include within QOF. The difficulties faced by some practices in covering all aspects of the psychosocial assessment were also discussed by the Committee. The Committee also agreed that where necessary, appropriate and chosen by the patient, a review could be carried out over the telephone instead of face to face. The Committee agreed that the proposed timeframe of 10-35 days was appropriate.

The Committee considered that these two indicators could replace DEP6 and DEP7.

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

The Committee recommended that both indicators be progressed for inclusion on the NICE menu for negotiation into QOF and that the indicators would replace DEP6 and DEP7. For the indicator on bio-psychosocial assessment the Committee considered whether codes relating to aspects to the bio-psychosocial assessment should be included in the patient records. The Committee noted there were many complexities to this, in terms of which items of the bio-psychosocial assessment should have to be specified and the timeframe for when a code should be entered. The Committee agreed that for the indicator on review within 10-35 days, the review should ideally be face to face rather than over the telephone, but that patient choice should be noted.