NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Cost impact statement: Diabetes

QOF indicator area: Diabetes – Erectile Dysfunction

Date: July 2012

Indicators

NM51: The percentage of male patients with diabetes with a record of being asked about erectile dysfunction in the preceding 15 months.

NM52: The percentage of male patients with diabetes who have a record of erectile dysfunction with a record of advice and assessment of contributory factors and treatment options in the preceding 15 months.

Introduction

This report covers 2 new indicators relating to diabetes (erectile dysfunction). These indicators are part of the NICE menu of potential Quality and Outcomes Framework (QOF) indicators for 2013/14, following the recommendations of the independent QOF advisory committee in June 2012. The indicators have been piloted as part of the NICE QOF indicator development process.

This report considers the likely cost impact of incentivising the clinical interventions associated with the proposed indicators in terms of the number of additional interventions provided and the cost of each intervention. Costs to NHS commissioners are outlined where relevant, along with the cost of additional activity at general practices.

The intent of the 2 new indicators is to encourage GPs to raise the issue of erectile dysfunction with men in their consultations and to assess and advise about contributory factors and treatment options.

Cost implication

Number of people affected

The eligible population is men with diabetes with erectile dysfunction (ED). The British Heart Foundation estimates the percentage of men over 16 who have been diagnosed with diabetes in the UK to be 6%.

The health economic report from the indicator pilot estimated the percentage of men with diabetes who have ED at between 20% and 71%. The health economic report used 58% as a baseline, which is the prevalence of ED reported in a study of 1,460 Italian men with type 2 diabetes.

For a practice that had not been offering ED advice the effective population in the first year of the indicators would be all men with diabetes and ED. Therefore we have assumed that the eligible population is the whole diabetes and ED population.

Current care

GPs play a crucial role in managing diabetes in primary care. Much of the management and monitoring of patients with type 2 diabetes is undertaken by GPs and members of the primary care team. This includes encouraging a healthy lifestyle, modifying levels of blood pressure and lipids, and lowering blood glucose to reduce the risk of complications.

GPs and trained nursing staff can address the issue of ED in men with diabetes as part of regular review, and can provide assessment, education and discussion of treatment options. Pilot data suggested that practices already ask men with diabetes about ED as part of their routine diabetes review.

Men may be offered phosphodiesterase type 5 (PDE-5) inhibitors (which can be prescribed and issued on the NHS for men aged over 18 with diabetes) or

the GP may make onward referral to a service offering other medical, surgical or psychological management of erectile dysfunction. Pilot data suggests that some practices already do this as part of routine care. The indicator pilot suggested these indicators were associated with ‘minimal resource utilisation and costs’.

Proposed care

Because men with diabetes are in frequent contact with GP practices for regular checks and tests, it would reasonable to assume that asking about ED could be done opportunistically as part of the delivery of standard care for people with diabetes.

The NICE Guideline Development Group for Type 2 diabetes: the management of type 2 diabetes (NICE clinical guideline 87, 2010) noted that ED is sometimes not adequately discussed and that the issue should be explored regularly if appropriate, with explanation that it can be a complication of the diabetes and might be amenable to treatment. Professionals need to be alert to secondary issues such as relationship breakdown.

Resource impact

Piloting showed there were minimal resources and costs associated with these indicators. Identification of ED usually resulted in discussion of the problem, sometimes followed by a review of potentially contributory medication.

Conclusions

Implementating these indicators is not expected to result in significant costs. The indicator pilot suggested that these indicators were associated with ‘minimal resource utilisation and costs’.

Related QOF indicators

Current QOF indicator	Numerator	Denominator	Underlying achievement
DM10 The percentage of patients with diabetes with a record of neuropathy testing in the preceding 15 months	2,113,330	2,311,768	91.4%

References

Health and Social Care Information Centre (2011) QOF 2010/11 data [online].

University of Birmingham and University of York Health Economics Consortium Health (NICE External Contractor), Development feedback report on piloted indicators, 2012

University of Birmingham and University of York Health Economics Consortium Health (NICE External Contractor), Health economic report on piloted indicator [NM52], 2012