

UNIVERSITY OF BIRMINGHAM AND UNIVERSITY OF YORK
HEALTH ECONOMICS CONSORTIUM
(NICE EXTERNAL CONTRACTOR)

Development feedback report on piloted indicator(s)

QOF indicator area: Hypertension

Pilot period: 1st October 2011– 30th April 2012

Potential Output: Recommendations for NICE menu

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Background

As part of the NICE-managed Quality and Outcomes Framework (QOF) process, all clinical and health improvement indicators are piloted, using agreed methodology, in a representative sample of GP practices across England, Scotland, Wales and Northern Ireland.

The aim of piloting is to test whether indicators work in practice, have any unintended consequences and are fit for purpose.

Piloted indicators

1. The percentage of patients under 80 years old with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 140/90 or less.
2. The percentage of patients aged 80 years and over with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 150/90 or less.

Number of practices participating in the pilot: 34

Number of practices withdrawing from the pilot: 4

Number of practices where staff were interviewed: 30

(33 GPs, 7 Practice Nurses, 16 Practice Managers, 1 Health Care Assistant, 2 Administrative Managers = 59 primary care staff most involved in the QOF pilot)

Assessment of clarity, reliability, acceptability, feasibility, and implementation

Clarity

- Indicator wordings as stated, rated as clear and unambiguous by the RAM panel.
- The NHS IC has confirmed that they have been able to write Business Rules (and/or an Extraction Specification)

Reliability¹ and Feasibility

Indicator	Feasibility	Reliability	Implementation
1	1	1	1
2	1	1	1
GPES Conversion			3

Comments	Response	NHSIC Summary
<p>How will the age change impact on the other blood pressure indicators in the other domains?</p> <p>CHD 6 CKD 3 DM 30 DM 31 PAD 3</p>	No change required.	

¹ NHSIC provide guidance on whether the piloted indicators are, from a business rule perspective, suitable to become 'live' indicators. A notional 'scoring' system is used:

1. No problems to implement in live with other indicators
2. Minor re-work before it can go live with other indicators
3. Major re-work but do-able without recourse to anyone outside of the process
4. Major considerations to be made before the indicator can go live - possibly need to speak to CFH / suppliers
5. Not feasible

Acceptability

General comments

Over half of practices felt that these indicators, when considered together, were acceptable and would ensure consistency between QOF and NICE Guidance which was viewed as desirable.

Where practices were not supportive of these indicators being considered for inclusion in QOF, this was due to concerns about polypharmacy and the management of patients with multi-morbidities.

Acceptability indicator 1 (tighter control in under 80 year olds)

Approximately half of practices felt that this indicator should be considered for inclusion in QOF with a further fifth of practices being ambivalent. Five practices did not support it being considered for inclusion and two did not express a view either way.

Those practices who were supportive of this indicator expressed the view that this was a target they aimed for in this group any way and considered the existing QOF BP targets could be tighter. They also expressed a view that consistency between QOF and NICE Guidance was desirable. However a third of practices stressed that threshold setting would be critical to acceptability.

“I think it was good that you’re recognising that different age groups perhaps can be, have different levels of blood pressure control” (GP, Practice ID: 2).

“... it makes sense that whenever possible the QOF guidance should be in line with NICE Guidance, so this would bring it in line with NICE Guidance, which makes sense rather than having QOF says this, NICE Guidance says this, SIGN Guidance says that, it makes sense for them all to be in alignment” (GP Practice ID: 16).

“I think it depends what the thresholds are” (GP, Practice ID: 20).

All practices recognised that this indicator was in line with NICE guidance even where they did not support its inclusion in QOF.

Where practices were not supportive of this indicator this was primarily due to concerns about achieving blood pressure control in patients with multi-morbidities, using 80 years as the age cut off, issues around polypharmacy and a possible increase in exception reporting of patients as being on maximal tolerated therapy.

“... for the patients it can’t always be worth putting them on all these multiple drugs” (GP, Practice ID: 8).

“So we’re going to get more complaints from patients, because they’re going to have to have polypharmacy to try and achieve those targets...” (GP, Practice ID: 22).

Acceptability indicator 2 (current target but in over 80 year olds)

Just under two thirds of practices were supportive of this indicator being considered for inclusion in QOF, with just under a fifth being ambivalent. As with the first indicator, five practices did not support it being considered for inclusion and two did not express a view either way.

Where practices were supportive of consideration of this indicator this was generally for the reasons expressed above. Additionally, it was felt that logically the indicators had to be considered as a set.

“The two together I think works, yeah” (GP, Practice ID: 5).

Practices that did not support consideration of this indicator for inclusion expressed concerns that it would be difficult to achieve and that increases in medication required to reach this target would be unacceptable to patients.

“I think it’s realistic to realise that actually making it tighter in people over 80 years can be, ..., can actually be a) difficult and b) not necessarily in their best interests because if they’ve got problems of multiple medication and postural hypotension ...” (GP, Practice ID: 21).

“Compliance is difficult here...” (GP, Practice ID: 11).

Acceptability recommendation indicator 1

- There are barriers/risks/issues/uncertainties identified from the pilot in terms of acceptability that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Acceptability recommendation indicator 2

- There are barriers/risks/issues/uncertainties identified from the pilot in terms of acceptability that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Implementation

Assessment of piloting achievement

1. The percentage of patients under 80 years old with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 140/90 or less

HYPERTENSION INDICATOR 1		Baseline	Final
Number of Practices Uploading		16	16
Practice Population		100,897	101,271
Patients on Hypertension Register		14,049	14,105
Excluded regardless of whether they meet Numerator criteria		<i>less</i>	<i>less</i>
Patient 80 years old or over		3,305	3,322
Excluded if they do not meet Numerator criteria			
BP Exception within 15 months		11	16
Registered within last 9 months		94	116
Exclusion within last 15 months		109	128
Diagnosis within last 3 months		152	161
HT MAX within last 15 months		38	45
Total Exclusions		3,709	3,788
		<i>equals</i>	<i>equals</i>
Hypertension Indicator 1 Denominator		10,340	10,317
Hypertension Indicator 1 Numerator		5,417	6,283
Numerator as % of Denominator		52.39%	60.90%

These data suggest that threshold setting will be key.

2. The percentage of patients aged 80 years and over with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 150/90 or less

HYPERTENSION INDICATOR 2		Baseline	Final
Number of Practices Uploading		16	16
Practice Population		100,863	101,271
Patients on Hypertension Register		14,049	14,105
Excluded regardless of whether they meet Numerator criteria		<i>less</i>	<i>less</i>
Patient less than 80 years old		10,744	10,783
Excluded if they do not meet Numerator criteria			
BP Exception within 15 months		2	3
Registered within last 9 months		23	16
Exclusion within last 15 months		91	85
Diagnosis within last 3 months		10	11
HT MAX within last 15 months		50	43
Total Exclusions		10,920	10,941
		<i>equals</i>	<i>equals</i>
Hypertension Indicator 2 Denominator		3,129	3,164
Hypertension Indicator 2 Numerator		2,298	2,560
Numerator as % of Denominator		73.44%	80.91%

These data suggest that threshold setting will be key.

Summary

Changes in practice organisation

General comments

No changes were needed to practice organisation.

Specific comments indicator 1

No specific comments.

Specific comments indicator 2

No specific comments.

Resource utilisation and costs

General comments

Some practices expressed concern that these indicators would impact upon prescribing costs.

Specific comments indicator 1

Some practices noted that there might be an increase in GP workload as patients currently maintained at a blood pressure of >140/90 would require modification of their anti-hypertensive medication in order to reach this target.

Specific comments indicator 2

No specific comments.

Barriers to implementation

General comments

A third of practices expressed the view that threshold setting would be critical to the success of these indicators. Potential appropriate thresholds are suggested for each indicator below based upon the results of the pilot. Thresholds for the current BP5² are 45-80%.

Specific comments indicator 1

This indicator was achieved for 52.39% of eligible patients at the beginning of the pilot, rising to 60.90% at its conclusion. The distribution of practice achievement at the final data upload was 50 – 80%. Based upon this we would suggest payment thresholds of 45-80%.

² BP5: The percentage of patients with hypertension in whom the last blood pressure (measured in the preceding 9 months) is 150/90 or less.

Specific comments indicator 2

This indicator was achieved for 73.4% of eligible patients at the beginning of the pilot, rising to 80.9% at its conclusion. The distribution of practice achievement at the final data upload was 70-95%. Based upon this we would suggest payment thresholds of 60-90%.

Assessment of exception reporting

Specific comments indicator 1

A fifth of practices expressed concern that exception reporting would increase due to patients being on the maximal tolerated dose of anti-hypertensive therapy.

Specific comments indicator 2

A small number of practices expressed concern that exception reporting would increase due to patients being on the maximal tolerated dose of anti-hypertensive therapy.

Assessment of potential unintended consequences

General comments

No specific comments.

Implementation recommendation indicator 1

- There are barriers/risks/issues/uncertainties identified from the pilot in terms of implementation that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Implementation recommendation indicator 2

- There are barriers/risks/issues/uncertainties identified from the pilot in terms of implementation that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Assessment of overlap with existing QOF indicators and potential changes to existing QOF indicators

These indicators overlap with the existing BP5.

BP5: The percentage of patients with hypertension in whom the last blood pressure (measured in the preceding 9 months) is 150/90 or less.

This indicator applies to all patients on the hypertension register irrespective of age and attracts 55 QOF points. It is proposed that the piloted indicators (as a pair) replace this single indicator with the points being distributed following negotiation, between the two indicators.

Overall recommendation indicator 1

- There are barriers/risks/issues/uncertainties identified from the pilot that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Overall recommendation indicator 2

- There are barriers/risks/issues/uncertainties identified from the pilot that in themselves may not be sufficient to prevent an indicator being recommended by the AC, but require the particular attention of the AC.

Suggested amendments to indicator 1

No amendments suggested.

Suggested amendments to indicator 2

No amendments suggested.

Appendix A: Indicator details

Recommendation(s) presented and prioritised by the Advisory Committee

The development of staged indicators for the management of Hypertension with a lower target of 150/90 and a tighter target of 140/90. Indicator development to take into consideration the recommendations from the NICE clinical guideline on the management of Hypertension in people aged 80 years and older.

NICE clinical guideline 127 recommendations 1.5.5 and 1.5.6

1.5.5 Aim for a target clinic blood pressure below 140/90 in people aged under 80 years with treated hypertension

1.5.6 Aim for a target clinic blood pressure below 150/90 mmHg in people aged 80 years and over, with treated hypertension

Summary of Committee considerations (taken from the June 2011 Committee minutes)

The Committee recommended the development of staged blood pressure indicators for the management of hypertension.

Pre-RAND indicators

1. The percentage of patients with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 140/90 or less
2. *The percentage of patients under 80 years old with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 140/90 or less³*
3. The percentage of patients aged 80 years and over with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 150/90 or less

Final indicators as piloted

1. The percentage of patients under 80 years old with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 140/90 or less.
2. The percentage of patients aged 80 years and over with hypertension in whom the last recorded blood pressure (measured in the preceding 9 months) is 150/90 or less.

³ Indicator in italics text reflects modifications to wording made by the panel during round 2.