

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Consultation report on piloted indicator(s)

QOF indicator area: Peripheral arterial disease – staged blood pressure targets

Consultation period: 07/01/2013 – 04/02/2013

Potential output: Recommendations for NICE Menu

Indicator(s) included in the consultation

1. The percentage of patients 80 and over with a history of peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less.
2. The percentage of patients under 80 with a history of peripheral arterial disease whose last recorded blood pressure reading (measured in the preceding 15 months) was 140/90.

Summary of responses: general comments on indicator(s)

Mixed comments were received from stakeholders regarding the proposed new blood pressure indicators for people with peripheral arterial disease (PAD).

A number of stakeholders welcomed the inclusion of staged blood pressure control according to age, commenting that this will lead to more suitable management of blood pressure in people with PAD. However, other stakeholders were concerned about the potential for unintended consequences associated with aggressive drug therapy.

There were some concerns around the indicator construction and that by taking account only of the 'last blood pressure reading' some practices could fail the indicator from a single elevated reading in a person who is otherwise well managed.

Stakeholders suggested removing the age limit from the first indicator to ensure there is still an incentive to manage blood pressure in those people who cannot achieve the tighter target. One stakeholder also suggested that the varying timeframes for blood pressure indicators in QOF be unified.

Considerations for Advisory Committee

The specific issues that the Advisory Committee is asked to consider when making recommendations on which indicators should be published on the NICE menu for the QOF are stated below.

These issues are also addressed in the indicator development reports which will include suggestions for possible amendments to how the indicators should be specified following piloting and public consultation.

The Advisory Committee is asked to consider:

- Should the age limit be removed from the first indicator to ensure all people with PAD, including those that may not be able to achieve the tighter target, are incentivised to a target of 150/90?
- Should the timeframes for blood pressure indicators in QOF be unified?

Summary of responses: comments by indicator

1. The percentage of patients 80 and over with a history of peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 15 months) is 150/90 or less.
2. The percentage of patients under 80 with a history of peripheral arterial disease whose last recorded blood pressure reading (measured in the preceding 15 months) was 140/90.

A number of stakeholders including the Royal College of Nursing and the British Heart Foundation welcomed these potential new staged hypertension indicators for people with PAD. It was commented that separating these indicators according to age would be more suitable than the current QOF indicator for blood pressure management for people with PAD.

Other stakeholders including the Royal College of General Practitioners (RCGP) expressed a concern that aggressive hypertension management for people over the age of 80 has a limited evidence base and increases the risks of unintended consequences, such as falls. The risk of falls was a common concern amongst stakeholders. Stakeholders commented that older people are more prone to falls and there is a risk of provoking these through low blood pressure in an aggressive treatment regime.

Stakeholders commented that tighter targets are likely to lead to polypharmacy, increased symptomatic postural hypotension, iatrogenic harm from falls, end organ infarction and increased morbidity. It was commented

that although exception reporting is available this can only be used after people have developed side effects and the risks have presented.

The RCGP acknowledged there is a need to reduce blood pressure in these two age groups but considered that an appropriate level of blood pressure has not yet been established. They also queried the acceptance of aggressive hypertension management in people over the age of 80 years. One stakeholder commented that the additional work as a result of the indicators may destabilise general practice and lead to disengagement of QOF.

Some stakeholders considered the age of 80 to be arbitrary commenting that some older people are likely to be fit enough for aggressive blood pressure control whilst for other younger people this could present a risk.

NHS Employers and the General Practitioners Committee (GPC) of the British Medical Association commented that people with PAD are likely to have more co-morbidity, reducing the choice of treatments. Stakeholders commented that these indicators could lead to high exception reporting as a result of side effects from higher doses of different medications and patient dissent. Stakeholders suggested that there should be careful selection of achievement thresholds.

NHS Employers and the GPC highlighted that NICE advice to the negotiators in August 2012 regarding a similar indicator recommended for the QOF (NM54¹) was to remove the age restriction to account for circumstances where it would be inappropriate only to target to the tighter blood pressure level. It was suggested that the same principle should apply here so only the tighter target indicator for people under 80 years is adopted with current QOF indicator PAD002² remaining unchanged.

A number of stakeholders commented that blood pressure is dynamic and variable and in looking for the 'last blood pressure reading', the indicator would not be achieved for a person with a number of target readings throughout the year but a single elevated last reading. This could be for reasons unrelated to long-term hypertension control and was considered to be an unfair assessment of blood pressure management.

A number of stakeholders, including NHS Employers and the GPC, noted that NICE clinical guideline 127 and the potential new indicator for hypertension recommend ambulatory blood pressure monitoring (ABPM). The RCGP requested that clarification be given to which type of blood pressure reading is

¹ NM54: 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

² The percentage of patients with peripheral arterial disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less

used for these indicators. NHS Employers stated that if ABPM was used for monitoring hypertension, all blood pressures in the QOF would need to be defined by ABPM. It was however noted that this could have implications on workload and cost. The NICE clinical guideline for hypertension states that clinic blood pressure should be used to monitor the response to antihypertensive treatment with lifestyle modifications or drugs³.

One stakeholder considered patient compliance a barrier for achieving these indicators, commenting that social factors determine patient engagement more than GP effort. It was suggested that getting people to take personal responsibility of their blood pressure using home blood pressure monitoring would improve motivation.

One stakeholder highlighted that currently there are 15 and 9 month timeframes for blood pressure indicators in QOF and requested that these be unified.

³ 1.5.4 Use clinic blood pressure measurements to monitor the response to antihypertensive treatment with lifestyle modifications or drugs