

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Consultation report on piloted indicator(s)

QOF indicator area: Chronic heart 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 coronary heart 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 coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 140/90 or less.

Summary of responses: general comments on indicator(s)

Mixed comments were received from stakeholders regarding the proposed new blood pressure indicators for people with coronary heart disease (CHD).

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 CHD. However, other stakeholders were concerned about the potential for unintended consequences associated with aggressive drug therapy.

There were some concerns around 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 CHD, 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 coronary heart 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 coronary heart disease in whom the last blood pressure reading (measured in the preceding 15 months) is 140/90 or less.

A number of stakeholders, including the British Heart Foundation (BHF) and the Department of Health (DH), welcomed these potential new staged hypertension indicators for people with CHD which are in line with NICE clinical guideline 127. The Royal College of Nursing considered these reasonable blood pressure targets that are easily achievable because people with CHD should already be reviewed in primary care at least annually. The BHF commented that treatment decisions in people aged over 80 years should be based on realistic expectations of clinical benefit in the context of co-morbidities which could limit life expectancy, and considered these indicators a way to ensure appropriate management of blood pressure in these different age groups.

The DH commented that it would be good to have consistency across QOF indicators relating to blood pressure in people with, or at risk from cardiovascular disease (CVD) and chronic kidney disease (CKD). The DH noted that currently QOF indicator CKD003 incentivises blood pressure

management to a target of 140/85 mm/Hg. For diabetes, staged indicators for blood pressure management also exist¹.

Some 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. One of the most common themes from stakeholders, including the BHF, was the potential for unintended consequences from falls. Stakeholders commented that this group of people are more prone to falls and there is a risk of provoking this through low blood pressure in an aggressive treatment regime.

However, other stakeholders considered that older people are most likely to benefit from intensive blood pressure reduction, as this is a group where absolute risk is highest. Some stakeholders considered the age of 80 to be arbitrary, commenting that blanket indicators for this group are increasingly difficult to achieve, with upper limit targets likely to do more harm than good. Stakeholders commented that some older people are likely to be fit enough for aggressive blood pressure control while for some younger people this could be a risk.

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.

NHS Employers and the General Practitioners Committee (GPC) of the British Medical Association commented that people with CHD are likely to have more co-morbidity, impacting on the choice of treatments. Stakeholders commented that these indicators could provoke 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.

The RCGP suggested that consideration be given to retaining the current QOF indicator in this domain, CHD002², while adopting the tighter target for

¹ DM002. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (NICE 2010 menu ID: NM01)

DM003. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (NICE 2010 menu ID: NM02)

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

people under the age of 80 years. NHS Employers and the GPC highlighted that NICE advice to the negotiators in August 2012 regarding a similar indicator recommended for the QOF (NM54³) 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 all people are covered by the existing QOF indicator CHD002 to provide a stepwise level of treatment for all ages, not just for people over the age of 80 years.

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 long term 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 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 drugs⁴.

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 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

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