NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Consultation report on piloted indicator(s)

QOF indicator area: Stroke and TIA – 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 stroke or TIA 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 stroke or TIA 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 stroke and TIA.

A number of stakeholders welcomed the inclusion of staged blood pressure control according to age in people with stroke and TIA commenting that this will lead to more suitable management of blood pressure in people with stroke. 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 stroke and TIA, 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 stroke or TIA 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 stroke or TIA 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 and Royal College of Nursing, welcomed staging blood pressure control according to age in people with stroke and TIA. It was commented that separating these indicators by age is appropriate in recognition that there can be considerable difficulties, and risks, in treating people aged 80 years and over to a lower target.

The Primary Care Neurology Society commented that more regular checks of blood pressure are recommended as hypertension is a major risk factor for both haemorrhagic and ischaemic stroke.

Other stakeholders considered the age of 80 to be arbitrary and commented that there is a debate about the appropriateness of treating blood pressure to target in this age group to prevent further events. Stakeholders suggested that blanket indicators for people aged over 80 years with stroke are increasingly difficult to achieve and upper limit targets are likely to do more harm than good. It was commented that some older people are likely to be fit enough for aggressive blood pressure control whilst for other younger people this could

be a risk. The Royal College of General Practitioners (RCGP) commented that baseline health of this age group can vary considerably and a judgement has to be made, particularly on the appropriateness of treating the frail elderly.

One of the most common themes from stakeholders 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. Stakeholders commented that tighter targets are likely to lead to polypharmacy, increased symptomatic postural hypotension, iatrogenic harm from falls 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 Stroke and TIA 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 commented that a low upper threshold for achievement in the older age group would be welcomed.

NHS Employers and the GPC noted that NICE advice to the negotiators in August 2012 regarding a similar indicator recommended for the QOF (NM54[1]) was to remove the age restriction to account for circumstances where it would be inappropriate to only target 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 STIA003[2] 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 a history of stroke or TIA 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 drugs[3].

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