

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

## **QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME**

### **Consultation report on piloted indicator(s)**

**QOF indicator area:** Diabetes – Preconception Care

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

**Potential output:** Recommendations for NICE Menu

#### **Indicator(s) included in the consultation**

1. The percentage of women with diabetes under the age of 55 years who have been given information and advice about pregnancy, conception or contraception tailored to their pregnancy and contraceptive intentions recorded in the preceding 15 months.
2. The percentage of women with diabetes under the age of 55 years who have a record of information and counselling about contraception, conception and pregnancy in the preceding 15 months.

#### **Summary of responses: general comments on indicator(s)**

A number of stakeholders supported the inclusion of an indicator about preconception care for women with diabetes. For example NHS Employers and the QOF sub group of the General Practitioners Committee (GPC) of the British Medical Association supported the principle of offering contraception, conception and pregnancy advice to women with diabetes.

The QOF sub group of the GPC queried the need for two similar indicators, suggesting that the two indicators be merged, with the focus being on information and advice rather than information and counselling. The Royal College of General Practitioners (RCGP) also commented that as the two indicators were similar, one of them would suffice.

The QOF sub group of the GPC also recommended that a revised indicator should be in line with the epilepsy contraception indicator (EP003<sup>1</sup>) currently in the QOF.

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<sup>1</sup> EP003: The percentage of women aged 18 or over and under the age of 55 who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months

Some stakeholders commented that the upper age limit given in both indicators is too high and should be lowered, arguing that asking women over 50 years of age could be inappropriate and in some circumstances may detract women from attending future appointments to prevent embarrassment/annoyance.

The Royal College of Physicians felt that emphasis only on an upper age 'up to 55' could mean that women from the older age groups would be more likely to be targeted through this indicator. While the percentage of people meeting the target may be met, important groups such as teenagers with type 1 diabetes may not be reached. The stakeholder suggested age banding the indicator might be useful to address this.

## **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 upper age limit of 55 years be lowered?
- Should a lower age limit be applied to this indicator?
- Which of the indicators (if any) is most appropriate for inclusion in QOF?

## **Summary of responses: comments by indicator**

1. The percentage of women with diabetes under the age of 55 years who have been given information and advice about pregnancy, conception or contraception tailored to their pregnancy and contraceptive intentions recorded in the preceding 12 months.

Mixed responses were received from stakeholders on this indicator.

Stakeholders including NHS Employers and the GPC supported the principle of offering contraception, conception and pregnancy advice to women with diabetes. A commercial stakeholder also commented that the inclusion of this indicator reflects the importance of ensuring that pregnant women with pre-existing diabetes are informed about the potential impact of diabetes on their

pregnancy. They also suggested the possible inclusion in QOF of an additional indicator relating to gestational diabetes.

The Royal College of Physicians (RCP) commented that the indicator helps to address the increasing importance of contraception and pregnancy advice for women with type 2 and type 1 diabetes. The RCP stated that the proportion of people with type 2 diabetes being looked after in the community is increasing. They also noted that diabetes in pregnancy has not received as much attention as other aspects of diabetes care such as cardiovascular disease.

The GPC and the RCGP suggested that the 12 month timeframe in the wording of this indicator should be lengthened. This followed comments received from women with diabetes who felt that being asked annually would be intrusive and annoying.

The Royal College of Nursing commented that the indicator appears to be aimed at a record of a woman's conception or contraception intentions. For this reason they suggested the wording of the indicator should be amended to 'The percentage of women with diabetes under the age of 55 years in whom intentions relating to conception or contraception have been recorded in the preceding 15 months'.

The RCP commented that the most difficult group to target are teenagers with type 1 diabetes, noting that this group has high incidence of unplanned pregnancy but often does not engage with their diabetes care. While it is important that the information incentivised by this indicator reaches teenagers with type 1 diabetes, it was felt that emphasis only on an upper age 'up to 55' could mean that women from the older age groups would be more likely to be targeted through this indicator. While the percentage of people meeting the target may be met, and important groups may not be reached. The stakeholder suggested age banding the indicator might be useful to address this.

A number of stakeholders stated that the upper age range for this indicator (55 years) was too high and that there may be sensitivities to asking about contraception and pregnancy intentions in woman aged over 50 years and possibly over 45 years.

2. The percentage of women with diabetes under the age of 55 years who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months.

As this indicator is similar to the previous indicator some of the comments from stakeholders given above also apply here.

A number of stakeholders supported the inclusion of this indicator, with Diabetes UK commenting they were in agreement with the rationale of the indicator. However they highlighted that contraception is not solely the responsibility of the woman with diabetes and so counselling should include reference to partners.

Another stakeholder supported the inclusion of this indicator because it would ensure consistent application of the current guidance in diabetes and pregnancy across all localities to improve outcomes.

A general practice stakeholder highlighted a potential unintended consequence may exist with this indicator. If it is structured in the same way as EP003<sup>2</sup> an 'advice given' code would be necessary for a person with diabetes to be included. However a high number of exceptions may result because when contraception advice is provided, often pregnancy and conception advice are not necessary or are declined.

As with the previous indicator some stakeholders commented that the age limit of 55 years was perhaps too high, and asking questions on contraception and pregnancy could make women less willing to attend appointments for their diabetes care.

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<sup>2</sup> EP003: The percentage of women aged 18 or over and under the age of 55 who are taking antiepileptic drugs who have a record of information and counselling about contraception, conception and pregnancy in the preceding 12 months