

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

QUALITY AND OUTCOMES FRAMEWORK (QOF) INDICATOR DEVELOPMENT PROGRAMME

Cost impact statement: Serious Mental Illness (SMI)

QOF indicator area: Serious Mental Illness

Date: July 2014

Indicator: The percentage of women with schizophrenia, bipolar affective disorder or other psychoses under the age of 45 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

Introduction

This report covers 1 new indicator relating to serious mental illness (SMI). The indicator is part of the NICE menu of potential Quality and Outcomes Framework (QOF) indicators for 2015/16, following the recommendations of the independent QOF advisory committee in June 2014. The indicators have been piloted as part of the NICE QOF indicator development process.

This report considers the likely cost impact of incentivising the interventions associated with the proposed indicators in terms of the number of additional interventions provided and the cost of each intervention. Costs to NHS commissioners are outlined where relevant, along with the cost of additional activity at general practices.

The QOF currently incentivises GP practices to maintain a register of patients with established schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy (MH001). . The rationale for the new indicator is for the care of and management of patients living with the complexities of mental health problems. The indicators relate to health QOF cost impact statement: SMI (July 2014)

promotion and prevention advice depending on the persons age, gender and health status.

Cost implication

Number of people affected

Table 1 set out the numbers of women eligible for this care, at a national level, per 100,000 population and per 10,000 population (average practice size).

Heading	Total
Total population for England	55,550,128
Women aged between 15 and 45	11,285,530
Prevalence of women with psychotic disorder	0.50%
Number of women with psychotic disorder	56,428
Women aged between 15 and 45 as percentage of total population	20%
Number Women aged between 15 and 45 per a population of 100,000	20316
Prevalence of women with psychotic disorder	0.50%
Number of women with psychotic disorder per 100,000 population	102
Number Women aged between 15 and 45 per a population of 10,000	2032
Prevalence of women with psychotic disorder	0.50%
Number of women with psychotic disorder per 10,000 population	10

Current care

The current QOF indicator incentivises advice and management for people with mental health problems:

MH001. The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy.

The overall prevalence of psychotic disorder within the population is 0.4%, 0.3% within men and 0.5% in women. In both men and women the highest prevalence is observed in those aged 35 to 44 years (0.7% and 1.1% respectively). The age standardised prevalence of psychotic disorder is significantly higher among black men (3.1%) than men from other ethnic groups (0.2% of white men).

Schizophrenia is a relatively common illness and the most common form of psychotic disorder; about 1% of the population will develop schizophrenia. Average rates for men and women are similar although the mean age of onset is about 5 years greater in women. The first symptoms tend to start in young adulthood, but can occur at any age, usually at a time when people are trying to make the transition to independent living. Rates of schizophrenia are also increased in urban, poor, immigrant and ethnic minority populations. The mean incidence of schizophrenia is 0.11 per 1000. The lifetime prevalence of schizophrenia is between 0.4 and 1.4%.

Proposed care

The interventions incentivised by this indicator relates to advice given to women of child bearing age with schizophrenia, bipolar affective disorder or other psychosis which is to be tailored to their pregnancy and contraceptive intentions. It does not state that the advice should be tailored to their current pharmaceutical treatment for their condition. However for the purpose of this analysis, it has been assumed that the advice being offered is around pharmaceutical treatment.

Stopping or swapping efficacious medication or treatment either before a planned pregnancy or during the pregnancy itself may have an impact on a woman's (and potentially unborn child's) quality of life. The NICE guidance on bipolar disorder suggests that patients may be offered an antipsychotic as an alternative to other drugs.

Table 1 demonstrates the population at a practice level is small and this supported by the pilot which stated "The numbers of women eligible for this

care at a practice level are small, averaging 10 per practice (range 1-42). Some practices may not have any patients for whom this care is relevant”

Resource impact

The resource impact of the implementation of QOF indicator NM78 is unlikely to have a significant impact on NHS resources .This is because the numbers are small and the advice should be able to be part of an existing consultation.

For patients cease taking SMI drugs then there would be a reduced cost or if their drugs were switched for different drugs then there would be a change in costs. This cannot be accurately estimated from the evidence available.

Conclusions

The estimated initial cost impact of indicators NM78 is that there will be no significant impact on NHS resources.

References

Health and Social Care Information Centre (2014) [QOF 2012/13 data](#) [online].

University of Birmingham and University of York Health Economics Consortium Health (NICE External Contractor), Development feedback report on piloted indicators, 2014.

University of Birmingham and University of York Health Economics Consortium Health (NICE External Contractor), Health economic reports on piloted indicator [NM78], 2014.