

**University of Birmingham and University of York Health Economics
Consortium (NCCID)**

Development feedback report on piloted indicators

QOF indicator area: Diabetes

Pilot period: 1st October 2013 – 31st March 2014

Potential output: Recommendations for NICE menu

Contents

Summary of recommendations	2
Background	4
Practice recruitment	4
Piloted indicators	5
Assessment of clarity, reliability, feasibility, and acceptability	5
Clarity	5
Reliability and feasibility	5
Acceptability	6
Assessment of implementation	10
Assessment of piloting achievement	10
Changes in practice organisation	10
Resource utilisation and costs	10
Barriers to implementation	10
Assessment of exception reporting	11
Assessment of potential unintended consequences	11
Assessment of overlap with and/or impact on existing QOF indicators.....	11
Suggested amendments to indicator wording.....	11
Appendix A: Indicator development details	12

Summary of recommendations

Indicator

1. The percentage of patients with diabetes who have had the following care processes performed in the preceding 12 months:
 - BMI measurement
 - BP measurement
 - HbA_{1c} measurement
 - Cholesterol measurement
 - Record of smoking status
 - Foot examination
 - Albumin: creatinine ratio
 - Serum creatinine measurement.

Acceptability recommendation:

- Band 4: <50% of practices support inclusion.

Implementation recommendation:

- Band 2/3.

Band 2: minor problems identified during piloting or anticipated to arise in wider implementation. Problems resolvable prior to implementation through either 1) an amendment to indicator wording, 2) an amendment to the business rules and/or 3) by giving further clarification of indicator terms in associated guidance.

Band 3: major problems identified during piloting or anticipated in wider implementation. Possibly resolvable through the actions described in band 2 but indicator requires further development work and/or piloting.

Cost effectiveness recommendation:

- Cost effective between 5-10 points.

ITEM 13b – Diabetes: Care processes – NCCID report

CONFIDENTIAL

Issues to consider:

Issue	Detail	Mitigating activity
HbA1c or blood glucose measurement?	As piloted this indicator looked for HbA1c measurement only so patients who had had other blood glucose tests would not be included and would either appear as a failure against the indicator or would need to be exception reported as unsuitable for HbA1c measurement.	HbA1c measurement could be changed to blood glucose measurement as codes exist for fructosamine testing.
What counts as success against each component of the indicator?	<p>During piloting a patient was deemed to be successful only if they had received the care described or, in the case of foot examination, they were recorded as having had amputations.</p> <p>Patients who were exception reported against one or more of the care processes were removed from the indicator denominator.</p>	
Impact of 'all or nothing' measurement.	<p>Concerns have been raised that 'all or nothing' measurement may impact adversely upon:</p> <ul style="list-style-type: none"> • practice motivation • health inequalities <p>Some practices expressed concern about the 'fairness' of the indicator</p>	<p>Individual process indicators could be retained with this indicator functioning as a 'bonus'. However, almost all of the individual process indicators have been retired from QOF in England for 2014/15.</p> <p>Thresholds will need to be considered carefully to avoid them being perceived as unachievable.</p>

Background

As part of the NICE-managed Quality and Outcomes Framework (QOF) process, all clinical and health improvement indicators are piloted, using an agreed methodology, in a representative sample of GP practices across England, Scotland Wales and Northern Ireland.

The aim of piloting is to test whether indicators work in practice, have any unintended consequences and are fit for purpose.

Practice recruitment

We planned to recruit 34 practices in England and 2 in each of the Devolved Administrations. English practices were to be representative in terms of practice list size, deprivation and clinical QOF score. Given the limited variability in clinical QOF score we excluded practices with a score of $\leq 10^{\text{th}}$ centile. Practice list size and IMD scores were divided into tertiles and a 3x3 matrix created with target recruitment numbers for each cell. These are detailed in the table below.

	List size		
IMD Score	Low	Medium	High
Low	3	4	5
Medium	3	4	4
High	4	4	3

As previously presented to the Committee, practice recruitment was extremely challenging. At the beginning of the pilot we had recruited 26 practices in England and 1 in each of the Devolved Administrations. Practice recruitment by strata is shown in the table below with cells in bold where we failed to meet target numbers.

	List size		
IMD Score	Low	Medium	High
Low	2/3	3/4	2/5
Medium	3/3	4/4	3/4
High	3/4	3/4	3/3

Number of practices recruited: 29

Number of practices who dropped out during piloting: 3

Number of practices interviewed: 26

[26 GPs, 8 practice nurses, 9 practice managers, 1 health care assistant and 5 administrative staff = 49 primary care staff most involved in QOF piloting]

All percentages reported have been calculated using the 29 practices recruited to the pilot as the denominator.

Piloted indicators

1. The percentage of patients with diabetes who have had the following care processes performed in the preceding 12 months:
 - BMI measurement
 - BP measurement
 - HbA_{1c} measurement
 - Cholesterol measurement
 - Record of smoking status
 - Foot examination
 - Albumin: creatinine ratio
 - Serum creatinine measurement.

Assessment of clarity, reliability, feasibility, and acceptability

Clarity

No major problems with ambiguity noted during the GP focus group or with pilot practices.

Consideration is required as to whether 'HbA_{1c} measurement' should be relabelled as 'blood glucose measurement' to incorporate fructosamine measurement.

Reliability and feasibility

Business rules were developed to support this indicator.

Issues to be resolved before implementation

Issue	Detail	Mitigating activity
Need unambiguous definitions of all clinical terms and need to check compatibility with other collections (e.g. diabetes audit)	<p>Don't want to be using codes for QOF that are at odds with other frameworks.</p> <p>Need to check that no new codes have been issued that might impact these indicators</p>	Review with clinical coding expert and SDS team
Need definitive success and exception definitions	<p>During piloting a patient was deemed to be successful only if they had received the care described or, in the case of foot examination, they were recorded as having had amputations.</p> <p>Patients who were exception reported against one or more of the care processes were removed from the indicator denominator.</p>	Review with pilot team

Acceptability

Practices were divided in their views as to whether this indicator should be incentivised. Thirteen of the pilot practices (44.8%) felt that this should be considered for inclusion in QOF, with a further two practices (6.9%) being ambivalent. Eleven practices (37.9 %) did not support it being considered for inclusion, with ten of these stating that the processes should be covered by individual indicators.

Positive comments

"... putting them all together as a composite seems just like a good idea." (GP17; ID17)

"I think that's all necessary part of good diabetic control." (GP6; ID6)

Negative comments

"I intensely dislike the fact that you, that they're all lumped in as one indicator. So from, from a personal perspective it would say that lumping together as one indicator is an incredibly unattractive option." (GP4; ID4)

"I think overall, er, the components of the indicators are absolutely fine and this is, this is what we've been doing, er, you know for many years. Er, however, putting it into one indicator I do have slight

reservation in that and the reservation is that it's not that these are things which are not done it's the thing when if you need to audit, er, this indicator it will be difficult." (GP15; ID15)

"They're not unreasonable indicators but if you bundle them together then that's, that is unreasonable" (GP12; ID12)

Almost all practices felt that the care processes were reasonable, reflective of structured care for people with diabetes and currently being performed as part of a their annual review. Where practices were positive about this indicator this was primarily in the context of it being in addition to the individual process indicators. Although, one practice queried what this indicator added in addition to these individual indicators and noted the large number of points already allocated to diabetes care. They expressed the view that should this be included into QOF then it should be funded by reallocating existing points within the diabetes domain.

"I think as an extra, then, well it doesn't really add very much because they're all in their separately, apart from ACR which is about to go. So it's sort of, it's sort of saying that you're given a bonus if you can achieve them all, which seems a bit of an odd, odd indicator. So I don't think it adds very much, anything."(GP1; ID1)

Ten practices (34.5 %) expressed a dislike of including a composite indicator in QOF. Reasons given for this were both practical and philosophical. Practical issues related to the fact that not all the processes were performed during the same clinical visit and difficulties auditing for missing care process(es). Practices with a large proportion of patients under secondary care or shared care arrangements described the challenges associated with persuading patients to attend the GP surgery for any checks which had not been performed in secondary care. They expressed concern that they would be disproportionately affected by a composite indicator, especially if it replaced individual process indicators. Some practices felt that this indicator represented a move away from care quality to cost-cutting and covert rationing, citing the reduction in funds available through QOF to provide diabetes care.

"I'd rather keep them separate, because as I say, it would just be an admin test otherwise. It's not a problem offering all that to the patients, erm, but if some of them refuse, then they should be allowed to do that, and it shouldn't really affect our thresholds and things like that." (GP19; ID19)

"No, I don't think this needs to be added as an addition, but I, I think each individual thing is an entity in itself. And I think lumping them together is, is a bit of a dangerous manoeuvre, erm, because it's, it's possible that you'll just get people who just are, are never included in any of the, the guidance because they just don't turn up o whatever. So I think they should all be separate entities in themselves."(GP10; ID10)

“...effectively the patient is going to hospital, doesn’t want to come into surgery, I guess they are exempt for that part, if you can, or not able to reach it.” (PN5; ID11)

“But having them lumped under one indicator I feel is going to severely disadvantage some practices. Erm, we have got difficulty because a lot of our patients are poorly controlled or under the care of secondary care, so they go in regularly for review. ... but what they don’t do is the foot examination, the, erm, smoking status, erm, and sometimes the, erm, creatinine ratio. Now what we found is that when we call the patients in they dissent; they do not want to come in for those appointments because they’re under the care of secondary care ...” (GP16; ID16)

“And if you are going to be, I have to do all of them, does that mean that we would want to say, ‘This has become unachievable because I know I can’t do it all within that guide. Lets not look after him anymore. Lets ...’ Erm, so I think the incentive is going to drive poor quality care.” (GP4; ID4)

“And if it’s, if it’s, you know a hundred quid for hitting them all or ten quid for hitting each one, and we only hit ninety quid, well you know, we’ve done our best; it’s not the end of the world. But if its a hundred quid or nothing, well that’s stupid, isn’t it? That’s no incentive; that’s a disincentive.” (GP4; ID4)

General concerns were expressed about the perceived ‘fairness’ of the composite indicator. Practices felt that it was unfair that they could be penalised for patients missing one care process, especially if they had tried to achieve it e.g. urinary albumin: creatinine ratio. This process was most frequently cited as being difficult to complete. Difficulties were noted in relation to patient factors in obtaining the sample, and organisational factors in the practice in ensuring that when a sample was obtained it was sent for the correct test.

“Albumin: creatinine is the only one that’s caused a bit of a problem, with them bringing in their urine samples.” (GP9; ID9)

“I think there’d be a lot of annoyance if it was an all or nothing and it was a huge number of points for achieving that...” (GP1; ID1)

A small number of practices (n=3) also reported difficulties with performing foot examinations. Encouraging patients to attend the practice for a foot examination was reported as being more difficult when they were under secondary care.

“I think from my perspective the foot examination can be tricky when they’re going to podiatry and just having it documented because they won’t, they get to see them quite regularly and we don’t expect to receive a report every time they attend, but its actually quite difficult to sometimes get the one report a year. So that’s just a process thing.” (GP03; ID3)

Assessment of implementation

Assessment of piloting achievement

DM INDICATOR	Baseline	Final
Number of Practices Uploading	20	20
Practice Population	165,048	165,692
DM Register	7,175	7,428
Excluded if they do not meet Numerator criteria		
DM Rule 3 True: care process specific exception code or activity recorded in last 12 months	25	2,426
DM Rule 4 True: registration in last 3 months	65	46
DM Rule 5 True: generic diabetes exception code recorded in last 12 months	295	594
DM Rule 6 True: diabetes diagnosed within the last 3 months	119	114
Total Exclusions	504	3,180
DM Denominator	6,671	4,248
DM Numerator	3,095	1,137
Numerator as % of Denominator	46.39%	26.77%

Baseline achievement was calculated over 12 months and final achievement over the 6 month pilot period.

Changes in practice organisation

No practices reported needing to make any changes to the organisation of care. These processes are currently in place on the annual review template, although in some cases the processes which had been removed from QOF e.g. BMI measurement needed to be reinstated.

Resource utilisation and costs

No increases in resources or costs were reported. These activities are already being performed as part of the annual review of people with diabetes.

Barriers to implementation

No specific barriers to implementation were reported, although some practices did note that these care processes do not necessarily occur at the same appointment.

It was also noted that auditing to identify which patients had missed which processes would be more challenging in the absence of individual process indicators.

Assessment of exception reporting

No specific concerns were raised in relation to exception reporting except to acknowledge that patients should be able to decline processes if they wished to and that there should be a facility for the practice to record and respect this without penalty.

Total exception reporting at baseline was 7%, with only 0.04% being related to care process specific exceptions.

Total exception reporting at final upload was higher at 42.8% with 32.7% of this being due to care process specific exceptions or the care process itself having been recorded in the previous 12 months rather than the previous 6 months used to calculate final achievement.

Assessment of potential unintended consequences

Practices expressed some concerns that the 'all or nothing' nature of the indicator might have a demotivating effect, especially when patients were only missing a single aspect of care.

Practices did not generally express concern that this indicator would have a negative effect upon health inequalities although this may be due more to them not having considered this in any detail rather than because this risk does not exist.

One practice commented that this indicator risked incentivising poor quality care as a result of practices focusing upon those patients who could achieve all the processes.

Threshold setting may be critical to limiting the impact of these unintended consequences. During piloting baseline achievement ranged from 5.35% - 75.7% (median 54.3%, IQR 35.42; 63.32) and final achievement from 3.63% - 58.37 (median 37.71%, IQR 6.07; 48.53).

Assessment of overlap with and/or impact on existing QOF indicators

This indicator overlaps with:

DM012: The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 12 months.

Suggested amendments to indicator wording

None.

Appendix A: Indicator development details

In their December 2012 meeting the NICE Advisory Committee discussed a request from the UK health departments to consider development of a composite indicator of the nine diabetes care processes. The Committee recommended that a composite indicator of eight of the nine processes be piloted.

An 'all or nothing' indicator was developed and shared with diabetes experts working with NICE for initial comments. The consensus was that the activities themselves were standard practice in the care of a person with diabetes and should not prove controversial. There was agreement about the exclusion of retinal screening from this, although they thought that it should remain as a separate indicator. However, it was also noted that these are a collection of process measures and that this seemed out of step with the stated policy focus upon outcomes.

There was some discussion about what a composite indicator would achieve and concern was expressed that this should not replace the individual indicators and become a simple 'tick box' in QOF terms. Others noted that this approach might raise the standard of care of patients receiving all the recommended processes.

The indicator was progressed unchanged to the GP focus group.

GP focus group

A GP focus group was held on 19th July 2013 where all potential indicators were discussed. Focus group attendees were volunteers recruited via the West Midlands Faculty of the RCGP. Over 100 GPs responded to the initial invitation. From this group we purposively selected 10 GPs to attend the focus group to ensure an equal balance of men and women, representation from minority ethnic groups and a range of ages.

All of those invited attended the meeting. Half were male. Six of the 10 were GP partners. The majority of participants described themselves as being of white ethnicity (n=6). A GP registrar attended the meeting as an observer. Participants were reimbursed £250 for their attendance.

Daniel Sutcliffe, Gavin Flatt and Laura Hobbs attended on behalf of NICE and Paul Amos for the NHS HSCIC.

Indicator discussions are summarised below:

Potential indicator	Questions/ issues for discussion	Decision post focus group
<p>The percentage of patients with diabetes who have had the following care processes performed in the preceding 12 months:</p> <ul style="list-style-type: none"> • BMI measurement • BP measurement • HbA_{1c} measurement • Cholesterol measurement • Record of smoking status • Foot examination • Albumin: creatinine ratio • Serum creatinine. 	<p>Mirror of National Diabetes Audit measure with the exception of retinal screening.</p> <p>How should care process specific exclusions be supported?</p> <p>Should all nine care processes from the NDA be included? I.e. include retinal screening as well?</p> <p>Are there particular barriers to delivering some of these processes?</p>	<p>Happy not to see retinal screening.</p> <p>Progress to piloting.</p>

Participants noted that this should not replace existing indicators or result in reallocation of points. It was also noted that this mirrors the National Diabetes Audit measure, but with exclusion of retinal screening. The exclusion of retinal screening was felt to be appropriate as it is outside the remit of general practice. Concerns were raised about the additional coding requirements and the need to call patients back as a result of one process being missed. Some participants felt that individual indicators would be better as it would be easier to identify patients who had not received the care.

This indicator progressed to piloting.

Indicator wording as piloted

- The percentage of patients with diabetes who have had the following care processes performed in the preceding 12 months:
 - BMI measurement
 - BP measurement
 - HbA_{1c} measurement
 - Cholesterol measurement
 - Record of smoking status
 - Foot examination
 - Albumin: creatinine ratio
 - Serum creatinine.