



Kidney conditions: CKD and renin-angiotensin system antagonists

NICE indicator

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www.nice.org.uk/indicators/ind130

Indicator

The percentage of patients on the CKD register who have hypertension and proteinuria and who are currently being treated with an angiotensin-receptor blocker or an angiotensin-converting enzyme inhibitor.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our <u>NICE indicator</u> process guide.

Rationale

Treatment with renin–angiotensin system antagonists for people with chronic kidney disease (CKD) and hypertension can prevent or delay the progression of CKD, reduce or prevent the development of complications, and reduce the risk of cardiovascular disease.

Source guidance

Chronic kidney disease. NICE guideline NG203 (2021), recommendation 1.6.5

Specification

Numerator: The number of patients in the denominator who are currently treated with renin–angiotensin system antagonists.

Denominator: The number of patients on the CKD register with hypertension and proteinuria.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions:

- patients who had a CKD exception reporting code in the 12 months leading up to and including the payment period end date
- patients who had an angiotensin-converting enzyme (ACE) inhibitor contraindication
- patient's latest expiring ACE inhibitor contraindication was recorded at least 12 months before the payment period end date

- patients who had an All inhibitor contraindication
- patient's latest expiring All inhibitor contraindication was recorded at least 12 months before the payment period end date.

Minimum population: The indicator is appropriate to assess performance at individual general practice level. Assessment of available data indicates that the average practice population is 20 patients per practice. This should be considered if the indicator is to be used for incentivisation.

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